

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

JD Zencare

120 Colchester Road, Leicester, LE5 2DG

Tel: 01162461425

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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	✗	Action needed
Meeting nutritional needs	✓	Met this standard
Staffing	✗	Action needed
Assessing and monitoring the quality of service provision	✗	Action needed
Records	✗	Action needed

Details about this location

Registered Provider	Chestnuts (Arnesby) Limited
Overview of the service	JD Zencare provides accommodation and support for up to eighteen people with a learning disability who may also require nursing care. The home is situated in Leicester and can be reached by private and public transport. The accommodation is split into three bungalows. Each bungalow has individual bedrooms, communal lounge, dining room, bathrooms and toilets.
Type of service	Care home service with nursing
Regulated activities	Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury

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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 2 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 staff and reviewed information given to us by the provider.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

What people told us and what we found

We recently undertook an inspection visit to JD Zencare. We were unable to speak with the majority of people using the service because they had limited verbal communication skills. We observed people using the service and how staff supported and interacted with them. We reviewed four people's care records. We spoke with six staff. We also reviewed the records in relation to staffing, training and the management of the service. We reviewed the information we had received before and after our inspection visit and considered all the evidence we had gathered under the outcomes we inspected.

Is the service safe?

The majority of people who used the service had limited verbal communication skills, which meant they were reliant on staff to ensure their needs were met safely. We saw staff safely helped people with their daily needs.

Staff we spoke with showed a good understanding of each person's needs and how they wished to be supported. Care plans and risk assessments were in place, which provided staff the guidance to help keep people safe. However, those care plans used were completed by the previously registered providers and not JD Zencare. That meant that people received care and treatment which had not been properly assessed and may not be delivered in line with their own plan of care.

We, the Care Quality Commission, monitor the operation of the Deprivation of Liberty Safeguards (DoLS), which applies to care homes. Proper policies and procedures were in place and the deputy manager understood their responsibilities with regards to promoting people's human rights and their liberty. This meant that people could be confident that their best interests would be represented and that their wellbeing would be met reliably.

Staff helped people to stay safe as possible. At times this was difficult because the home's own assessment of the staff required each day was not consistently maintained. The home used agency nurses and care staff to make up the required numbers of suitably qualified and trained staff to meet people's needs safely. Agency staff were not always fully aware of people's needs, which meant that they were reliant on the permanent staff to guide them to ensure people's needs could be met safely.

We found the home did not manage the staffing levels effectively. We reviewed the staff rotas for May and June 2014 and found that agency staff were used most days to make up the numbers of qualified nurses and care staff required. Although the provider used agency staff at short notice, it meant people's health, safety and wellbeing was put at risk.

Is the service effective?

People were supported with their daily care needs. People went out with staff who were employed to support people to use community amenities to promote their wellbeing. Throughout our inspection visit we saw people remained in the lounge with the television on and the music playing. It was difficult for people to enjoy the entertainment because neither the television nor music could be heard clearly.

We found people did not always experience a good quality of daily life. Staff only interacted with people to provide the care and treatment they needed. Staff had little or no time to do meaningful activities with people.

Records we looked at showed the people's care needs were reviewed regularly even though the care plans and risk assessments used were completed by the previously registered providers. Records showed that people had access to health care professionals such as the doctor or the dietician. Staff monitored people's wellbeing and were aware of the actions to take if a person becomes unwell.

People were provided a choice of nutritious meals and drinks that suited their dietary needs and preferences. All the meals were prepared by the trained kitchen staff who took account of people's preferences to make sure suitable meals were prepared. We observed staff supported some people to eat their meals in a sensitive manner; offering encouragement and conversation that made the meal time experience enjoyable.

Is the service caring?

Throughout our inspection visit we saw staff were caring and treated people with respect. Staff had a good understanding of people's needs, preferences and interests. Staff were vigilant and showed genuine care for the people who used the service.

The provider had not assured themselves that people's needs could be met safely because staff referred to the assessed needs and care plans carried out by the previously registered providers. Although staff understood each person's health and care needs there was a potential risk that any new needs may not be met reliably.

Is this service responsive?

We saw staff responded promptly to meet people's needs and protect them for any risks or harm. For instance staff acted quickly when they saw a person became unwell and without panicking. Although the person was supported safely, the delay in locating the care plan and the agency nurse's lack of knowledge about the individual that meant there was a

potential risk to that person's health.

Staff were experienced and previously trained to support people safely. They were aware of the signs that would indicate someone may be unhappy or had a concern. It was clear from our observations that staff understood their responsibility and how to protect people from any unforeseeable harm or risks.

Is this service well led?

