

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

Easthill Home for Deaf People

7 Pitt Street, Ryde, PO33 3EB

Tel: 01983564068

Date of Inspections: 17 September 2014
09 September 2014

Date of Publication: October
2014

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

Consent to care and treatment	✘	Action needed
Care and welfare of people who use services	✘	Action needed
Cleanliness and infection control	✘	Action needed
Staffing	✘	Action needed
Supporting workers	✘	Enforcement action taken
Assessing and monitoring the quality of service provision	✘	Enforcement action taken

Details about this location

Registered Provider	Hampshire & Isle of Wight & Channel Islands Association for Deaf People Limited
Registered Managers	Mr Paul Elvins Ms Karen Melville
Overview of the service	Easthill Home for Deaf People is a care home for deaf people who may have dementia, a learning disability or a physical disability. It is registered for a maximum of 15 people and does not provide nursing care. It is located in a residential area of Ryde.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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'.

	Page
Summary of this inspection:	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
What we have told the provider to do	7
More information about the provider	7
Our judgements for each standard inspected:	
Consent to care and treatment	8
Care and welfare of people who use services	10
Cleanliness and infection control	13
Staffing	15
Supporting workers	17
Assessing and monitoring the quality of service provision	19
Information primarily for the provider:	
Action we have told the provider to take	21
Enforcement action we have taken	23
About CQC Inspections	25
How we define our judgements	26
Glossary of terms we use in this report	28
Contact us	30

Summary of this inspection

Why we carried out this inspection

We carried out this inspection to check whether Easthill Home for Deaf People had taken action to meet the following essential standards:

- Consent to care and treatment
- Care and welfare of people who use services
- Cleanliness and infection control
- Staffing
- Supporting workers
- Assessing and monitoring the quality of service provision

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 9 September 2014 and 17 September 2014, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service and talked with staff.

We were supported on this inspection by an expert-by-experience. This is a person who has personal experience of using or caring for someone who uses this type of care service.

We used British Sign Language (BSL) interpreter to help us communicate with people and staff.

What people told us and what we found

At our previous inspection, in January 2014 we identified that suitable arrangements were not in place for obtaining, and acting in accordance with, the consent of people; staff did not receive appropriate training, supervision and appraisal; the provider did not have an effective quality assurance system in place; and the views of staff and people using the service were not regularly sought. We set three compliance actions and the provider wrote to us telling us they would take action to meet the regulations by 30 April 2014. They then wrote to us again, telling us there had been delays and the regulations would be met by 4 June 2014.

At this inspection, on 9 and 17 September 2014, we looked at outcomes relating to the compliance actions. We also looked at outcomes relating to: care and welfare; infection control; and staffing to assess whether the provider was meeting the requirements of the regulations.

The inspection was carried out by an adult social care inspector and an expert by experience in dementia. This is a person who has personal experience of using or caring for someone who uses this type of care service.

At the time of our inspection there were 13 people living at the home. We spoke with six people, using British Sign Language (BSL) interpreters, spoke with a visiting community nurse, three members of staff and the registered manager. We also spoke with staff from: the community dental clinic, the risk office of the local hospital and the fire and rescue service. Following the inspection we discussed our concerns with the local safeguarding authority.

We considered all the evidence we had gathered under the outcomes we inspected and used the information to answer the five questions we always ask;

Is the service safe?

Is the service effective?

Is the service caring?

Is the service responsive?

Is the service well-led?

This is a summary of what we found:

Is the service safe?

We found the service was not safe. There were not enough skilled and experienced staff to meet people's needs at all times. The manager told us they needed three members of care staff during the day, but this was not achieved regularly. A member of staff described staffing levels as "very poor" and said this put people at increased risk. One person told us they sometimes had to wait for assistance. They said, "They help [another person], but sometimes I get forgotten".

People were not protected from the risk of infection because appropriate guidance had not been followed. Infection control risk assessments and audits had not been completed and not all staff had been trained in the prevention and control of infection.

There were arrangements in place to deal with foreseeable emergencies, but these were not robust. The effectiveness of these arrangements when there were no hearing members of staff on duty had not been tested and staff had not been trained in fire safety.

CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The service had policies and procedures in place in relation to MCA and DoLS, although these were not understood well by staff. During the inspection the manager made an application for a DoLS authorisation for one person and staff were due to receive training in MCA in the week of our inspection.

