

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

North Court Care Home

108 Northgate Street, Bury St Edmunds, IP33
1HS

Tel: 01284763621

Date of Inspection: 01 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	✔	Met this standard
Meeting nutritional needs	✔	Met this standard
Safety and suitability of premises	✘	Action needed
Staffing	✔	Met this standard
Supporting workers	✔	Met this standard
Assessing and monitoring the quality of service provision	✘	Action needed
Records	✔	Met this standard

Details about this location

Registered Provider	Four Seasons Homes No 4 Limited
Overview of the service	The service provides residential and nursing care to a maximum of 65 people. Some people using the service have specific care needs as they have dementia.
Type of services	Care home service with nursing Care home service without nursing
Regulated activities	Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 1 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 and talked with staff.

What people told us and what we found

We inspected the service on the 1 May 2014 to follow up areas of concern identified at a previous inspection on the 9 October 2013. During this inspection we were met by the manager who was not yet registered with the Care Quality Commission as they were new in post. We also met the Area Manager who was also new to the role.

During our inspection we spoke with 14 people who used the service, three relatives, six staff members and observed the care on both the ground and first floor. We looked at six care plans and other associated care records. We also looked at staffing records quality audits and health and safety records. We considered our inspection findings to answer 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 the summary of what we found:

Is the service safe?

The entrance of the building was secure and staff checked our identity. People were free to move about but a key code system gave people additional security. We saw that a number of people had door sensors which would alert staff as to when people were mobile and at an increased risk of falls. We saw that call bells were in people's reach and answered promptly by staff. People received adequate supervision from staff and records showed us people were regularly checked to ensure they were safe. We saw that staff worked closely with the falls prevention coordinator and records showed very few recorded falls in the last few months which meant the staff were taking necessary action to keep people safe.

Staff had received training in safeguarding vulnerable adults from abuse and the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). Staff were provided with the information that they needed to recognise and report concerns so that people were protected from abuse as far as possible.

The environment was well maintained and we saw a schedule of maintenance which ensured equipment was in good working order and fit for purpose. Staff were employed in sufficient numbers to ensure the building was hygienic and the risk of infection was kept at a minimum. We observed staff wearing personal protective clothing as appropriate and we saw daily, weekly and monthly cleaning schedules were in place. We noted one carpet which needed replacing urgently because of a strong smell of urine. We told the manager about this.

Is the service effective?

People's care records showed that care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. We saw that the records had been reviewed and updated. This meant that staff were provided with up to date information about how people's needs were to be met.

We saw that staffing levels were being maintained in accordance with people's assessed needs which meant staff were able to meet people's needs. However the service was failing to meet people's social needs. The activities person had left in February 2014 and had yet to be replaced. This left people with little or no opportunities to have support to engage in social activities and hobbies?

Is the service caring?

The interactions we observed by staff were kind and we found staff responded appropriately to people's requests and needs. We spoke with some relatives, one told us, and "The staff are smashing." Another said, "My family member's needs are met by staff."

Is the service responsive?

We saw call bells were answered quickly and people's needs were responded to quickly. We observed lunch and saw that most people received the support they needed in a timely way and staff did not outpace people when supporting them with their meals. The staff team appeared relaxed and frequently interacted with people, even when just passing through communal lounges they would stop and acknowledge people in an appropriate manner.

People were supported to see other professionals such as general practitioner, community dentist, chiropodist, optician, and district nurse. This showed that people's general health care needs were considered and that the service was responsive to people's changing needs.

Is the service well led?

The service was fully staffed and staff told us that staff sickness and shift vacancies were managed well? The manager would use bank staff to cover shifts but we were concerned that the manager was also covering shifts which meant that they had not had the time to implement some of the changes they wanted to introduce to improve the service.

The manager was ensuring that staff were appropriately supported throughout their shift and was in the process of ensuring they received regular supervision of their practice and annual appraisals. We saw evidence that not all staff had received a recent supervision which meant we could not be assured that all staff were properly supported.