We found that improvements were needed to the management of JD Zencare. Although the provider had a system to assess and monitor the quality of service provided, it was not used. The home's registered manager resigned and the home is currently managed by the deputy manager with support from the provider until a suitably qualified manager can be recruited.

We found that checks were not carried out ensure people's health, safety and wellbeing was protected. The provider's own assessment of the required numbers of qualified nurses and care staff was not consistently maintained. People's care plans and other documentation used and referred to by staff related to those used by the previously registered providers. That meant that the provider had not taken steps to assure themselves that people's needs were assessed and that care and treatment that was delivered was appropriate. That meant people who used the service were not protected because the service was not well led.

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 09 July 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 referred our findings to Local Authority: Commissioning and Environmental Health. We will check to make sure that action is taken to meet the essential standards.

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 were unable to speak with the majority of people using the service. Those who were able to speak with us told us that the staff treated them well.

People who used the service and their relatives were given appropriate information and support regarding their care or treatment. This helped people to understand the care and treatment choices available to them if they moved to JD Zencare.

We carried out a short observational framework for inspection (SOFI) to help us find out how staff respected people's rights, privacy and dignity. Staff were vigilant and made sure people were safe. Staff acted quickly to help maintain people's dignity. For instance, staff asked one person whether they would like to 'freshen up' before lunch and supported them to do so. Staff were seen knocking on doors before entering people's rooms. We also noted that when staff were discussing people's individual circumstance, this was done in private to avoid being overheard. That showed that people's privacy and confidentiality was maintained.

Staff described how they supported people in promoting their independence and community involvement. The activities coordinator and staff supported people to go out for a coffee and use the community amenities. Staff told us some people had family that visited them at the home or would take them out.

People were helped to make sure they understood the care and treatment choices available to them as much as possible. Staff communicated with people in a friendly and courteous manner. Because most people were unable to verbally express themselves, it was important that staff recognised and understood how each person communicated. Staff spoke clearly and allowed the person to respond. Our observations confirmed that staff were patient, recognised what people wanted and responded to their requests.

Staff told us they had sufficient information about each person's needs and how they liked to spend their time. Staff told us they had looked after the people using the service for a number of years and had got to know them well and by reading each person's care plans.

This showed that staff had access to people's care records to help them understand the needs and interests of each person.

The four care records we looked at detailed each person's medical history, needs, preferred way to communicate and showed the decisions that had been made. For people whose care arrangement was funded by a local authority, a copy of the assessment of needs and care plan was also kept on file. That demonstrated that information was gathered from the relevant people and professionals and used to develop the person's plan of care and treatment.

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

Our judgement

The provider was not meeting this standard.

Appropriate steps were not undertaken to ensure people's needs were assessed reliably. The care and treatment was not always delivered in line with people's plan of care and that protected people's health, safety and welfare.

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

People lived in one of three bungalows for up to six people. At the time of our inspection visit only two of the three bungalows were used. Each bungalow had bedrooms and communal a lounge, dining room and a number of bathrooms and toilets. We saw most people sat in the lounge if they were not out in the community.

We were unable to speak with the majority of people using the service. Those who were able to speak with us told us that the staff treated them well. Therefore, we carried out two short observational frameworks for inspection (SOFI) to help us find out how staff supported people with their care needs. In the first SOFI we saw people were sat around the edge of the lounge. There was only one member of staff working in that bungalow with the intermittent support of the agency nurse. Both staff were attentive to people's needs. With both the television and the music on, the level of noise was high and made it difficult for people to listen and enjoy the entertainment. We noted that no one was watching the television and the member of staff sat there completing paperwork. Although staff interaction with people was positive, this only took place when people were supported with their personal care needs. This meant people did not always receive regular interaction and engagement. When we asked the staff about the conflicting levels of noise, they explained that people would become upset and may present behaviours that challenge if the music or television was turned off. There was no other area that could be used by people unless they used their bedroom. This highlighted that people experienced the same daily life at the home which may not always have a positive impact on their wellbeing.

The second SOFI carried out in another bungalow raised further concerns about people's health and safety. Four people were in the lounge along with two staff who were also sat there completing paperwork. We observed an incident whereby a person had several seizures simultaneously. Because the staff were vigilant they acted quickly. They used the call bell to summon help but it was not working because electrical works were being carried out. Whilst one member of staff remained with the individual, the other went to find the agency nurse on duty. It was evident that the agency nurse was not aware of the

person or their seizure plan. It took a further ten minutes for staff to find the person's care file because files had been re-located. Throughout this period the two staff continued to support the person and others in the lounge. They remained calm and re-assured the person. When the agency nurse found the relevant care plan the person had come out of their seizure. This highlighted that people's health, safety and wellbeing was at risk because people's care records could not be located easily in an emergency and the staff in charge were not aware of people's needs.