We saw an example of a decision that had been taken in the best interests of a person who lacked mental capacity. However, other decisions taken on behalf of people were not documented and it was not clear why or how these decisions had been made. These included decisions relating to medicines and access to the keypad code to allow people to leave the building.

Is the service effective?

Not all aspects of the service were effective. Staff did not receive appropriate and timely training. Approximately half the courses where staff were due to receive initial training or refresher training in core subjects, such as infection control, health and safety, and food safety were overdue. A system of supervisions and appraisals for staff had not been implemented, so staff did not receive appropriate support.

There was a lack of information in care plans about when staff needed to administer medicines that were prescribed on an "as required" basis. For people who had their blood sugar levels monitored, there was no information about the range of levels that was normal and safe and what action staff should take if their levels were outside of this range.

The arrangements for ensuring people were supported to access healthcare were not always effective. A dental appointment for one person had been cancelled and another person had not been supported to attend an appointment following surgery and an appointment to have a blood test.

Is the service caring?

People told us staff were caring. One person described staff as "good people". We observed staff interacting positively with people, for example by kneeling down so they communicated on the same level as people in chairs; they also used touch, where appropriate, to calm, relax and show empathy with people.

However, parts of the environment were not conducive to people's welfare. For example, some areas needed decorating; some carpets were worn; the curtains in one person's bedroom were hanging off the rail, so they were unable to close them fully. For those people who were living with dementia, the décor did not support them to navigate around the home, as there was a lack of colour contrast and few signs.

Is the service responsive?

The service was responsive. More deaf staff had been recruited to help people communicate their needs and wishes better using BSL. People told us this was a positive step. One person said staff used BSL "to talk to me about help and care".

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. Care plans were personalised and had been developed either with the person concerned or their family members. They included plans to meet the person's physical and emotional needs and information about how to communicate with the person.

People told us they were happy with the quality of care and support they received. A visiting community nurse told us they had "no concerns" about the home.

Is the service well-led?

The service was not well-led. The action plan developed to achieve compliance following our last inspection had not been completed. People were not asked for their views about their care and treatment and the provider did not have a system in place for obtaining the views of staff.

We found audits of medicines were conducted and the findings used to ensure medicines were managed safely. However, the manager told us there had been no audits to assess and monitor the quality of any other aspects of the service and they had not identified all the concerns we found during our inspection. Therefore, people could not be sure that shortcomings in the service would be identified and corrected in a timely manner.

We saw most actions detailed in a fire safety action plan had been completed; however, some actions were still outstanding, including the training of staff and the completion of work to bring a fire door up to the required standard.

We have asked the provider to tell us what they are going to do to meet the requirements of the law in relation to consent; care and welfare; infection control; staffing; supporting

workers; and assessing and monitoring the quality of service provision.

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

We have referred our findings to Fire Safety Assessor and Local Authority: Safeguarding. We will check to make sure that action is taken to meet the essential standards.

We have taken enforcement action against Easthill Home for Deaf People to protect the health, safety and welfare of people using this service.

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

More information about the provider

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

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

Our judgements for each standard inspected

Consent to care and treatment

✘ Action needed

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was not meeting this standard.

Before people received any care or treatment they were supported to give informed consent. However, mental capacity assessments were not carried out according to the relevant code of practice and the reasons for decisions being made on behalf of people were not recorded.

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

Reasons for our judgement

At our previous inspection, in January 2014 we identified that mental capacity assessments were not carried out according to the relevant code of practice. Staff could not support people properly to give informed consent because their competence in the use of British Sign Language (BSL) was limited. We set a compliance action and the provider wrote to us telling us they would take action to meet the regulation by 30 April 2014. They then wrote to us again, telling us there had been delays and the regulation would be met by "the beginning of June". At this inspection we found improvements had been made, but the regulation was not being met.

The service had recruited more deaf staff to help people communicate their wishes and their consent better in relation to their care and support. People told us this was a positive step and they were now able to discuss their care needs and preferences better. One person said staff used BSL "to talk to me about help and care" and another person told us staff had helped them understand what their medicines were for.

