Inspection Report

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

Priscilla Wakefield House

Rangemoor Road, London, N15 4NA

Date of Inspection: 27 June 2014

Date of Publication: October 2014

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

Respecting and involving people who use services	✖ Action needed
Care and welfare of people who use services	✖ Action needed
Meeting nutritional needs	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Cleanliness and infection control	✖ Action needed
Supporting workers	✖ Action needed
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Magicare Limited
Registered Manager	Mrs Caroline Murphy
Overview of the service	Priscilla Wakefield House is a care home in Tottenham which is registered to provide care and accommodation for 112 people. At the time of this inspection there were five units in the home. Copperfield for people who required nursing care, Nickleby for people who required residential care. Dorrit for older people who required dementia nursing care, Haversham for people with early onset of dementia and Pickwick for younger adults who may have dementia, brain injury or physical disability and required nursing care.
Type of services	Care home service with nursing Rehabilitation services
Regulated activities	Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury

Contents

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

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 27 June 2014, talked with people who use the service and talked with carers and / or family members. We talked with staff, reviewed information given to us by the provider and were accompanied by a specialist advisor.

What people told us and what we found

The inspection team who carried out this inspection consisted of two adult social care inspectors and two specialist advisors a nurse and an occupational therapist. During the inspection, the team worked together to answer five key questions; Is the service caring? Is the service responsive? Is the service safe? Is the service effective? Is the service well led?

As part of this inspection we spoke with 11 people who use the service, six relatives, the registered manager, seven staff, this included qualified staff. We also reviewed records relating to the management of the home which included, 10 care plans and daily care records.

Below is a summary of what we found. The summary is based on our observations during the inspection, speaking with people using the service, the staff supporting them and from looking at records.

If you want to see the evidence supporting our summary please read the full report.

Is the service safe?
We could not be confident that systems were in place to monitor the cleanliness of the home. We saw that the service had ensured that risk assessments were in place, however, most staff were not aware of deprivation of liberty safeguards and how this impacted on the people they cared for.

Is the service effective?
We saw that people had access to other healthcare professionals when they needed. Staff had completed training in a number of areas to increase their knowledge and skills.

Is the service caring?
People we spoke with told us that staff respected their privacy and dignity. However, we were told by people and relatives that staff did not always meet their needs.

Is the service responsive?
We saw that people were referred to other healthcare professionals, such as, physiotherapist and dietician, however, of the care plans that we reviewed these were not person centred.

Is the service well-led?
Staff we spoke with showed that they understood the needs of individual people they cared for. Systems were in place to monitoring the quality of the service, however, these were not always effective and the provider could not be sure that people were protected from the risk of unsafe or inappropriate care.

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 18 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

Respecting and involving people who use services ✖ Action needed

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 not meeting this standard.

The registered provider failed to involve people in decisions relating to the way in which the regulated activity is carried on in so far as it relates to their care and treatment. People were not given choices in relation the running of the service.

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

People told us that staff respected their privacy and dignity. One person told us, staff knocked their door before entering. They responded, "oh definitely," to the question of whether they were treated with respect by staff. This person also told us that staff addressed them appropriately, "they call me…because that's the way I asked them to speak to me."

However, people we spoke with raised concerns about the choices available at mealtimes. The menu had recently changed so that lunch consists of sandwiches and soup. One person who said they had not been consulted about the menu changes was not happy with the food, "they're not willing to cater to my needs", "I don't want all this bread…" Another person who said they had no complaints other than telling us that, "…the food is not good. They give you sandwiches." On another unit one person told us, "I can't eat the food here, it's horrible. I go out."

We saw that there were some activities available for people. The service had two activities coordinators who organised the activities for the day. They had information on the people who required one to one support due to their mobility. We saw that both coordinators' knew what people liked to do, for example one person liked to have a book about art taken to them. On the day we inspected we saw that four people from one unit were being taken out to the local café and for a walk; we saw this was a popular activity but only available to a small number of people and occupied several hours of both the activities coordinator's time. In a another unit later in the day we saw a group of local primary school children joined the activities coordinators and a small number of people in the lounge where they were making felt brooches. We were told by staff that the children's visits were regular; we observed that people appeared to enjoy this activity.

