

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

Manor Gardens

Herons Ghyll, Uckfield, TN22 4BY

Tel: 01825714400

Date of Inspection: 28 August 2014

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September 2014

We inspected the following standards in response to concerns that standards weren't being met. This is what we found:

Care and welfare of people who use services	✓	Met this standard
Requirements relating to workers	✗	Action needed
Staffing	✗	Action needed
Supporting workers	✗	Action needed
Assessing and monitoring the quality of service provision	✗	Action needed
Records	✗	Action needed

Details about this location

Registered Provider	Medici Healthcare Limited
Overview of the service	Manor Gardens provides accommodation and support for up to 64 people who require nursing or personal care.
Type of service	Care home service with nursing
Regulated activities	Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury

Contents

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Summary of this inspection

Why we carried out this inspection

We carried out this inspection in response to concerns that one or more of the essential standards of quality and safety were not being met.

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 28 August 2014, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members, talked with staff, reviewed information sent to us by commissioners of services and were accompanied by a specialist advisor.

What people told us and what we found

This inspection was carried out by two inspectors and a specialist nurse advisor. Some people at the home had complex needs and were not all able to tell us about their experiences. In order to get a better understanding we observed care practices, looked at records and spoke with staff. During the inspection we spoke with the manager, eight members of staff, five people who used the service and five visiting relatives.

We answered our five questions; Is the service caring? Is the service responsive? Is the service safe? Is the service effective? Is the service well led? Below is a summary of what we found. If you want to see the evidence supporting our summary please read the full report.

Is the service safe?

There were up to date risk assessments in place for people that used the service which explained the risks and how these were to be minimised. This meant that care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

There was an insufficient number of qualified, skilled and experienced staff to meet people's assessed needs. Although the service used a dependency tool for calculating staffing levels this was not being used effectively. One staff member told us "I feel that staffing levels are not based on dependency". A compliance action has been set in relation to this and the provider must tell us how they plan to improve.

We found that the recruitment records of two members of staff held concerning information about their previous employment. Whilst this did not mean they were unsuitable for employment, there was no risk assessment in place to show how they were to be managed in their employment. A compliance action has been set in relation to this and the provider must tell us how they plan to improve.

We identified a number of gaps in recording which meant that staff records and other records relevant to the management of the services were not accurate and fit for purpose.

This meant that people were not fully protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were not maintained. A compliance action has been set in relation to this and the provider must tell us how they plan to improve.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. While no applications have needed to be submitted, one person who used the service was admitted under a DoLS order. Proper policies and procedures were in place. Relevant staff understood when an application should be made, and how to submit one.

Is the service effective?

Most people who used the service, and the visiting relatives we spoke with told us that they were happy with the care provided and felt that needs were being met. One person told us "I feel safe and well treated". It was clear from what we saw and from speaking with staff that they understood people's care and support needs and how to meet them.

The staff we spoke with expressed concerns about the support they received from management. One member of staff said "A bit more support from management would help". Another told us "Morale is the lowest it's ever been". We found that staff were not supported in relation to their responsibilities, to enable them to deliver care and treatment safely and to an appropriate standard. A compliance action has been set in relation to this and the provider must tell us how they plan to improve.

Is the service caring?

We observed that people appeared comfortable in the home and familiar with the staff that worked there. We saw that staff members spoke directly with people and supported them at an appropriate pace. People were supported by kind and attentive staff. For example we saw one staff member assisting two people who used the service. The staff member was caring and communicated well. They explained what they were doing and gave occasional reassuring touches. We saw that people were treated as individuals and given choices where possible. People told us they were happy about life in the home. One person commented "I am well looked after, the staff are kind and helpful".

Is the service responsive?

People's needs were continually assessed. Records confirmed people's preferences, interests, goals and needs had been recorded and support had been provided in accordance with people's wishes. People's needs were reviewed regularly to make sure that any changes were identified and appropriate support provided. We saw evidence that external professional advice was sought where concerns in health and well being were identified.

Is the service well-led?