We spoke with three members of staff who were aware of the need to provide care with the person's consent and described how they obtained it. They said most people using the service were now able to communicate their consent and were involved in agreeing their care plans. For one person, we saw pictures had been used to help the person express their wishes. Staff had appropriate strategies in place if people refused previously agreed care. For example, they said they would leave and come back later or ask a colleague to try. Care records showed people had declined care, support or medication on some days and their wishes had been communicated and respected. The manager told us this showed people were "developing a sense of self" and felt more able to make and express

their decisions.

The manager had received training in the Mental Capacity Act, 2005 (MCA) and understood its principles. Staff training in MCA had not been completed but was planned for the week of our inspection. We viewed a record of a decision that had been taken in the best interests of a person regarding the use of bed rails to keep them safe. The record was comprehensive and showed the decision had been taken in accordance with the MCA and the code of practice.

However, people's ability to make other decisions, including whether they could manage their own medicines and have access to the keypad code to open the front door had not been assessed. Although some people managed their own medicines and had been given the keypad code, others had not. Best interest decisions had not been recorded to show how these decisions had been made, who had made them or why they had been made. Therefore, the provider was unable to demonstrate that the principles and guidelines of the MCA and its code of practice had been followed.

Deprivation of Liberty Safeguards (DoLS) was not understood well by staff and one person was not permitted to leave the home as staff felt they would not have been safe. We saw the manager was in the process of making an application for DoLS to be authorised for this person. This would ensure they were not controlled or restrained unlawfully.

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

Our judgement

The provider was not meeting this standard.

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. However, people were not always supported to access healthcare services. Parts of the environment were not conducive to people's welfare and emergency plans were not robust.

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 spoke with six of 13 people using the service at the time of our inspection by using a British Sign Language (BSL) interpreter. People told us they were able to converse with each other using BSL and appreciated having staff who were proficient in BSL. We observed staff interacting positively with people, for example by kneeling down so they communicated on the same level as people in chairs; they also used touch, where appropriate, to calm, relax and show empathy with people. People told us they were happy with the quality of care and support they received and told us staff were caring. One person said staff were "all very good"; for example they "write in a book when I want a bath and always remember". Another person described staff as "good people", and a third person said they "love everything" about the home. A visiting community nurse told us they had "no concerns" about the home; they said staff referred people to them appropriately and sought and followed advice.

People told us they had enough to do. They said they accessed the garden, played games and sometimes went on trips to local attractions. We saw people were supported to help prepare meals and drinks and one person did their own laundry. Two people told us they attended a community deaf club, although another person said they had chosen to stop attending this.

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We saw that people had detailed, personalised care plans, which had been developed either with the person concerned or their family members. They included plans to meet the person's physical and emotional needs and information about how to communicate with the person. Sections described "What you need to know to keep me safe", "Things that are important to me" and "This is what I do, this is what it means and this is what you should do". People described the care and support they received, which was in line with their individual plans. The manager told us care plans were constantly being developed as the improved ability of deaf staff to communicate with

people meant they were discovering new information about people and their needs, which they were then able to plan to meet. Staff told us the plans contained the information they needed to deliver effective care.

However, we found there was a lack of information about when staff needed to administer medicines that were prescribed on an "as required" basis, for example to relieve pain or anxiety. The information did not include guidance about how staff could identify when these medicines were needed, how often they should be given and what staff should do if the expected outcome was not achieved. This meant people were at risk of not receiving "as required" medicines safely and consistently when needed.

In most cases, care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. People's care plans contained risk assessments for risks affecting their wellbeing, such as the risk of falling or the risks posed by bedrails. Risks to others posed by behaviours that challenged others and their possible reaction to assistance with personal care were also identified. These were followed up by behaviour management risk assessments. We saw actions required to manage the risks were taken, for example by providing suitable crockery and cutlery to meet one person's specific needs. Action plans were in place to reduce risks to people's safety and wellbeing. Two people had diabetes and needed their blood sugar levels monitoring regularly by staff; this was done by trained staff, but there was a lack of information recorded about the range of levels that was normal and safe for each person and what action staff should take if their levels were outside of this range.

People's care plans contained records of visits and appointments with healthcare professionals such as psychiatrists, doctors, dentists, and opticians. The relevant professional was responsible for booking a BSL interpreter for each appointment and had a range of interpreters available to choose from. The manager told us they were in dispute with the NHS about which interpreters were booked for appointments. As a result of this dispute, we found a dental appointment for one person had been cancelled; the NHS dental clinic had booked a qualified interpreter, but the manager told us they felt they were not suitable. However, the person's needs and preferences for a particular interpreter were not recorded in their care plan. The cancellation of their appointment meant they did not receive the care and treatment they needed.