There were regular audits of the quality of the service and audits on the care provided to people. This meant there were systems in place to identify where the service was meeting regulation and where it needed to improve. We saw that audits took place across the day and night shift which enabled the manager to see the service provided over a 24 hour period. We saw poor consultation with people using the service. The annual questionnaire sent out to people and, or their families had a very low response rate of 4% and we could not see what other ways the service were actively engaging people or seeking their views about the service. The provider told us they planned to hold resident/relatives meetings every other month but no meetings had been held in recent months and there were no planned forthcoming dates. The manager told us six monthly reviews would be held to review people's needs but we did not see a schedule of planned reviews or evidence of six monthly reviews in people's care plans.

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 15 June 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's privacy, dignity and independence were not always respected.

And

People's views and experiences were not taken into account in the way the service was provided and delivered in relation to their care.

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 saw people were given simple choices to help them feel in control and be independent. We noted at lunch time, people were told what food was available and what was on their plate. Staff members told us picture menus were available but we did not see staff use these to promote people's choice. We spoke to the catering staff and they had records showing people's food preferences and knew what people liked and disliked.

We observed lunch in one dining room upstairs and found only one person out of five was helped to the table. Other people remained in their lounge chairs. We did not observe staff offering to help people to the table and this was not a choice recorded on care records. The television was on throughout lunch which meant people were not encouraged or given the opportunity to socialise with each other. We saw little interaction from staff at lunch unless they were directly assisting someone, in which case they supported people in a dignified manner.

We saw that people had journals as part of their care plan and a section, 'my preferences' but some of the documentation was incomplete so we could not see what people's specific needs were known to staff or how people would like to spend their day. Care planning focussed on physical care tasks and less on the social and emotional needs of people.

For example, one person said they liked to have their radio on at night as it helped them go to sleep. This was not provided. They told us they had given up requesting this. One person complained that when staff supported them with going to the toilet they were never given the choice to wash their hands. "No one asks you how you are feeling, they do what they've got to do and then they go."

Outside people's rooms was some brief information about them and their current needs. There was no information to show that people had consented to this information to be publicly displayed and some of the 'profiles' contained sensitive information which people could have wished to be kept private.

During our observations of care we saw that the staff on duty regularly spoke with people using the service and went about their job in a relaxed manner. However we did not observe any activities for people to occupy or stimulate them. People sat or walked around the unit throughout the morning and there was nothing planned for that day. We were told by staff that activities were occasionally provided but the activities person had recently left. We saw people disengaged and people did not have personal possessions around them such as, pictures or books. There was nothing around the service telling people about forthcoming events. This meant people experienced poor outcome in terms of how their social needs were met. Most people we spoke with told us staff were kind to them and they felt safe. However one person said when there were shortages of staff they were told that they would have to eat their meals in their rooms even though they prefer to eat with others as they become isolated. Another person said, "They tell me to stay in my room for my meals when they do not have enough staff. I like to go to the dining room to see people otherwise it gets very lonely and I get bored." This meant people were not receiving the support they needed to support their choices or enhance their independence and well-being.

We observed people were well dressed and looked well cared for. However a relative told us that they had to ask staff to shave their family member and said that staff sometimes said they did not want a shave. The relative explained that their relative had dementia and might refuse aspects of care but could be encouraged and would cooperate. They felt that their family member was well cared for but attention to detail was missing which meant their dignity was not always upheld.

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

We looked at six care plans and observed care being given provided and we asked people about the care they received. People's needs were assessed before they moved to the service to ensure their needs could be met. We saw that people and, or their families were involved in the initial assessment of their needs. We looked at people's care plans and health records which showed us that people were regularly monitored to ensure their health, safety and well-being. Communal areas were always staffed and people were checked regularly to make sure they were safe. We noted that the call bells were in people's reach and answered promptly which meant that people's needs were attended to in a timely way. Outside people's rooms was some basic information about them, their past lives and basic care needs.