People who used the service and their representatives were given opportunities to express their views about their care and treatment. We found that there was not an effective system for gaining the views of staff and acting on them. Staff told us that they felt their views had not been listened to by the manager of the service. It was of concern that the low morale and high stress levels expressed to us by staff had not been picked up by the provider. A compliance action has been set in relation to this and the provider must tell us how they plan to improve.

After the inspection we spoke with the provider who took immediate action to support staff in discussing their views and concerns. As a result of this, action was taken to provide

alternative management arrangements.

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

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Care and welfare of people who use services

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

The people who used the service and their relatives were generally positive about the care and support received. Comments included "I moved here recently and feel welcome and settled", "I feel safe and well treated", "I am well looked after, the staff are kind and helpful" and "Everything is nice, it's a very pleasant place". However one visitor was unhappy with the care that their relative received and told us they felt there was a "Break down in communication and I question if [relative] is in the correct environment where their needs are understood and can be met" and "I feel the care is generic".

We looked at the records for seven people who used the service. People had a main care plan, kept at the nursing stations, as well as care records within their rooms. Care plans were reviewed monthly or as needs changed, this was done by nursing staff. The care plans that we looked at had all been reviewed when needed and were up to date. They contained an assessment of pre admission needs from which care, treatment and risk assessments were determined. This meant that staff had up to date information on how people's needs and how to meet them.

Where particular risks such as falls or skin integrity conditions were identified as areas of concern, appropriate measures were in place. For example these included, walking aids, specific support from staff to mobilise and transfer, pressure relieving mattresses and cushions. Where people required repositioning, appropriate method statements were in place which identified the number of staff and any specialist equipment required. For example, sliding sheets and lifting hoists. Air pressure mattress settings on people's beds were clearly detailed and records showed that they were regularly checked. We found evidence that nursing tasks were carried out as required in care plans. For example one person was on a tracheostomy care pathway and we saw that checklists were completed twice daily and records of care were written every four hours. This demonstrated that care and treatment was planned and delivered in line with people's individual care plan.

Care plans contained records of visiting healthcare professionals such as GP's and Speech and Language Therapists (SALTs). We saw that medication reviews had been

carried out at the request of staff, such as in relation to pain relief. Recommendations made by SALT had been put into practice. For example, we observed that where identified as needed, people were provided with pureed food and thickened drinks to reduce the possibility of choking. This demonstrated that the service was responsive to people's changing needs and sought specialist advice. Where people had specific medical conditions such as diabetes, we found that monitoring arrangements were in place and records showed that they had been followed.

One person's care plan showed that they remained at the service as the result of a Deprivation of Liberty Safeguards (DoLS) order. We looked at their care plan and found that it contained clear guidance for staff in terms of the support the person required. We spoke with staff who were able to tell us about the strategies and techniques in place which helped to ensure that the person received support in a safe and consistent way. We spoke with this person who indicated that they were content with the support they had received. However, the provider may like to note that the person's care plan showed that they required continuous one to one care. Records did not indicate that this had happened and some staff questioned whether a system was in place to enable them to do this.

Records kept in people's bedrooms were commonly made up of information such as pulse, blood pressure and weight records. Each file cover contained the name and up to date photograph of the person it referred to. Where specific requirements or monitoring needs had been identified in people's care plans, it was intended that relevant guidance for staff and monitoring records should be kept in people's bedrooms as a ready reference. For example, the support required from staff for transferring and mobility, continence care, application of creams, monitoring of diet, fluids and elimination. However, we found that only some of these records were in place and only some had been completed. For example, one person's care plan showed that they required the support of two members of staff to transfer safely, but no transfer or mobility guidance was kept in their bedroom file. However, where other people required similar assistance, we found that guidance was in place within their bedroom file. Although we found that the person had received support correctly, this demonstrated an inconsistency of record keeping and raised the possibility that people may not receive the support they required.

During our inspection we saw a number of people with acute verbal communication difficulties. The provider may like to note that discussion with staff found they considered that some people may have benefitted from the use of 'Flash Cards' to help people make their thoughts and views known. While we saw that some pictorial communication aids were available, no flash cards were held as a resource at the service. This meant that people may experience added difficulty and frustration when communicating.