In another unit we saw an old-fashioned jukebox in the lounge which allowed people who were able, to select songs they like. One person clearly enjoyed making the choice and then dancing to the music. However, when we reviewed the activities folder we saw very few group or individual activities available to people each day and the vast majority of people we saw sat either in the lounges or remained in their rooms. The televisions were tuned mostly to pop music stations playing the UK top 40 or American music chart shows. In one lounge, the television was tuned to the American crime drama NCIS. Nobody was watching it. This was a common theme, during breakfast in one unit the TV was tuned into an American news channel; we asked staff if anyone living at the home was American, we were told no one was. Those people who were in their rooms including some in their beds were mostly on their own. Some had the television or radio on. We saw that a quality audit conducted in May 2014 by an independent consultant identified that 'TV programmes were not appropriate at all times' however; this had not been fully addressed by the service.

We asked about the service website which stated that there was keep fit in the morning and aerobics in the afternoon on the day we inspected. Staff told us that this needed updating. One person was positive about the efforts made by the activities staff to create a sociable atmosphere for people and relatives through regular events such as barbeques and birthday celebrations. This person also told us that they had developed friendships with other people using the service.

We observed that some staff communicated with people in a kind and gentle manner and were aware of people's choices and wishes. We received mixed feedback from people who use the service and their relatives. One person told us that staff were, "very helpful and gentle," when providing personal care. Another person described staff as, "they're rude to me." One relative talked about their relative's care as, "you can't fault it, it's excellent." While another relative told us they didn't feel staff understood their relative's needs.

We saw that most staff did not wear their name badges. Staff gave various reasons why they did not wear their badges, including waiting for new ones to be delivered or these had been removed by people living at the home. The manager told us that all staff should wear name badges.

Care and welfare of people who use services ✖ Action needed

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

Our judgement

The provider was not meeting this standard.

The registered provider failed to take proper steps to ensure that people were protected against the risks of receiving care or treatment that is inappropriate or unsafe by means of planning and delivery of care and, where appropriate, treatment in such a way as to, meet the person's individual needs and ensure the welfare and safety of the people. Care plans were not updated following a change in people's needs and individual needs were not always met by the service.

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 care records for 10 people using the service. Each person had a care plan and risk assessment. Care plans included areas such as, communication, night time routine, 'my dietary requirements' and risk assessments covered areas such as, falls, manual handling and bed rails. We saw that some people had completed with the support of staff, 'me and my life,' which detailed some personal history and what activities people enjoyed being involved in. However, we saw that care plans were not person-centred and changes were not always reflected in care plans, for example, in one care plan we saw that the person liked to have a bath or shower, however, when we looked at their care programme approach (CPA) meeting minutes we saw that the person liked to wash themselves alone and there should be no liquids in the bathroom, such as bubble bath as they were at risk of drinking them. This information had not been incorporated into their care plan.

In another care record we saw that one person needed two staff for all transfers and this included the use of a slide sheet when moving the person in their bed. We observed that this person had slipped down the bed and they told us that they felt uncomfortable. We asked staff to help and two staff arrived to assist this person. However, we heard the person shout out in pain, when staff had finished we asked if they had used a slide sheet to move this person. One staff member said, "yes," but was unable to show us the slide sheet used. We spoke with the person who told us, "that one (staff) you saw today always rushes me and hurts me when they move me." They also said that, "other staff were kind and gentle," when moving them. We saw that the slide sheet was not present in the room; therefore staff were not following the care plan and putting this person at risk of injury. We reported this to the registered manager.

Relatives we spoke with said they were kept up to date about medical and care issues and

were informed immediately of any changes. Relatives of a newly arrived resident said, "staff are on the phone to us constantly," and, "they consult us all the time." However, we saw that there was very little evidence of people or relatives' involvement in care plans, for example, out of the 10 care records reviewed four had not signed to agree to have their photographs taken.

The manager told us that she was kept up to date with people's needs on a daily basis; she attends handovers for qualified and senior staff. One staff member confirmed this and said the manager was supportive.