We asked the agency nurse about the induction and handover information provided when they started the shift that day. They told us they received little information and were not made aware of people with high risk needs or where the care files were kept. They told us that they would have called the emergency services for assistance if the staff had not been present.

Staff we spoke with understood the care and support needs of each person. Staff told us that people were put at risk because staff were not available to support people when required. The examples shared highlighted that people's health, safety and wellbeing was at risk because staff sometimes assisted people on their own instead of the required two staff for safety. Our SOFI observations further evidenced that people's health and safety was at risk because qualified nurses and staff were not always available or on duty.

We shared our concerns and observations with the deputy manager. They told us that they had asked one of the care staff to source staff for an agency. It was evident that the staff on duty were busy and that the responsibility to ensure that there were sufficient numbers of qualified and trained staff on duty remained with the person in charge and the provider. The provider accepted our findings that people's health, safety and wellbeing was at risk because the care and treatment delivered was not always safe, responsive or reliable.

We looked at four people's care records and other documents to find out whether people needs were assessed and care and treatment was planned. We found only one person had had their care needs assessed by qualified staff employed by JD Zencare. Care plans detailed the specific areas of care required, which was consistent with what staff had told us. However, the provider had not undertaken an assessment of needs for the other three people because the documentation found in those care files was completed by the previously registered providers. This meant people could not be confident that their care needs would be met reliably and their wellbeing promoted.

There were arrangements in place to deal with foreseeable emergencies. Each person had a 'health action plan', which contained up to date information about their health, medication and communication including the emergency contact information for their relative and the doctor. However, from our observation it was evident that accurate and up to date information was not available in emergency situation.

We asked the deputy manager and provider about the steps they had taken to assure themselves that people's needs could be met safely at the point JD Zencare was registered with us, the Care Quality Commission. Their response confirmed that the provider had not effectively assessed people's needs in order to protect their health, safety and wellbeing. Improvements were needed.

Food and drink should meet people's individual dietary needs

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

We reviewed this outcome because we had received information of concern regarding the quality and choice of meals and drinks provided to people who used the service.

We spoke with the cook to find out their understanding of preparing nutritional meals and safe food hygiene practices. They told us they received information about people's dietary needs when they moved to the home and a list was kept in the kitchen for staff to refer to. The cook and kitchen staff had attended training in food hygiene and nutrition to help ensure the meals prepared were healthy and nutritious. Meals were prepared at the home using fresh seasonal vegetables, fruit and produced, which were suitable for people with diabetes and other food tolerances. The four week menus we looked at showed people had a choice of meals every day.

The cook managed the stock levels to help ensure that there were sufficient supplies of fresh, frozen and dry foods and drink available. When we checked the fridge, freezer and dry stores we saw there were adequate stock levels of food along with a supply of fresh fruit and vegetables.

We were unable to speak with the majority of people who used the service because they had limited verbal communications. We carried out two short observational frameworks for inspection (SOFI), in each of the bungalows to help us find out how people were supported to eat and drink.

The majority of people sat in the dining room for their meals, which was light and the tables were laid with tablecloths, serviettes and condiments. Meals were served and brought to each person individually. We saw staff supported people to be able to eat and drink sufficient amounts to meet their needs. There was a choice of suitable and nutritious food and drink. The meals looked balance and people appeared to enjoy their meal. For instance, we saw staff cut the meal into small pieces for one person so that they were able to eat independently. Staff were seen talking to people over lunch. Staff offered encouragement, assisted people in a sensitive manner, whilst maintaining their dignity at all times.

In the second SOFI we saw two staff sat with a person each and assisted them with their meal in the dining room. However, a third person who needed assistance with their meals was left in the lounge because no other staff member was available to help them with their

meal. The nurse was busy administering medicines and the deputy manager was working in the office. This showed that whilst most people enjoyed their meals in the company of others, one person had to wait until staff had finished assisting others. The provider might wish to note that the lack of staff at meal times meant people did not always have a positive meal time experience.

Four people's care records we looked at contained information about people's specific dietary needs and the role of the staff in providing the assistance, any restrictions due to health needs and medication such as diabetes or food allergy. Nutritional screening was completed for people at the point of admission to ensure risks and dietary needs were identified and could be managed. The provider might wish to note that the assessment and dietary care plan which staff referred to and reviewed was completed by the previously registered providers. When we raised this with the provider they assured us that everyone's dietary needs would be re-assessed to help ensure that care plans were accurate and the meals and drinks provided were suitable.