Static call bells were positioned so that people could reach them when in bed or were worn around people's necks. People who had needed to use their call bell told us that they were usually answered promptly and they were confident that if they needed help, staff would come quickly. During the inspection we did not notice call bells sounding for prolonged periods of time.

Throughout the inspection we saw that staff were courteous and respectful in the way that they supported people. During lunch staff supported people to eat when needed, staff were encouraging and assisted people at a suitable pace. People were offered choices of what they would like to eat and drink and we saw that staff respected their choices. We spoke with one person who had been transferred into their wheel chair by staff. They told us that the staff were gentle and patient and had explained what they were doing as they assisted them. People that we spoke with told us that they trusted the staff and felt that

they had sufficient knowledge and understood how to support them.

We observed that personal care was provided to people with sensitivity and at a pace appropriate to their needs and understanding. In one instance staff took time to explain what they were doing throughout the support given. However the provider may like to note that on another occasion that communication was very limited and after a while staff stopped explaining what they were about to do.

We spoke with a visitor about the care of their relative. They told us that they "Seemed fine, looked well cared for and had settled in quickly". Another relative told us "I am very happy with the care [name] receives" and "The staff are good, they are a good team and work hard".

Staff we spoke with told us that handovers took place at the beginning and end of each shift. Staff told us that they used to work on a dedicated unit, however, recent changes meant that they may be asked to work on any of the units. Some staff felt this was a positive change because it enabled them to get to know and support each of the people who lived at the service, while other staff held mixed views because they felt they did not know each person as well as they did when working on a dedicated unit.

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.

The recruitment and selection processes did not ensure that people who used the service were supported by suitable, 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

We looked at the recruitment records for five members of staff who had recently started employment at the service. These all contained a completed application form as well as interview notes. Each record also held evidence of proof of identification.

All of the records showed that a criminal background check had been applied for through the Disclosure and Barring Service (DBS). It was unclear if the DBS checks had been received for a number of the employees, however we subsequently received information that they had. A DBS adult first check had been received for each applicant before they started work. An adult first check is a check of the DBS adult's barred list which, depending on the result, means that employees can be permitted to start work, under supervision, before a DBS certificate has been obtained.

We also noted that the recruitment records of two members of staff held concerning information about their previous employment. Whilst this did not mean they were unsuitable for employment, there was no risk assessment in place to show how they were to be managed in their employment. However, there was a manager's report for one of the employees which showed why they had been employed by the service. We saw that one of these members of staff had requested fortnightly supervision, however there was no record of supervision since 27 July 2014.

Appropriate checks were not always undertaken before staff began work. Each applicant had at least two references in place before they started work. However, one applicant's previous employment reference had been sent to a home address and not that of their last employer. There was no evidence, such as a company stamp or headed paper, which showed that it came from the previous employer.

We noted that although recruitment records did not hold an original photograph of each applicant, up to date photographs of each member of staff were displayed on a wall outside the main office.

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.

There was an insufficient number of qualified, skilled and experienced staff to meet people's assessed needs.

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

Manor Gardens was split into four different units. We observed that on the day of our inspection there were four nurses on duty and ten health care assistants. We spoke with eight members of staff, seven of whom expressed concerns about staffing levels.

Comments included "Staffing has been raised as an issue a number of times", "Up until recently there were three nurses. We have been known to work with two [nurses]", "In the last week we have taken six or seven new residents. This is not sensible. We need to get things in place first", "Nurses are frazzled" and "I feel that staffing levels are not based on dependency".

One member of staff explained "We are getting quite a few dementia patients. We can't supervise properly. It's a risk. One resident has wandered out of the building late at night" and added "Staff are so busy doing personal care they can't supervise [name]...I feel I will have to leave if things aren't put right". Another member of staff said "We have a lot more higher dependency needs. This morning two carers were helping one patient with personal care. There was only one other carer on the unit who couldn't support other people because they needed two people for hoisting. It's frustrating as we can't help people when we want".

One member of staff was more positive and told us "I feel staffing levels are alright when we get agency staff" but added "We are struggling with staffing levels of permanent staff. New staff are coming but other staff leave". The deputy manager told us "I would like to be supernumerary with one nurse on each unit so I could support as needed and be around. I want to do a lot of things but don't have the time".