We saw that people had access to other healthcare professionals, for example one person had been seen by a physiotherapist and their GP on a regular basis to review their analgesia and symptoms. However, recommendations made by the physiotherapist for this person to have a raised toilet seat to prevent them from falling and reduce the pressure on the back of their thighs had not been put in place, therefore this put them at risk of falls. This person's care plan also stated that they had been prescribed ibuprofen gel and co-codamol for pain relief, but did not state for what or the areas this should be applied to. Although we did observe staff applying the gel to the areas where the pain was and the person confirmed this.

For another person their care plan stated that they required pain relief for chronic pain, however, the care plan did not state where this person's chronic pain was. On the day of the inspection we saw a number of staff were not working in the units they would normally work on, they told us that they didn't know people well and relied on care plans and handover of care to get information about people's current needs, therefore we could not be confident that people would receive care as recommended by health care professionals due to lack of information in people's care plans.

We saw that another person with special dietary needs required their feeding aid to be regularly turned to prevent complications as recommended by the dietician's report seen on the day of our inspection. We noted that there were significant gaps in recording (up to three months at a time) prior to March 2014 when it had improved to weekly recording. We saw that one person with pressure ulcer needs was not turned four hourly as stated in their care plan, this person had been turned at 07:00, but not turned again until 14:00 when staff were asked to do so. This put the person at risk of developing further pressure sores.

We saw some people had risk assessments that showed staff had assessed them as being unable to use their call bell. We observed that these people were checked hourly and this was recorded. However, we saw six people who were unable to reach their call bells, one person who was sitting in a chair told us that they were feeling unwell. However, we saw that they were unable to reach their call bell. We alerted staff that this person was feeling unwell. Another person who was in bed was unable to reach their call bell, a relative who was with this person said, "it was often the case that the call bell is not in reach." In another room we saw a person who needed changing had no call bell within reach, therefore were unable to alert staff that they required help. We spoke with staff to inform them that this person required assistance.

Meeting nutritional needs ✓ Met this standard

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 observed four of the five units during lunch time. We saw that a number of people across the units required assistance with eating. We saw that staff appeared rushed and that some people waited half an hour and longer to be served and those who required assistance waited fifty minutes. We observed that people were offered juice throughout the day and some had a jug of water in their rooms.

In one unit we saw that some staff had a good understanding of people and their choices and preferences For example one person with dementia wanted to eat fish and chips at every meal. Staff said attempts were now being made to introduce other items to their menu. We saw that most staff were caring towards people when assisting them with their food, we saw that some staff took the time to explain to people what was on the plate and asked people, "are you ready for the next one?" before offering the next forkful of food. They talked to people and encouraged them to choose what they wanted to eat from the selection available and offered sauces and salt, and asked them where they wanted this on their plates.

However, on most units we saw that some staff did not communicate or interact with people, for example, when staff were assisting people with their meals they did not speak to the person to explain what they were going to eat or when the meal had finished.

Safeguarding people who use services from abuse ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

None of the people we spoke with expressed any concerns about safety. One person said, "yeah," to the question of whether they felt safe.

Staff we spoke with told us that they had received safeguarding training. This was confirmed by training records. Staff we spoke with knew the relevant authorities to speak to if they had any concerns about abuse and knew how to report to the local safeguarding authority. They were able to give us examples of signs they would look out for that could indicate a person was being abused. Where safeguarding concerns had been identified, the provider had worked closely with the local authority to respond appropriately to safeguarding concerns. Staff had the knowledge and awareness of how to protect people from abuse.

We saw that deprivation of liberty safeguards (DoLS) applications had been made to the local authority and copies of these were kept in a file in the registered manager's office; however, we noted that the paperwork was not available on people's files and the outcomes had not been received. Although the registered manager had an understanding of DoLS, most staff we spoke with did not have an understanding of DoLS and how this impacted on the people they were caring for, although some staff understood the Mental Capacity Act 2005 (MCA). The registered manager told us that she had identified DoLS as a staff training need and that further training in the MCA and DoLS had been arranged for July 2014 with the local authority.