We identified that another person had not been supported to attend an appointment following surgery and an appointment to have a blood test. The manager was unable to provide an explanation for this, but thought the home's appointments system had failed. The arrangements for ensuring people were supported to access healthcare were not always effective.

Parts of the environment were not conducive to people's welfare. For example, some areas needed decorating, some carpets were worn with tape covering a tear in one place; the curtains in the lounge and one person's bedroom were hanging off the rail as some of the hooks were missing. The manager told us they had been like this for "about a month". This meant the person would not have been able to close the curtains properly to block out the light. The manager told us plans to alter and improve the design and layout of the home were being considered, but dates had not been set for the works to start.

There were arrangements in place to deal with foreseeable emergencies, but these were not robust. The service had plans if they had to evacuate the building and arrangements had been made to use temporary accommodation nearby. Visual fire alarms were

prominently located and in each person's bedroom, and people used vibrating pillow alarms to alert them when they were asleep. Personal emergency evacuation plans had been developed for all the people using the service. However, not all of these were up to date and they were not kept in an accessible place, so would not be immediately available in an emergency.

At times, there were no hearing members of staff on duty. The manager described how staff, who were unable to communicate verbally, would contact the emergency services, for example in the event of a fire. This involved the use of texting with mobile phones and dialling 999 from the home's landline phone. The manager thought the operator would hear the alarm bells and, in the absence of any speech would identify the location from the phone number and send one of the emergency services to investigate. This system had not been tested by the home, but the local fire and rescue service told us they were working with the home to develop a suitable and sufficient plan. The home faced similar challenges if a person became ill and they needed to call an ambulance or the out of hours doctor service. The manager told us this had happened and they had managed to communicate using a computer based video conferencing service so the staff member could communicate with the manager using BSL and the manager could then relay the information to the doctor by telephone. Whilst this had worked on that occasion, it had relied on the availability of the manager and the phone and computer networks. Until emergency arrangements are fully developed and proven, people remain 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. Infection control risk assessments and audits had not been completed and not all staff had been trained in the prevention and control of infection.

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 viewed the home at the start of our inspection and found most shared areas of the home to be visibly clean. People told us their rooms were cleaned regularly and their bed linen changed weekly, although we noted a build-up of dust in some bedrooms.

Personal protective equipment (PPE), including disposable gloves and aprons, was available in most appropriate places, including in the bedrooms of people who needed support with personal care. We found aprons were not readily available in one of the bathrooms or the laundry room, which meant staff may not have been able to access them if they needed them at short notice. We saw staff using PPE appropriately for routine tasks during our inspection and they were clear about how to process soiled linen, using soluble bags; this reduced the risk of cross infection.

We saw there were used bars of soap in one of the bathrooms and the laundry room. These were communal rooms which were accessible to staff and people living at the home. If bar soap is used by more than one person, it can put people at risk of cross infection and its use is contrary to guidance issued by the Department of Health.

Appropriate guidance was not being followed. Providers are required to have regard to the Department of Health's 'Code of Practice on the prevention and control of infections and related guidance' (The Code). The Code sets out the basic steps to ensure compliance with the infection control requirements of the Health and Social Care Act, 2008. We found the provider had not taken the steps necessary to meet all the requirements of this standard.

The manager told us infection control risk assessments had not been completed. The code requires assessments to be carried out to ensure infection control risks are identified, recorded and managed effectively. The code also requires providers to produce an annual statement on infection control. This should review: outbreaks of infection, risk assessments; staff training; policies and procedures. An annual statement on infection

control had not been completed. The manager told us an infection control audit had not been conducted either. This meant the provider could not be sure that their infection control procedures were working effectively.

We looked at the provider's policy on infection control. We saw this was in the process of being reviewed as some information was out of date. For example, it did not refer to current guidance and contact details for advice had changed. The policy was supported by cleaning schedules which detailed the frequency of cleaning in each area of the home. Check sheets were used to confirm cleaning of shared areas had been completed by night staff in line with the schedules. However, we noted check sheets had not been completed for any of the bedrooms. The manager told us they did not have a cleaner as they had been unable to recruit one. This meant bedrooms had to be cleaned by care staff during the day, as and when they found the time to do this. Consequently, the provider was unable to demonstrate that cleaning had been completed in accordance with their policy.