Care plans were in place for people's health care and physical care needs and there were risk assessments around people's manual handling, falls, maintaining skin integrity, nutrition and fluid intake. Records showed us that where people required regular turning to prevent sores on their skin this was being done. We saw evidence of how people's nutritional needs were being met. People at risk of malnutrition were assessed using a recognised tool. Records evidenced regular weighing of people and referrals to dieticians and speech and language teams when required to ensure their needs were met.

We saw that people and, or their relatives had been consulted about peoples last wishes and there was an end of life care plan in place. Appropriate consultation had taken place with clinicians and people not for resuscitation were clearly identifiable from their records. We saw that the service engaged with a wide range of other professionals to ensure people's health care needs were met, including optical, dental, and doctors' visits.

We saw staff recorded and offered people food and drink at appropriate intervals throughout the day. We saw that total amounts of consumed fluids were not always totalled up but staff said this information was handed over at each shift so staff would know to promote fluid intake for those with low intake. We saw that people's needs were regularly reviewed each month and any change to people's needs were quickly identified and acted upon. This meant that we were assured that care and treatment was planned and delivered in line with people's individual care plans.

We observed a person who was living with dementia and saw that their behaviour at times required staff intervention. We saw that staff appropriately responded to this person and used diversion tactics to diffuse situations. Staff kept records of incidents and actions taken. Strategies for managing behaviour were in place but these were limited. We asked staff to tell us about the person and asked what they use to do for a job and about their earlier life experiences. Staff were not able to tell us and there was very little information about this person which might help staff understand their behaviour. There were no clear strategies to help staff support the person appropriately with personal care, yet their records indicated this was an area where the person could be resistant. The provider may wish to note that we were unable to see how staff were expected to know how to care for the person. appropriately respond to the person's needs. We saw another person whose care plan said staff should support them to go to the shop to purchase art items which they enjoyed doing. However, the manager and staff explained they had not been taken out recently, which meant the person was not getting the care and support planned.

Food and drink should meet people's individual dietary needs

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

We observed lunch on the ground and first floors. We saw on the ground floor that there were enough staff to support people with their needs appropriately. Food was served in a timely way and people received support discreetly and sensitively. We noted that a number of people received minimal help which enabled them to retain their independence and complete for themselves what they were able to. We saw that most people ate their meals and were offered seconds. People were offered choices and encouraged to drink. We found that most people were encouraged to the table but two people were left sitting in easy chairs and were not offered their dinner until every- one else had finished. We were not offered any explanation for this and meant they were not included in the whole dining room experience.

We spoke with the catering staff and found them to be knowledgeable about people's dietary requirements and food likes and dislikes. They worked to a four week menu but showed us different meal choices people could have and had chosen. They told us how they fortified foods to promote weight gain and were aware of people's special diets and any allergies. The catering staff said they helped dish up food so could see when meals were popular and monitored food waste as an indication of whether the food was appropriate and enjoyed by people using the service. Snack trolleys were available throughout the day to ensure people had adequate nutrition. The chef said some foods were fortified for everyone to encourage weight gain.

The Area Manager said they had carried out dining room audits so had systems in place to evaluate how people experienced the service. We noted downstairs that there was limited space between tables for people to manoeuvre and noted one person struggling to get to their chair. We also commented on the fact picture cards were not used to aid people's food choices where they had a cognitive impairment or speech impairment.

We saw that nutritional records for people were in place and people's weight were monitored with correct actions being taken by staff where there were concerns about people's weight. This means that people were appropriately supported with their dietary needs.

People should be cared for in safe and accessible surroundings that support their health and welfare

Our judgement

The provider was not meeting this standard.

People who use the service, staff and visitors were mostly protected against the risks of unsafe or unsuitable premises.

