

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

Green Trees Care Home

21 Crescent East, Hadley Wood, Barnet, EN4
0EY

Tel: 02084496381

Date of Inspection: 20 May 2014

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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
Safeguarding people who use services from abuse	✘	Action needed
Cleanliness and infection control	✘	Action needed
Safety, availability and suitability of equipment	✔	Met this standard
Supporting workers	✘	Action needed
Assessing and monitoring the quality of service provision	✘	Action needed

Details about this location

Registered Provider	Mr Simon John Kidsley & Ms L June Haydon & Mr Brian Colin Haydon
Registered Manager	Ms L June Haydon
Overview of the service	Green Trees Care Home is registered to provide accommodation and personal care for a maximum of 16 people. It is a family owned home for older people, some of whom may have dementia.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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

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Summary of this inspection

Why we carried out this inspection

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 20 May 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 given to us by the provider and reviewed information sent to us by other authorities.

What people told us and what we found

A single inspector carried out this inspection. The focus of the inspection was to answer five key questions: is the service safe, effective, caring, responsive, and well-led? Below is a summary of what we found. The summary describes what people using the service, their relatives and staff told us, what we observed and records we looked at.

Is the service caring?

People's needs were not always fully assessed and care and treatment was not always fully planned and delivered in line with their individual care plan. Planned activities were not available on a daily basis and there was no designated activities co-ordinator.

Is the service effective?

Staff did not receive appropriate training, professional development, supervision and appraisal. There were no systems currently in place for regular supervision or appraisal of staff.

Is the service safe?

The provider had made suitable arrangements to ensure that equipment was properly maintained and suitable for its purpose. There were effective procedures in place for managing foreseeable emergencies. There were ineffective policies and procedures in place to protect people using the service from the risk of abuse, and from the risk and spread of infection.

Is the service responsive?

There were no formal systems in place to seek and learn from people's experiences, comments and complaints. Staff did not receive appropriate training, professional development, supervision and appraisal.

Is the service well-led?

There were ineffective systems to regularly assess and monitor the quality of the services provided, and to identify, assess and manage risks relating to the health, welfare and

safety of service users and others who may be at risk. There was no evidence to support monitoring review and amendments made to policies. A proactive approach to seeking feedback about the service was not in place and feedback had not been acted upon.

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

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

More information about the provider

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

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

Our judgements for each standard inspected

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.

People were not involved in decision making around how their care was delivered, and their choices, dignity and privacy was not respected. People were not provided with appropriate opportunities, encouragement and support to promote their autonomy, independence and community involvement.

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 we spoke with were generally satisfied with the service provided. Three relatives we spoke with told us they felt welcomed and usually visited three or four times a week. One relative said: "The staff keep me well informed. My relative is always in their own clothes. We have never had anything to complain about." We saw that residents enjoyed conversations with each other and with staff at mealtimes. All the people we spoke with told us they were dressed in their own clothes and were encouraged to sit at the dining table for their lunch.

There were no planned activities on the day of our visit. We saw the majority of people spent much of the day watching television in the communal lounge, whilst others remained in their rooms. A person acting on a resident's behalf said: "They just sit all day and do not get enough exercise." One person who used the service told us: "I would like to have more to do." Another person said: "I would like to have a games area or at least some board games, but I don't think anyone has ever asked me." One staff member we spoke with said: "I would like to see them do more."

All of the people we spoke with told us they did not know where to access the information about the activities. The provider showed us a schedule of activities displayed in the entrance hall many of which related to personal care -visits from the hair dresser, manicurist, chiropodist and physiotherapist. A weekly music session and monthly visits from the chaplain were also advertised which people confirmed happened. There were no specific dates attached to the weekly, fortnightly, monthly or six weekly activities, or means of evaluating the benefits to people. We were told by managers that the schedule did not accurately reflect the current activities provided as four other activities listed were no longer happening. Staff and people told us there were no social outings and that trips

away from the home were mainly relating to their medical appointments or trips out with family members.