The provider's policy was for staff to receive refresher training on infection control every three years. We looked at records of staff training, which showed 12 of the 15 staff employed had not received such training within this period. We spoke with three members of staff; two could not recall when they last received training and one said they had never been trained in infection control. This meant staff may not have had up to date knowledge about how to prevent and control the spread of infection.

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 were not enough qualified, skilled and experienced staff to meet people's needs at all times. People did not always receive safe, appropriate and timely care and support.

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 discussed staffing levels with the manager. They showed us a tool they had used to assess the dependency levels of people using the service and we saw some people's dependency levels had been calculated. However, these had not been completed for all people and the results had not been analysed or used to determine how many staff were needed to meet people's needs. The manager said this was assessed by consulting with staff, working some shifts themselves and observing care being delivered.

The manager told us they had recently increased staffing at night from one "wakeful" staff member and one "sleeping" staff member (who could be awoken if needed) to two "wakeful" staff who remained awake all night. They said this had been successful and staff felt this was appropriate. The manager was clear that three care staff were needed during the day but said this not always achievable due to staff shortages. They told us they felt staff shortages had "little impact" on people, but that it "increased the risks" of people not receiving the care and treatment they required. They attributed the shortages to the difficulties in recruiting care staff who could use British Sign Language (BSL), which they said was an essential qualification for the role.

We looked at the duty roster for the four weeks before our inspection, which showed there were only five shifts over the 28 day period when three care staff were allocated for the morning or evening shifts. All other shifts had two care staff on duty. Therefore, the required staffing levels were regularly not achieved; the provider had not taken appropriate steps to ensure there were sufficient numbers of staff to meet people's needs at all times.

Most people told us staff responded quickly when they pressed their call buttons, although one person said they often had to wait for assistance, because both staff members were busy assisting a person who required the support of two staff members. They told us there were "only two staff; we need more" They added, "They help [another person], but sometimes I get forgotten". They also told us they had not been supported to go shopping for a birthday present for a relative because there were not enough staff to take them.

Care staff told us they felt under pressure to work long hours to provide the necessary cover. They said they were particularly busy because there was no cleaner and they had to find time to clean people's rooms as well as provide care. They told us one person frequently became anxious and displayed behaviour that challenged others, so needed one-to-one support most of the time; and two people needed two care staff to support them safely with transfers and personal care. One staff member described staffing levels as "very poor", saying that staff were working a "ridiculous amount of hours, up to 70 hours a week".

Staff said when there were two members of care staff on duty, one would be busy supporting the person who needed one-to-one support and the other would be "run ragged" trying to do all the other tasks, including providing care, cleaning and administering medicines. Similarly, they told us both staff members could be busy supporting one of the people who needed support from two staff members, and the person who needed the one-to-one support would be left unattended. One staff member said, "Residents therefore don't get the attention they need". Another staff member said there were times when people wanted to go out, but could not because a staff member was not available to support them and ensure they were safe. Consequently, due to a lack of staff, people did not always receive safe, appropriate and timely care and support.

Supporting workers

✘ Enforcement action taken

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.

Staff were not supported to deliver care and support safely and to an appropriate standard by an effective system of supervisions and appraisal. Staff did not receive appropriate, timely training in core topics.

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

Reasons for our judgement

At our previous inspection, in January 2014 we identified that staff were not supported to deliver care and support safely and to an appropriate standard by an effective system of supervisions and appraisal. Staff did not receive appropriate, timely training in core topics. We set a compliance action and the provider wrote to us telling us they would take action to meet the regulation by 30 April 2014. They then wrote to us again, telling us there had been delays and the regulation would be met by 4 June 2014. At this inspection we found the regulation was not being met.