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

Our judgement

The provider was not meeting this standard.

People's health, safety and wellbeing was at risk because the provider did not ensure there were enough qualified, skilled and experienced staff on duty consistently.

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

We reviewed this outcome because we had received information of concern that people's needs were not always met because there were not enough staff to look after people safely.

Staff we spoke with raised concerns about the staffing levels because people's health and care needs were not met safely. Staff told us that the home was regularly short staffed and that agency staff were not always available to cover at short notice. They told us that there were only three care staff instead of the required four and that an agency nurse was called in to cover the morning shift. Staff found the agency staff were of some benefit although they had to be supervised because they were not familiar with the needs of the people who used the service. Staff told us that they had raised concerns with the deputy manager but felt the action taken was not always effective.

We were unable to speak with the majority of people using the service. Therefore, we carried out a short observational framework for inspection (SOFI) to help us find out whether people's needs were met safely and in a timely manner. During our SOFI observations we saw staff only interacted with people who used the service when they needed assistance with their personal care needs or their meal, and to protect them for any potential risk or harm. Staff spent little or no time doing any meaningful activities with people at home unless they went out or used other community amenities. Our observations further supported the concerns we received prior to our inspection visit and the comments received from the staff.

The deputy manager told us the provider's own assessment had determined the numbers of staff required to meet people's needs. A qualified nurse and four care staff were required during the day and a qualified nurse and two care staff at night. In addition, the home employed kitchen staff and house-keeping staff with specific roles and responsibilities. On the day of our inspection visit there were three care staff and an agency nurse called in that morning. Our observations throughout our inspection visit highlighted that people's needs were not always met reliably because enough staff were

not available.

We reviewed the scheduled rota for June 2014 and found there were 16 shifts without a qualified nurse; three night shifts were without care staff and 13 shifts without a full complement of staff required. The provider told us that they would contact local agencies to source regular qualified nurses and care staff to ensure the home maintained the required number of staffing. In addition, the provider told us that no new people would be admitted to the home because the staffing levels were not maintained and the refurbishment of the third bungalow was incomplete.

We asked the provider to send us the worked staff rota for May 2014. When we analysed the worked rota we found six days were without a full complement of qualified nurse, care staff or both. Although the provider sent us an action plan that detailed the steps they were taking to protect the people using the service, it was evident that people who used the service were at risk and that improvements were needed.

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 had an effective system to regularly assess and monitor the quality of service that people receive but it was not used to help ensure the health, safety and welfare of people who used the service was protected.

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

JD Zencare was registered in January 2014 and the provider had declared themselves to be compliant at the point of registration. However, the registered manager resigned soon after. The service is currently managed by the deputy manager. The provider told us that they were taking steps to recruit a suitably qualified person to be in day to day charge of the service.

We were unable to speak with the majority of people who used the service because they had limited verbal communications skills. Therefore, we assessed the quality of care and support provided and reviewed people's care records, spoke with staff and reviewed their training records and other information related to the management of the service.

We found people's care plans and their needs were reviewed regularly. However, the majority of those care records used by staff related to the previously registered providers. This meant people could not always be confident that the review of their care and treatment delivered was effectively monitored.

We asked the deputy manager about the opportunities people had to make comment and provide any feedback about the service. They told us that they were planning to hold a 'residents and relatives' meetings. The provider did have satisfaction surveys but those were not due to be sent out until later this year. That meant people who used the service and their relatives had limited opportunity to give any feedback or make comments about the quality of service provided.

The home's complaints procedure was given to people when they moved to the home. The complaints procedure was also displayed at the entrance to the service and available upon request. The deputy manager told us that the service had not received any formal complaints. We, the Care Quality Commission received concerns which we referred to the local authority to investigate under the multi-agency procedures. The outcome of that

investigation had concluded that people's needs were met with some recommendations to improve the recording of the care provided.

Staff told us that they worked hard to meet people's needs because the management of the service was not effective. Our observations during the inspection visit and review of records further supported the concerns expressed by staff who told us that people who used the service were not always safe. For instance, the provider had not maintained the required numbers of qualified and trained staff in order to meet people's needs safely and reliably. Systems used to source agency staff at short notice were not effective.

Staff received information and updates about people needs at handover meetings at the start of each shift. Staff had attended staff meetings, which were informative but staff were not confident to raise concerns or make any suggestions to improve people's quality of life. Minutes of the meeting we read also showed the meetings were used to inform staff about the changes and new ways of working. Staff had not received any support through supervisions or appraisals, where they could discuss their work, and to help identify any training or developmental opportunities.