The Registered Manager told us that people were "generally not interested" in activities, however we found no evidence that the views of people using the service, those acting on their behalf or staff were sought on a regular basis. The Registered Manager confirmed there were no formal mechanisms such as meetings, forums, or surveys in place to gather this information. We saw the results of the most recent resident survey (2012) stating an intention to develop and improve social activities. Staff and people we spoke with told us this had not happened, that planned activities were not available on a daily basis, and there was no longer a designated activities co-ordinator. This meant that people did not have appropriate opportunities, encouragement and support in relation to promoting their autonomy, independence and community involvement.

People did not express their views and were not involved in making decisions about their care and treatment. None of the people we spoke with could recall being asked for their views about their care or treatment or invited to a care plan review meeting. The Registered Manager told us there were no formal systems in place to ensure that this happened. This meant that people did not always have the opportunity to make informed choices about their care.

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

Our judgement

The provider was not meeting this standard.

Care and treatment was not planned and delivered in a way that was intended to ensure people's safety and welfare.

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

Reasons for our judgement

We saw an up to date care plan in place for every person who used the service. We looked at all fifteen care plans, and saw that people were assessed by care staff prior to admission to the home. The provider carried out risk assessments for each person, and identified measures to address areas of identified risk. All people had a documented falls risk assessment, a pressure ulcer risk assessment, nutritional assessment, and a call system safety assessment.

We saw there was a signing in book for visitors at the entrance hall but that this was not being used on a daily basis. Managers told us that they were aware that this process was not always followed. This left people who use the service at risk from unauthorised visitors.

Care and treatment was not always planned and delivered in a way that was intended to ensure people's safety and welfare. Managers told us that each care plan was reviewed monthly by the deputy manager, and where applicable an annual review took place with the person's social worker. We looked at records which confirmed this. Managers told us all care staff were required to sign a form to say they had read and understood the changes in the care plan but that this was not happening in the majority of cases, and there was no formal mechanism in place to ensure this was happening. We looked at records which confirmed this. Only one care worker out of four we spoke with told us that they attended care plan reviews and contributed to their development. Other care staff we spoke with said they did not regularly read or contribute to care plans and relied on daily verbal handover reports from colleagues for information on the level and type of support people needed. This meant that people were at risk of receiving care, treatment and support that was inappropriate and unsafe and people's health and wellbeing were at risk of being compromised.

Care plans we looked at did not always contain up to date information about people's preferred daytime activities, all aspects of their individual circumstances, or their longer-term needs. People we spoke with, and those acting on their behalf, could not recall being asked to discuss any aspect of their care plan with staff other than during the admission

period. One person acting on another's behalf said "a member of staff had told me they had not realised the person could mobilise with the help of one carer until I had demonstrated this to them. I would have expected them to know this." They told us this had been raised as a concern with the manager at the time. This was not reflected in the care plan review.

We saw call bell leads were not connected in some rooms, including the communal lounge. The managers told us: "The residents call out if they need us, we always hear. We are continually walking around the home." People told us that staff were accessible at all times. Staff told us that they carried out checks at least once every two hours on all people in the daytime and at night, and that these checks were documented. We saw that staff were regularly attending to people's needs during our visit and people's records confirmed this. One person told us " It is not a problem. I am settled at night and don't often need much."

There were arrangements in place to deal with foreseeable emergencies. All the staff we spoke with accurately described their responsibilities in managing medical emergencies and first aid situations, and we saw that a record was kept of accidents and incidents. Eight of the staff were trained first aiders and had recently completed a first aid training update. The provider had recently undergone an external audit. Emergency equipment was clearly labelled and had the appropriate safety and maintenance checks.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. People who used the service were only deprived of their liberty when this had been authorised by the Court of Protection, or by a Supervisory Body under the DoLS. Staff had undergone the relevant training to ensure this happened and were able to describe the processes involved.

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

Our judgement

The provider was not meeting this standard.