Staff did not receive appropriate and timely training. The manager sent us a training spreadsheet which showed training requirements and when courses were attended. This showed approximately half the courses where staff were due to receive initial training or refresher training in core subjects, such as infection control, the Mental Capacity Act (MCA), health and safety, fire safety and food safety were overdue. Some staff had received recent training in medicines and we saw training in the Mental Capacity Act was planned for the week of our inspection. In addition, hearing staff attended weekly training in British Sign Language (BSL) to help them communicate with people effectively. The manager agreed that critical skills and knowledge had not been kept up to date. However, they pointed out all staff either had or were working towards vocational qualifications in health and social care, including two who were about to start their level five qualification. Staff were supported to obtain relevant qualifications, but the management system did not ensure core skills and knowledge were kept up to date. This meant people were at risk of unsafe or inappropriate care and support.

We spoke with three members of staff, who confirmed that not all of their training was up to date. For example, one said, "Four years ago training was constant, but it's not up to scratch at the moment." They added that they were "not confident" in MCA. Another staff member said they could not remember when they last attended training in infection control

and did not have a clear understanding of MCA. A third member of staff told us their training in safeguarding vulnerable adults and moving and handling was up to date, but said they had never been trained in infection control, first aid or food hygiene, although they regularly prepared food for people. Staff were not supported to deliver care and support to the required standard because they did not receive regular updates to their skills and knowledge in all core areas.

A system of supervisions and appraisals for staff had not been implemented. The manager was not able to show us any records of supervisions or appraisals from the past year, although they did show us three "discussion sheets" where staff had been challenged about mistakes they had made. Staff told us they found the management were generally supportive and they could "catch them for the odd 10 minutes" to discuss concerns. However they confirmed formal, documented supervisions and appraisals were not taking place. Suitable arrangements were not in place to ensure staff were appropriately supported by supervision and appraisal. This meant people were at risk of inappropriate or unsafe care because their care workers' performance was not checked and appraised regularly.

Assessing and monitoring the quality of service provision

✘ Enforcement action taken

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.

People who use the service were not asked for their views about their care and treatment. The provider did not have an effective system to regularly monitor the quality of the service that people received. The operation of the systems designed to identify, assess and manage risks relating to the health, welfare and safety of people were not always effective.

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

Reasons for our judgement

At our previous inspection, in January 2014 we identified that the views of people and staff were not sought and the provider was not operating an effective quality assurance system. We set a compliance action and the provider wrote to us telling us they would take action to meet the regulation by 30 April 2014. They then wrote to us again, telling us there had been delays and the regulation would be met by 4 June 2014. At this inspection we found the regulation was not being met.

The provider had not taken full account of the last inspection report prepared by the Commission relating to their compliance with the Regulations. The action plans they submitted, which were designed to achieve compliance, had not been completed. Approximately half of the actions identified had not been achieved. This meant people had not benefitted from changes designed to improve the quality of service provided.

The provider had used a questionnaire to collect the views of relatives of people using the service in August 2013. We saw responses were mainly positive and the manager told us no actions had been identified. The manager told us they had not conducted a similar survey of relatives or people using the service this year. They said staff discussed people's care needs with them when their care plans were reviewed, and we saw records confirming this. One person was supported to provide feedback through the use of pictures, which met their communication needs.

Staff told us they could raise concerns and make suggestions informally to the manager. However, they said there had been no staff meetings for at least a year. The provider did not have a system in place for obtaining the views of staff. Consequently they were not able to come to an informed view in relation to the standard of care and treatment provided so they could make any necessary improvements.

We found audits of medicines were conducted and the findings used to ensure medicines were managed safely. However, the manager told us there had been no regular internal audits to assess and monitor the quality of any other aspects of the service. They had not identified concerns we found during our inspection, such as failing to support people to attend healthcare, failing to meet the requirements of the Department of Health Code of Practice on the prevention and control of infections and failing to assess and record people's capacity to make decisions. This meant the provider could not be assured that people were protected from the risks of inappropriate or unsafe care. People using the service could not be sure that shortcomings in the service would be identified and corrected in a timely manner.

The provider had a system to manage general risks affecting all the people using the service. This included risks arising from excursions outside the home, games and activities. It also covered risks associated with the environment equipment and fittings, such as hot radiators and hoists. Actions were identified to reduce the likelihood of them occurring. Following a fire safety assessment in October 2013, the manager had developed an action plan to safeguard people in the event of a fire. We saw most actions had been completed; however, some actions were still outstanding, including the training of staff and the completion of work to bring a fire door up to the required standard. This meant the operation of the system designed to identify, assess and manage fire risks relating to the health, welfare and safety of people was not effective.