We were shown a dependency tool which had been used to calculate staffing levels for June and July 2014. This showed that in July 2014 there were 30 people at the home with high dependency needs and 8 people with very high dependency needs. There was no dependency tool calculation for August 2014 when at least seven new people had been admitted to the service. We noted that the dependency tool for July 2014 showed that there should be 4 registered nurses (RGNs) and 11 carers during the day. These were

similar staffing levels to those on the day of our inspection, despite the new admissions.

It was difficult to get a clear overview of actual staffing levels over the last three months due to the way the rota had been recorded. The service made use of a high level of agency staff. Based on the information provided by the service we saw that there were occasions in July 2014 where nursing levels were below that recommended by the dependency tool. For example, on the weekends of the 12th and 13th and 19th and 20th there were three RGNs on duty during the day. These levels of staffing meant that there was not a dedicated nurse to each unit which placed people who used the service at risk.

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was not meeting this standard.

People were cared for by staff who were not supported to deliver care and treatment safely and to an appropriate standard.

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 looked at the training matrix to get an overview of the training provided to staff. This showed that a range of essential training was available which included safeguarding, moving and handling, health and fire safety and infection control. We saw that this training was mostly up to date although only one member of staff had received medication training in the last year. Specialist training had also been provided for some staff and this included tracheostomy care, end of life care, spinal injury training and syringe driver training. Dementia care training had been provided to approximately half the staff team. It was of concern that not all staff had received this training as the service was admitting people more people with complex needs, including dementia. We saw that about half of the staff team had achieved level 2 or 3 in an appropriate National Vocational Qualification.

There were team meetings about once every month. The last recorded meeting was on 17 July 2014. This included a discussion about shifts, quality monitoring, rotas and supervision. We looked at the record of staff supervisions that showed most staff had received between one and three supervisions in the last six months. It was of concern that some staff had only had one supervision since March 2014. This meant some staff were not provided with sufficient opportunity to discuss issues in a safe and confidential environment, particularly in a time of a large increase in admissions.

We were told by the deputy manager that new starters were given two weeks supernumerary time as part of their induction so that they could shadow experienced members of staff. They had an induction booklet which was signed off by staff when completed. Induction support was the responsibility of senior carers and other carers. We were told that night staff came in for a week to shadow other staff on day shifts and then are put on night duty with the support of a senior, but not supernumerary. One member of staff said "There is not enough time to supervise and guide new staff". Another staff member told us "Some new carers don't have experience. There is not enough staff to support them. Carers are not always taught the fundamentals of caring. For example they don't think about sitting people up to eat. Nurses get involved in personal care because carers aren't trained properly". One member of staff said "We need to give new staff time

and training when they start".

The staff we spoke with expressed concerns about the support they received from management. Comments included "The manager does not come onto the floors to see what is required", "A bit more support from management would help", "I feel there is a bit of divide between management and staff" and "We don't know when the manager is coming in". It was clear from what we were told that staff were feeling stressed in the current working environment. The staff we spoke with told us "Stress levels are growing", "Morale is the lowest it's ever been" and "I feel my [nurse registration] PIN is at risk".

Assessing and monitoring the quality of service provision

✘ Action needed

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

Our judgement

The provider was not meeting this standard.

The provider did not have an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who used 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

We looked at the record of audits which were carried out to ensure that systems in the service were operating effectively. This showed that there were audits in relation to catering, care plans, infection control, medication, complaints, tissue wounds, weight, falls and health and safety. There was a section in the file for a training audit although this held no information. We saw that each audit consisted of a checklist and any identified issues were recorded with the action taken. For example in June 2014 the catering audit identified a problem with the sink. We saw that this had been reported to the maintenance team and had subsequently been fixed.

We noted that the last monthly management report had been completed in June 2014 and the last monthly Director's report had been undertaken in March 2014. This meant that the provider had not undertaken audits in line with their own procedures.

A number of staff told us that they felt their views and concerns had not been acted on by the manager. One member of staff said "The manager says the right thing but doesn't take action" and another told us "I have tried to raise issues". There was not an effective system for gaining the views of staff and acting on them. This meant the provider could not get an informed view of the standard of care and treatment provided to people who used the service. It was of concern that the low morale and high stress levels expressed to us by staff had not been picked up by the provider.