Staff told us that they were trained for their job role by the previously registered providers. However, since the change of provider staff had not received any new training to assure the provider that the staff had the right skills and competency to carry out their job roles safely. The training matrix we reviewed at the home detailed training completed by staff prior to working for JD Zencare. The deputy manager told us that they had commissioned an external training company to deliver a training programme for all the staff. The training programme sent to us showed training for staff starts at the end of June until September 2014 and covered all aspects of staff's job roles, including the provider's policies and procedures.

The provider had a system in place to monitor the quality of service provided. The frequency and types of audits included care plans, management of medicines and administration, health and safety, maintenance, infection control, complaints, accidents and incidents and staff training, amongst others. However, we found no audits or checks were carried out in line with the provider's requirements. The provider explained that the deputy manager was managing the service until a suitably qualified person could be recruited. It was evident that whilst the provider had systems in place to monitor the quality of service provided it was not effective because it was not used.

We contacted the Food Safety Standards that regulates and monitors the quality and cleanliness of food preparation area, food hygiene and safety. They told us that the service was not registered. This showed that the provider had not taken steps to ensure it was correctly registered with other regulatory authority. We were also contacted by the local authority that funds some people using the service to find out whether the service was compliant. We shared our concerns because we found the service overall was not well led and that improvements were 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.

People were not protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

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

We reviewed this outcome because we found evidence during our inspection visit that the provider was not compliant.

We found the provider had not taken steps to ensure people who used the service were protected. People's personal records including medical records we looked at related to a combination of information used by the previously registered providers. There was no evidence that showed the provider had carried out any assessment to assure themselves that people's care needs and other important information was up to date, accurate and fit for purpose.

Records completed by staff each day detailed the care and support provided and the person's general wellbeing. Records showed staff reviewed people's care plan in place. Because people's needs were not assessed by the home's staff, the appropriateness of the care and treatment delivered was not assured. This had the potential risk for people to receive inappropriate or unsafe care.

Staff we spoke with understood their responsibility with regards to maintaining people's confidential information and accurately recording the care and support delivered. Staff reported that some documentation that they were required to complete related to the previously registered providers and that no new documentation was available. When asked the deputy manager, they told us that staff were reminded to use the correct documentation at recent staff meetings and minutes that we read confirmed this.

Staff told us they knew where to find people's care records. During an incident when a person became unwell, we saw staff were unable to locate one person's records in an emergency because the files had been moved to another office. The agency nurse was unable to treat the person safely because the relevant care plan was missing. Although the person was treated, the delay could have put the person at risk of not receiving the care and treatment that they needed.

Staff records and other records relevant to the management of the services were not kept accurately or up to date. For example, staff training matrix kept detailed the training staff had undertaken when they were employed by the previously registered providers. There were no records to demonstrate that audits and checks carried out to assure the provider that the health and safety of everyone at JD Zencare was protected.

The provider had not taken steps to ensure that records about the service were accurate. For instance the certificate issued by the Food Standards Agency to the previous registered provider had been adapted to reflect that JD Zencare had been inspected. When we asked the deputy manager why the certificate had been adapted they apologised and removed the certificate from the wall. Following our inspection visit, we contacted the Food Standards Agency to check whether the service was registered. They confirmed that JD Zencare had not yet registered but the provider had made an enquiry about how to register the service.

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	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services
Treatment of disease, disorder or injury	How the regulation was not being met: Appropriate steps were not undertaken because people's needs were assessed to ensure care provided was appropriate. Therefore, the quality of care and treatment delivered could not be effectively monitored and reviewed to protect people from receiving unsafe or inappropriate care and treatment. Regulation 9 1(a)(b) 2
Regulated activities	Regulation
Accommodation for persons who require nursing or personal care	Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010 Staffing
Treatment of disease, disorder or injury	How the regulation was not being met: People's needs were not always met because the provider's own assessment of the numbers of qualified, skilled and experienced staff required to meet people's needs could not be maintained. Regulation 22
Regulated activities	Regulation
Accommodation for persons who require nursing or personal	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service provision

This section is primarily information for the provider

care Treatment of disease, disorder or injury	How the regulation was not being met: The provider has an effective system in place to regularly assess and monitor the quality of service but it is not used. People's views about the quality of service experienced were not sought. Regulation 10 (1(a)(b) and 2(b)(c)(e)
Regulated activities	Regulation
Accommodation for persons who require nursing or personal care 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 protect people from the risks of unsafe and inappropriate care and treatment. Information about people's needs was not always assessed accurately and records could not be located promptly when required. Regulation 20 (1)(a) and (2)(a)

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 09 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@ccq.org.uk

Write to us
at: Care Quality Commission
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

Website: www.cqc.org.uk

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