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

During our walk round the home we observed good standards of cleanliness and maintenance of the premises and grounds. We saw that there were sufficient staff on each day to keep the service clean. We spoke with the house keeper who had improved standards by introducing regular cleaning schedules and providing their staff with regular support and training. We met with the laundry assistant and saw that one of the washing machines was faulty which meant laundry was backed up and we were told this had happened before. This meant that there was not enough equipment in working order to wash the laundry in a timely way. Some laundry was on the floor and not in designated laundry baskets which could increase the risk of cross infection. The provider may wish to note that staff told us that equipment requests took a long time to be authorised and faulty or old equipment was not always replaced in a timely way. We found one room had an offensive smell. Staff told us a new carpet had been requested in November 2013 but had still not been replaced. The Area Manager told us they had to get a minimum of two quotes but we said the delay was unacceptable.

We saw that some areas of the service had been reorganised to make the layout more appropriate for the people using the service. Areas had been decorated using pastel colours and bathroom doors were in strong primary colours to make them easily identifiable for people.

We noted there was a lack of storage space throughout the service and we saw at least one bathroom being used to store wheelchairs. The provider said this was being re-commissioned but restricted the available numbers of bathrooms for people to use. The hairdressing room was cluttered with wheelchairs, bath chair, hoist, box's and furniture and appeared an uncared for environment and increased risks for people using this area.

Staffing

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

Staffing during the day of our inspection we saw that the service was adequately staffed. There was one vacancy and the manager was working on the floor to help out. We saw that people's needs were met in a timely way and call bells were responded to quickly. We noted that people received adequate supervision at lunch time but found staff to be rushing on the first floor. We spoke with staff about staffing levels and they told us there were enough to meet people's needs. However some staff, people using the service and relatives told us that the staffing situation had only recently improved and there had been severe staffing shortages which had affected the care. We were given specific examples of where people did not receive their planned care and, or support because of lack of staff. Other people told us they were unstimulated and bored. Staff told us the activities coordinator had left suddenly in February 2014 and there had been very few planned activities since. The manager told us someone had been recruited and would be given a start date as soon as appropriate employment checks were in place. However they told us their post was for 20 hours a week which we deemed insufficient for the assessed needs and dependency levels of people using the service. We discussed this with the provider.

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

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

We spoke with six members of staff. They told us that there had been improvements recently and they felt well supported. We spoke with three staff who had been employed since the last inspection. They confirmed that they had completed an induction, including manual handling and other essential training, which had mostly been completed through e-learning. Staff told us they get paid for training and could do this on shift or at home. They told us they attended a two day corporate induction and then had been shadowed on shift by more senior staff until they felt comfortable to work on their own. This meant staff were supported to develop the necessary skills and training to carry out their job. Staff completed a twelve week mandatory skills for care course which helped equip them for their role. We were told by the manager that dementia training was not a mandatory course and not all staff had undertaken this training despite the service providing care for people with dementia. They told us e-learning was available and staff had been encouraged to do it. We saw some good staff engagement with people with dementia but found generally that staff lacked insight into why people might behave in a specific way and how they could support people with their behaviour. We saw that one person had completed dementia care mapping which helped them to assess and improve the quality of dementia care. We saw there were plans for a more detailed audit of dementia care by the dementia care specialist working with the provider. This should help staff provide more centred person care.

We viewed the staff training records and saw that most staff either were up to date with their training or this was booked. Staff were not permitted to work if their training had lapsed which potentially reduced the risk to people of being supported by staff whose training was not current. We saw that additional training was undertaken by the trained nurses as part of their professional registration which included, management of pressure ulcers, palliative care, wound care and using universal screening tools to assess people at risk of malnutrition. We saw lots of training was planned for the future including catheter care, syringe driver, legionnaires and some more mandatory updates: first aid, manual handling and fire safety. The manager said the training was competency based which meant staff would be expected to share their knowledge of what they had learnt from the training and observations of staff practice would capture how staff have implemented their learning. This meant staff had the necessary skills to meet people's specific needs. The

nurses told us they had clinical nurse meetings every month and had detailed handovers at each changeover of shift. Nurses told us that each day at eleven they have a quick handover to get a snapshot of the day and how things were on each unit. The nurses felt this to be beneficial and helped them to identify shift priorities.