After the inspection we spoke with the provider who took immediate action to support staff in discussing their views and concerns. As a result of this, action was taken to provide alternative management arrangements.

People who used the service and their representatives were asked for their views about their care and treatment. There were 'resident meetings' which took place usually every six weeks. These gave people who used the service the opportunity to discuss any concerns or issues. A quality assurance survey had also been completed in January 2014. This

survey had been carried out by sending out questionnaires to people who used the service and their representative.

We looked at the record of complaints which showed one recorded complaint this year. There was a clear record of the action taken which included meeting with the complainant to discuss their concerns. A complaints procedure was available to people who used the service which explained how to make a complaint and the action that would be taken.

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

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

We looked at a number of different records held by the service. These included care records as well as records which related to the management of the service, such as training and recruitment. We found that all confidential records were stored appropriately and kept in lockable cabinets or cupboards. Records were kept securely and could be located promptly when needed by those that needed to access them.

We found that some people's diet and nutrition records were incomplete and in one instance a number of entries were completed retrospectively during our inspection. We spoke with one person as their records showed that they had not eaten or had anything to drink for two days. They told us that they had eaten and drunk as usual. This meant that these records did not provide an accurate assessment of their hydration or nutrition. We found that other records such as the application of skin protection cream had not been completed although people were able to tell us it had taken place. These records were inaccurate because they had not been completed and did not serve the purpose for which they were intended.

Recruitment records did not contain clear and accurate information about the checks that had been undertaken before employees started work. Although staff had received appropriate criminal background checks this had not been noted on the recruitment records for a number of staff.

We found that the rotas for previous weeks did not give a clear representation of the staff who had been on duty. We were shown rotas for the previous two months but were told that these did not include details of agency staff who had worked at the service. When we asked to see records of which agency staff had been on duty we were shown a book which held the names of agency staff on each day. However the records in this book did not include the roles of agency workers or their hours worked. This meant that records for staff on duty were not accurate and did not clear oversight for the management of staffing levels.

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 21 HSCA 2008 (Regulated Activities) Regulations 2010 Requirements relating to workers
Diagnostic and screening procedures	How the regulation was not being met: The recruitment and selection processes did not ensure that people who used the service were supported by suitable, skilled and experienced staff. Regulation 21(a)(b).
Treatment of disease, disorder or injury	
Regulated activities	Regulation
Accommodation for persons who require nursing or personal care	Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010 Staffing
Diagnostic and screening procedures	How the regulation was not being met: There was an insufficient number of qualified, skilled and experienced staff to meet people's assessed needs. Regulation 22.
Treatment of disease, disorder or injury	
Regulated activities	Regulation

This section is primarily information for the provider

<p>Accommodation for persons who require nursing or personal care</p> <p>Diagnostic and screening procedures</p> <p>Treatment of disease, disorder or injury</p>	<p>Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010</p> <p>Supporting workers</p> <p>How the regulation was not being met:</p> <p>Staff were not supported in relation to their responsibilities, to enable them to deliver care and treatment safely and to an appropriate standard. Regulation 23(1).</p>
<p>Regulated activities</p>	<p>Regulation</p>
<p>Accommodation for persons who require nursing or personal care</p> <p>Diagnostic and screening procedures</p> <p>Treatment of disease, disorder or injury</p>	<p>Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010</p> <p>Assessing and monitoring the quality of service provision</p> <p>How the regulation was not being met:</p> <p>The provider did not have an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who used the service and others. Regulation 10(2)(e).</p>
<p>Regulated activities</p>	<p>Regulation</p>
<p>Accommodation for persons who require nursing or personal care</p> <p>Diagnostic and screening procedures</p> <p>Treatment of disease, disorder or injury</p>	<p>Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010</p> <p>Records</p> <p>How the regulation was not being met:</p> <p>People were not fully protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were not always maintained. Regulation 20(1).</p>

This section is primarily information for the provider

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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 14 October 2014.

CQC should be informed when compliance actions are complete.

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

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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