People who use the service were not protected from the risk of abuse, because the provider had not taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

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

Reasons for our judgement

The provider had responded appropriately to allegations of abuse. There had been two recent safeguarding concerns, raised by the registered manager. We looked at records that showed these had been correctly referred to the local safeguarding authority with no further action required. All of the people that we spoke with told us they felt safe. Care records we looked at demonstrated that the correct process had been followed where deprivation of liberty safeguards (DoLS) had been applied. We saw training records that demonstrated staff had successfully completed recent training on the requirements of the Mental Capacity Act 2005 and DoLS.

The provider had not taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. The "Complaints and Protection" policy that was being followed by staff did not reflect current safeguarding legislation, standards, or terminology. Managers told us that the policy should be reviewed annually and that it was last reviewed in January 2013. However there was no record of the amendments made, and staff we spoke with could not recall changes that were introduced at that time. There were no clear instructions on local reporting procedures. Our previous inspection report (August 2013) identified that there was out of date safeguarding information available to staff, particularly in relation to the role of the Disclosure and Barring Service and stated that the provider would be updating the policy. Managers told us this had not happened. The Registered Manager had also agreed to obtain a copy of the London guidance document 'Protecting Adults at Risk: London Multi-Agency Policy and Procedure to Safeguard Adults from Abuse'. There was no evidence that this had been obtained. This meant that up to date Government and local guidance about safeguarding people from abuse was not accessible to staff or put into practice.

None of the staff we spoke with had raised any safeguarding concerns. Staff told us they felt that if they were to report any abuse that they would be taken seriously. Not all staff we spoke with correctly described the safeguarding processes relevant to them or the process for reporting suspected or actual abuse. One member of staff said: "I would report

the matter to the CQC", rather than describing the local processes. The name of the safeguarding lead and their role was not included in the policy and they were unable to provide evidence of recent training at the required level.

We looked at the induction programme and saw no evidence that newly recruited staff had completed safeguarding training as part of their induction. Two members of staff told us they had not completed safeguarding training in the course of their employment at Green Trees, and that they were not aware that any was planned. This meant that staff did not completely understand the safeguarding procedures and may not identify the possibility of abuse and prevent it before it occurs, and that people were being put at risk.

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.

People were not protected from the risk of infection because appropriate guidance had not been followed.

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

There were ineffective systems in place to reduce the risk and spread of infection. The Registered Manager showed us the infection prevention and control policy that should be followed by all staff. We observed that it was not being adhered to. We saw that care staff did not follow the correct procedure for handling and segregation of dirty laundry. Bags provided for dirty laundry were not used and we saw soiled linen and people's clothes on the laundry floor. Staff we spoke with identified that this should not have happened and presented an unnecessary risk of infection. Managers told us that the infection control policy should be reviewed on at least an annual basis and that it was last reviewed in January 2013. However there was no record of any updates made at that time and staff we spoke with could not recall being notified of any changes, or being provided with any recent information about infection prevention or control.

The policy we looked at did not refer to or reflect current legislation, standards and nationally recognised evidence-based guidance, such as the Department of Health and Health Protection Agency best practice guidelines: Prevention and control of infection in care homes 2013, or the Code of Practice for health and social care on the prevention and control of infections and related guidance 2010. The policy contained an outdated list of emergency and useful contacts, and the Registered Manager told us there was no formal arrangement in place for seeking external advice or expertise. This meant that people working in the service may not have access to suitable accurate information, and that they and people who used the service may not be protected against identifiable risks.

Appropriate hand washing facilities, such as hand hygiene instructions, liquid soap, and disposable towels were not available for staff at the point of care delivery. One staff member said: "It could be better. I would like to see more liquid soap and disposable towels." Managers and care staff told us that they and visitors to the home delivering personal care in people's rooms, washed their hands either in the sink in people's rooms, or in a communal bathroom or laundry room that was not always adjacent to people's rooms. This meant that staff and people who used the service were not protected from the

risks of cross contamination.

Personal protective equipment such as disposable aprons, and gloves was available for staff, however we saw no evidence that there was colour coding to ensure separate use in the kitchen, for example. We saw that alcohol hand rub in a hand sanitiser was provided at the entrance to the home for visitors' use. There were no instructions on hand hygiene displayed, and we did not see any evidence that visitors were encouraged to use the hand sanitiser at the start and end of visits. Staff told us that in the past they had been provided with their own hand sanitisers but that this no longer happened.