Cleanliness and infection control ✖ Action needed

People should be cared for in a clean environment and protected from the risk of infection

Our judgement

The provider was not meeting this standard.

The registered provider failed to ensure that people, staff and others were protected from the risk of exposure to a health care associated infection arising from the carrying on of the regulated activity, and are protected against identifiable risks of acquiring such an infection by the means of the effective operation of systems designed to assess the risk of and to prevent, detect and control the spread of a health care associated infection. Infection control audits were not effective in ensuring that appropriate standards of cleanliness and hygiene 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

Effective systems were not in place to reduce the risk and spread of infection. Although the provider had an infection control policy and procedures in place, we found that these were not being followed by all staff. We saw that dust was present throughout the home on all floors. We saw that where people had extractor fans in their bathrooms these were thick with dust and grime and in several bathrooms we saw that the floor covering was stained and curtains were dirty. In one bathroom we saw that the floor covering was coming away from the wall, which would have made it very difficult to keep clean. In one unit we saw that the kitchen units had missing doors and the worktop was peeling off or missing, this made it difficult to keep clean. We were told by the registered manager that this had been noted in a recent health and safety audit and the service was awaiting a new kitchen.

We met with the head of cleaning for the home; they told us that the home had six cleaners each day, who worked in shifts from 08.00am till 8.00pm. After this time the nurses and care workers were responsible for any cleaning that was required. We saw that each floor had a designated cleaning cupboard. However, due to the wooden area used to store the cleaning equipment, we saw that these cupboards were difficult to keep clean, therefore prone to infection. The service used colour coded buckets for different areas, for example, blue buckets were used for corridors and low risk areas, however all the buckets we saw were dirty and the trolley that staff used to move all the cleaning equipment around the home had not been cleaned for some time.

The head of cleaning explained that all cleaning staff had schedules for different areas of the home, such as bedrooms, shower and toilets, that they followed. We reviewed these schedules and saw on the whole they were comprehensive and explained how staff should clean each room; however the areas we saw which were dusty and dirty were not included

in the schedule. The head of cleaning said they were auditing the cleaning and would now look at the way the cleaning schedules were written to ensure that staff cleaned all areas of the home well and to a high standard.

We saw staff had access to plastic aprons and gloves and staff we spoke with confirmed these were available in sufficient quantities. We reviewed the training matrix for staff and noted that most staff had completed infection prevention and control training through e-learning in 2013 and 2014. Staff we spoke with confirmed that they had completed this training.

We looked at several bathrooms and toilets to check that hand wash and paper towels were available for people who used the service and staff. We saw that most had these available, however three bathrooms had no hand wash, therefore we could not be confident that people and staff had facilities available to prevent the spread of infection.

The registered manager provided us with a copy of the service's 'infection prevention control self-audit tool kit,' which was completed in June 2014. This indicated that the home was compliant and low risk and the 'general environment clean.' Although the audit had identified dust in the lounge in one unit, these audits were not effective in identifying the issues raised on the day of our inspection. This put people at risk of exposure to a health care acquired infection.

Supporting workers ✖ Action needed

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 appropriately supported to deliver care and treatment safely and to an appropriate standard. Staff supervision and appraisals had not taken place in line with the organisations policies and procedures.

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

Staff told us that they received regular supervision and felt supported by their manager. However, staff records showed that four of out of ten staff last received supervision in April 2013 and June 2013, and two staff in February 2014.This was not in accordance with the provider's staff supervision policy which stated that staff should receive, 'regular quality supervision at least once every 12 weeks'. We were unable to see supervision records for two staff members as these were not available on the day of our inspection. Staff we spoke with had not received an appraisal for some time. The provider had not followed their own appraisal policy and procedure which stated that all staff should receive, 'an annual appraisal.'

Staff we spoke with told us that they had completed an induction when they first started work, this covered mandatory training such as manual handling, safeguarding and dignity and medication. We were provided with the training programme which provided a list of all staff and the training completed. This included Control of Substances Hazardous to Health (COSHH), food standards, first aid, equalities and diversity. This also showed that most staff had completed mandatory training through e-learning. However, they still required training in areas such as dementia awareness and dealing with challenging behaviour. We noted that one staff member was trained to deliver manual handling training. We saw that this staff member had reminded staff at the night staff meeting in April 2014 to access this training.