The service had a complaints process, and the manager showed us a complaint that had been received and dealt with promptly and in accordance with the home's policy. People's care files and the "Residents' Handbook" contained information on how to complain. At our last inspection the manager told us they suspected people were not aware of the process and how to raise a complaint. They told us they would review the procedure and translate it into British Sign Language (BSL) to make it more accessible to people. We found this had not happened, so the provider could not be assured that people understood the process and were supported appropriately to make complaints.

The service recorded accidents and incidents. Given the small number of people using the service, the manager told us they were able to keep track of these and were aware of the outcomes of investigations. This allowed them to identify, informally, any trends, patterns or lessons to be learned from them to improve the quality of the service. However, these arrangements were not robust and did not ensure that knowledge gained by the manager would be shared with other staff or the provider if the manager left or was not available.

This section is primarily information for the provider

✘ Action we have told the provider to take

Compliance actions

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010 Consent to care and treatment
	How the regulation was not being met: The registered person did not have suitable arrangements in place for obtaining, and acting in accordance with, the consent of service users in relation to the care and treatment provided for them. Regulation 18.
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services
	How the regulation was not being met: There were inadequate steps taken to ensure service users were protected against the risks of receiving care or treatment that was inappropriate or unsafe. The planning and delivery of care did not always meet service users' individual needs. Plans for dealing with emergencies were not robust. Regulation 9 (1) (a), 9(1)(b)(i)&(ii) and 9(2) Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.
Regulated activity	Regulation

This section is primarily information for the provider

<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>There was a lack of effective operation of systems designed to assess the risk of and to prevent, detect and control the spread of a health care associated infection. There was a failure in the maintenance of appropriate standards of cleanliness and hygiene in relation to premises occupied for the purpose of carrying on the regulated activity. Regulation 12 (1) & (2)(a)&(c)(i) Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.</p>
<p>Regulated activity</p>	<p>Regulation</p>
<p>Accommodation for persons who require nursing or personal care</p>	<p>Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010</p> <p>Staffing</p> <p>How the regulation was not being met:</p> <p>Appropriate steps had not been taken to ensure that, at all times, there were sufficient numbers of suitably qualified, skilled and experienced persons employed for the purpose of carrying on the regulated activity. Regulation 22 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.</p>

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 13 November 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.

This section is primarily information for the provider

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

Enforcement actions we have taken

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

We have served a warning notice to be met by 28 November 2014	
This action has been taken in relation to:	
Regulated activity	Regulation or section of the Act
Accommodation for persons who require nursing or personal care	Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010 Supporting workers
	How the regulation was not being met: Suitable arrangements were not in place to ensure that persons employed for the purpose of carrying out the regulated activity were appropriately supported by receiving appropriate professional development, supervision and appraisal. Regulation 23 (1) (a) Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.
We have served a warning notice to be met by 28 November 2014	
This action has been taken in relation to:	
Regulated activity	Regulation or section of the Act
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service provision

This section is primarily information for the provider

How the regulation was not being met:

The registered person was not protecting people against the risks of unsafe or inappropriate care and treatment by means of: the effective operation of systems designed to regularly assess and monitor the quality of the services provided; by the effective operation of systems designed to identify, assess and manage the risks relating to the health, welfare and safety of service users and others; having regard to reports prepared by the Commission relating to your compliance with the Regulations and by regularly seeking the views of service users and staff to enable the registered person to come to an informed view in relation to the standard of care provided.

Regulation 10(1)(a), 10(1)(b), 10(2)(b)(v) and 10(2)(e) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

For more information about the enforcement action we can take, please see our *Enforcement policy* on our website.

About CQC inspections

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

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

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

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

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

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

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

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

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

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

How we define our judgements

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

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

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

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

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

How we define our judgements (continued)

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

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

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

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

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

Glossary of terms we use in this report

Essential standard

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

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

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

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

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

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

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

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

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

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

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

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

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

Glossary of terms we use in this report (continued)

(Registered) Provider

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

Regulations

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

Responsive inspection

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

Routine inspection

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

Themed inspection

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

Contact us

Phone: 03000 616161

Email: enquiries@ccq.org.uk

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

Website: www.cqc.org.uk

Copyright Copyright © (2011) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.