We asked managers about the cleaning arrangements within the home. They told us that cleaning was allocated to a cleaner, and to care staff who worked a day or night shift. Staff told us that vacuuming and damp dusting were carried out at least daily, and on an as required basis. We asked to see reports of any reviews or systems in place to monitor the prevention and control of infection, including cleaning schedules, risk registers, and infection control and prevention audits. These were not available and therefore we saw no evidence that the provider or Registered Manager had taken into account the monitoring (audit, revision and update) requirements of the Code of practice for health and social care on the prevention and control of infections and related guidance produced by the Department of Health. This meant that risks of exposure to infection may not be identified or acted upon and that people may be at risk of acquiring care associated infections.

People should be safe from harm from unsafe or unsuitable equipment

Our judgement

The provider was meeting this standard.

People were protected from unsafe or unsuitable equipment.

Reasons for our judgement

People were protected from unsafe or unsuitable equipment because the provider had made suitable arrangements to protect service users and others by ensuring that equipment was properly maintained and suitable for its purpose. Staff told us that equipment was readily available and was kept in good working order by the proprietor and external contractors where necessary. There was an established maintenance programme for all electrical installations and fixed equipment. Checks were in place for equipment used to aid diagnosis such as blood glucose monitoring equipment and weighing scales. Electronic records we looked at on the care management system confirmed that these were carried out.

An assisted bathroom and bath hoist were decommissioned and the bathroom was labelled: "Staff Use Only". However the provider may wish to note that the door was not kept locked meaning that access to the bathroom was not suitably restricted.

The manager told us that they received and acted upon safety alerts and bulletins from outside agencies notifying them of unsafe equipment, and provided us with recent examples. Staff we spoke with told us that this information would be passed on to them verbally as necessary.

People were supplied with a profiling bed and pressure relieving mattresses to meet their specific needs following a risk assessment. We saw that equipment was also provided to assist with moving and handling, and that it was stored securely and kept in good working order. We observed that people's independence was promoted by their use of mobility aids that had been provided for them following individual assessment. Staff told us that they had been shown how to use all equipment provided. The provider may wish to note that we were not able to see any records stating how staff had been trained to use specific equipment and therefore we could not fully assess the impact.

One person acting on another person's behalf told us that they had previously informed the manager that footrests were not used on a wheelchair when moving a person around the home and that this had since been resolved. During our visit we saw a wheelchair in the communal lounge with no footrests and brought this to the manager's attention.

We observed that people looked comfortable in the chairs provided in their rooms as well as in the communal areas. The dining room was spacious and allowed each person to sit

at the table during mealtimes, should they wish to. Every person had their own television and own furniture in their room as desired. One person acting on a person's behalf said "They like their room, I cannot fault it".

This meant that there were suitable arrangements in place to protect service users and others who may be at risk of unsafe equipment, and that there was available equipment to promote the independence and comfort of people using the service.

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

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

Most people we spoke with talked positively about the staff. Comments included "They are good," "They are very friendly and kind. If I have an issue I take it to the manager and she sorts it out." All the staff we spoke with told us they enjoyed working at Green Trees and felt supported by management. One staff member said "morale is up and down." Another staff member said "we are a good team and all help each other."

We saw that there was an induction programme provided for new staff, which one staff member was currently undertaking, during which they worked alongside more experienced staff in order to develop their skills. Staff records and duty rotas we looked at confirmed this. One member of care staff we spoke with told us they had been supported in completing further qualifications appropriate to their employment at Green Trees, including national vocational qualifications in care and in nutrition. We looked at their personnel records which confirmed this.