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

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

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive

Reasons for our judgement

Systems were in place to monitor the quality of the service. The registered manager told us that a relatives' survey had been completed in July 2013; however, this had not been analysed. Relatives we spoke had not received a questionnaire. We were told that annual surveys were sent to people who use the service; the registered manager told us that this showed that people were happy with food, environment and delivery of care. People who were unable to complete these were assisted by staff or their relatives. The registered manager told us that the analysis for this survey was not available at the time of our inspection.

We saw that relatives' meetings took place, the last was in February 2014, and this showed that five relatives attended and concerns discussed and actions agreed. Staff meetings took place in April 2014 for night staff and June 2014 for nurses and unit managers. This allowed staff to discuss issues relating to people using the service, including any proposed changes to the way staff recorded daily and night records, and training.

Monthly dependency reports included areas such as, accidents, falls, pressure sores and infections. The registered manager told us that quality audits were conducted using a care and quality compliance tool every six weeks by an external consultant; we were shown the latest document for May 2014, this looked at how well the home met the standards of care and identified areas for improvement. We noted that concerns identified during our inspection had also been highlighted in the audit as 'not met' by the service, but no effective action had been taken to address the issues.

Care plan and risk assessment audits were carried out by the unit managers. The provider may find it useful to note however, these audits had not been effective in ensuring that care records seen on the day of our inspection were updated following changes.

Systems were in place for dealing with complaints, incidents and accidents. Records showed that there were two complaints in 2014; we saw that both of these had dealt with appropriately by the registered manager.

Incidents and accidents were recorded in a book; however, we noted that staff did not always record the outcome. Therefore, we were unclear what action had been taken by staff. The registered manager told us that she would address this with staff.

This section is primarily information for the provider

Action we have told the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activities	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	**Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2010** **Respecting and involving people who use services**
	How the regulation was not being met: The registered provider failed to involve people in decisions relating to the way in which the regulated activity is carried on in so far as it relates to their care and treatment. People were not given choices in relation the running of the service. Regulation 17 (1)(b)(2)(1)(c)(ii0(f).
Regulated activities	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	**Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010** **Care and welfare of people who use services**
	How the regulation was not being met: The registered provider failed to take proper steps to ensure that people were protected against the risks of receiving care or treatment that is inappropriate or unsafe by means of planning and delivery of care and, where appropriate, treatment in such a way as to, meet the person's individual needs and ensure the welfare and safety of the people. Care plans were not updated following a change in people's needs and individual needs were

This section is primarily information for the provider

	not always met by the service. Regulation 9 (1)(a)(I)(ii)
Regulated activities	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	**Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010** **Cleanliness and infection control**
	How the regulation was not being met: The registered provider failed to ensure that people, staff and others were protected from the risk of exposure to a health care associated infection arising from the carrying on of the regulated activity, and are protected against identifiable risks of acquiring such an infection by the means of the effective operation of systems designed to assess the risk of and to prevent, detect and control the spread of a health care associated infection. Infection control audits were not effective in ensuring that appropriate standards of cleanliness and hygiene were maintained. Regulation 12 (1)(a)(b)(c)(2)(a)(c)(1)
Regulated activities	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	**Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010** **Supporting workers**
	How the regulation was not being met: People were cared for by staff who were not appropriately supported to deliver care and treatment safely and to an appropriate standard. Staff supervision and appraisals had not taken place in line with the organisations policies and procedures. Regulation (23)(1)(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 18 October 2014.

This section is primarily information for the provider

CQC should be informed when compliance actions are complete.

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

About CQC inspections

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

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

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

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

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

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

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

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

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

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

How we define our judgements

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

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

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

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

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

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

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

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

Glossary of terms we use in this report

Essential standard

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

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

Regulated activity

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

Glossary of terms we use in this report (continued)

(Registered) Provider

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

Regulations

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

Responsive inspection

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

Routine inspection

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

Themed inspection

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

Contact us

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