The provider had not worked continuously to maintain and improve high standards of care by creating an environment where clinical excellence could do well. Care staff and catering staff we spoke with provided us with examples of recently completed training relevant to their role, but were unable to tell us what their training requirements and responsibilities, including mandatory training, were. We saw that the training requirements were not set out in the staff training policy. We asked to see a training matrix and none was available. The Registered Manager told us there was no formal system in place for monitoring training but that work was in progress to capture this information as part of a new electronic care management system. The Registered Manager told us that some training records were already stored on the new system, which we saw to be the case. We were told by the registered manager that other training records were not available.

Staff and managers we spoke with could not provide evidence of any recent training in dementia care, record keeping or care planning, or moving and handling. We were told that one member of staff had completed recent training in safeguarding, but this was not the safeguarding lead. We looked at staff records which confirmed this. We looked at staff

training records relating to the safeguarding of vulnerable adults and saw that although the majority of staff had completed some initial in-house training, only one member of staff had completed a recent update. This was not the person with the specific lead responsibility for safeguarding or training.

We saw that in the last twelve months the majority of staff had completed training to refresh their knowledge and skills in first aid, food hygiene, fire safety and prevention, and deprivation of liberty safeguarding and the Mental Capacity Act 2005. We asked to see the list of staff trained and authorised to administer medicines. This was not stored in accordance with the home's policy, and was not available at the time of our visit. Staff we spoke with told us medicines management training was provided in house. None of the managers we spoke with could recall any recent training on medicines management.

Staff we spoke with were unsure of future training or development plans or timetables. One member of staff said: "we get told what training to go on. I cannot remember seeing a programme." Another staff member said "I would generally like to see more training, in infection control, for example." The provider told us there had been "little training" this year but that there were plans to access more on-line learning.

Staff did not receive appropriate training, professional development, supervision and appraisal. The staff supervision policy stated that all care staff would receive formal supervision four times a year. However, the Registered Manager told us there were no systems currently in place for ongoing supervision or appraisal and that it was not happening. Staff therefore had limited opportunities to give or receive feedback on their performance or to formally identify and agree any required learning, or take the necessary action. This meant that staff were not being enabled to deliver care and treatment to service users safely and to an appropriate standard.

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 to regularly assess and monitor the quality of service that people receive.

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 asked how the quality of the service was measured and acted upon. Staff showed us a box for written comments and complaints about the service at the home's entrance, but said that it was not generally used. There were no written comments or complaints evident at the time of our visit, and staff and managers we spoke with could not recall when they were last received. We asked to see the comments or complaints record and this was not available, but we were told there were no unresolved complaints. One person acting on another person's behalf told us they had discussed their concerns about oral hygiene with the manager but the matter was not yet resolved. Another person acting on someone's behalf said they had discussed concerns with the manager and these had been listened to and acted upon.

Staff told us they would raise any concerns with the manager, but had not had recent cause to do so.

People who used the service, their representatives and staff were not asked for their views about their care and treatment and they were not acted on. None of the staff or people we spoke to could recall being asked for their views about the quality of the service. Managers confirmed that there were no formal systems in place to obtain regular feedback and there were no current arrangements for group meetings or surveys. One person, acting on another's behalf, told us "management don't like criticism."

We were told by the provider that the most recent survey seeking people's views was carried out in 2012. We saw the results of the 2012 survey reported in the home's current brochure, and that it stated an intention to develop and improve social activities. Staff told us that there were fewer activities now than in the past and that there was no identified activities co-ordinator. Staff could not provide us with any examples of changes made as a result of previous feedback about the service. This meant that a proactive approach to seeking feedback about the service was not in place and that feedback had not been acted upon.

We asked what external professional and expert advice was sought in relation to assessing and managing risks to people who used the service. We were told that there were no formal arrangements to ensure this happened. We saw that up to date national guidance and expert advice was not referred to in the policies we looked at. However, managers told us there was some work in progress with external agencies to review the service. We saw a report that demonstrated that in May 2014 the service was assessed by two officers from Enfield Council as part of their contract monitoring process. The Council had asked for four action points to be followed up and had made seven recommendations to improve the service. The Council had agreed timelines for action and there was evidence that while some work was in place towards implementing the recommendations these were not yet complete. Managers also showed us a report of an external health and safety audit conducted in March 2014 with a number of outstanding action points.

The Registered Manager showed us a range of standard operating procedures and policies to provide instructions for staff to follow, however, we saw areas where they were not being followed relating to infection prevention and control, staff training and supervision, and safeguarding. We asked to see evidence of any monitoring of the policies in practice, review, and amendments made to policies. None was available. The Registered Manager told us there was no system in place to ensure this happened, but that the policies were last reviewed in January 2013, and we saw the revised date recorded on the policies. Staff and managers we spoke with were not able to give us any specific examples of policy changes that had been introduced at that time. This could mean that their practice was not always taking account of up to date information, and that there were ineffective systems in place to identify, assess and manage risks relating to the health, welfare and safety of people using the service and others who may be at risk from carrying out the regulated activity.

We asked to see a risk register stating identified risks to the safety and welfare of people who used the service and were told that none was available. This meant that the risk of adverse events, incidents, errors and near misses that have occurred were not mitigated against and there were no formal arrangements in place to demonstrate how they were managed and reviewed. This put people who used the service at risk.

This section is primarily information for the provider

✘ Action we have told the provider to take

Compliance actions

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2010</p> <p>Respecting and involving people who use services</p>
	<p>How the regulation was not being met:</p> <p>People were not involved in decision making around how their care was delivered, and their choices, dignity and privacy were not respected. There was no obvious process in place to ensure that people's autonomy and independence were supported. People were not provided with appropriate opportunities, encouragement and support to promote their autonomy, independence and community involvement. Regulation 17 (2)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010</p> <p>Care and welfare of people who use services</p>
	<p>How the regulation was not being met:</p> <p>The registered person had not taken proper steps to ensure that each service user is protected against the risks of receiving care or treatment that is inappropriate or unsafe by means of the planning and delivery of care, and where appropriate treatment, to meet individual service user's needs and to ensure the welfare and safety of the service users. Regulation 9 (1).</p>
Regulated activity	Regulation

This section is primarily information for the provider

<p>Accommodation for persons who require nursing or personal care</p>	<p>Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2010</p> <p>Safeguarding people who use services from abuse</p> <p>How the regulation was not being met:</p> <p>The registered person had not made suitable arrangements to ensure that service users are safeguarded against the risks of abuse by means of taking reasonable steps to identify the possibility of abuse and prevent it before it occurs. Regulation 11 (1) a).</p>
<p>Regulated activity</p>	<p>Regulation</p>
<p>Accommodation for persons who require nursing or personal care</p>	<p>Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010</p> <p>Cleanliness and infection control</p> <p>How the regulation was not being met:</p> <p>The registered person did not ensure that service users, people employed for the purposes of carrying on the regulated activity and others who may be at risk of exposure to a health care associated infection were protected against identifiable risks of acquiring such an infection . Regulation 12 (1) a,b,c. There were ineffective systems in place to assess the risk of and prevent, detect and control the spread of infection. Regulation 12 (2) a.</p>
<p>Regulated activity</p>	<p>Regulation</p>
<p>Accommodation for persons who require nursing or personal care</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>The provider did not have suitable arrangements in place in order to ensure that persons employed for the purposes of carrying on the regulated activity were appropriately supported in relation to their responsibilities to enable them to deliver care and treatment to service users safely and to an appropriate standard. Regulation 23 (1).</p>
<p>Regulated activity</p>	<p>Regulation</p>

This section is primarily information for the provider

<p>Accommodation for persons who require nursing or personal care</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>People were not protected against the risks of inappropriate or unsafe care because the provider did not have effective systems to regularly assess and monitor the quality of the services provided and to identify, assess and manage risks relating to the health, welfare and safety of service users. Regulation 10 (1) (a) (b). The registered person did not have mechanisms to regularly seek the views (including the descriptions of care and treatment) of service users, people acting on their behalf or persons employed to carry out the regulated activity to enable the registered person to come to an informed view in relation to the standard of care and treatment provided to service users. Regulation 10 (2) (e).</p>
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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 18 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.

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