Some staff had received recent supervision and staff were being given appraisals which was an opportunity for them to reflect on their practice and training needs with their manager. We saw gaps in supervision and some staff told us they had not had a recent supervision in the last six months, so this is an area which requires improvement to ensure that all staff were being adequately supported. This also meant that direct observations of staffs practice was not being followed up with a staff supervision.

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

The manager had been in post since March 2014 and told us they were supported by another experienced manager as part of their induction. They were still undertaking training with the provider. On our arrival they were working as a carer and told us they had covered two care shifts in previous weeks because of shortages of nursing staff. We were concerned that this compromised their ability to effectively manage the service. The manager told us the only vacancy was for a trained nurse but they were usually able to cover this by using bank staff or overtime and did not use outside agency staff.

Some people spoken with told us they did not know how to complain and were not aware of any satisfaction surveys. One relative and two people said they had not met the new manager and they had not introduced themselves. One relative said they were disappointed that no meeting or letters were sent to advise them of whom the new manager was and what their plans were to improve the service. We found the annual questionnaire sent out to residents and family members to ask for their views on the service had been done at the beginning of the year. There had been a very low response rate and we could not see other ways the provider tried to engage with people to get their views and experiences. The manager told us they planned to carry out six monthly reviews of peoples care and involve family members and to carry out resident/relative meetings every other month. We were not shown any minutes for this year and there were no future dates planned which meant people were not kept up to date with service delivery/planned improvements.

The area manager told us they visited the service a minimum of twice monthly and carried out service audits. We saw a sample of audits carried out according to the audit schedule. The system was robust and ensured that the service was providing good quality care and identifying for themselves where improvements were required which meant the service was responsive. We saw that audits had been carried out quarterly on night care practices and these were unannounced. There were also spot audits on aspects of care and recently dining audits. We identified the dining experience on each floor was subtly

different and the manager told us they had not yet carried out a dining room audit on the first floor where we identified a number of issues which we fed back.

We saw checks were regularly carried out of the health, safety and cleanliness of the building. We looked at a sample of records including fire checks and saw these were carried out as required. We saw that events affecting the well-being and, or safety of people using the service were logged and analysed to ensure corrective action had been taken and to reduce the risk of a repeated event. This meant the service were proactive in monitoring the service and taking steps to keep people and staff working at the service safe.

The area manager told us the service had recently lost their accreditation for dementia care. The Pearl Award is an accreditation scheme which promotes best practice in dementia care. We found the experience for people living with dementia poor. Improvements had been made to the environment and we found staff attentive and caring. However we found a lack of activities, involvement or participation in home life negated their experience. We found records did not support staff in working with people whose behaviour required intervention to ensure their safety and safety of others. The area manager said they were applying for accreditation again and were being supported by the dementia care specialist employed for the organisation. We also found engagement with the local community was poor and the manager intended to re-establish links. All these points show why we believe people living with dementia have a poor experience at North Court.

We found care records inspected required improvement and the area manager told us a new care plan record was being piloted in other homes before being introduced across all the provider's services. The plan was to condense the records to make them easier for staff to complete and for people to access if they wished.

Records

✓ Met this standard

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

Reasons for our judgement

We found the care plans very detailed and regularly reviewed. However they lacked holistic information about people and it was difficult to get a picture of how people liked to live their daily lives and how this was supported.

We found care records inspected required improvement and the area manager told us a new care plan record was being piloted in other homes before being introduced across all the provider's services. The plan was to condense the records to make them easier for staff to complete and for people to access if they wished. We found other records relating to health and safety, maintenance and cleanliness of the service were up to date.

Staff records were adequate but showed some gaps in supervision which mean we could not see that all staff were receiving regular support.

On the whole records were fit for purpose, easily located and kept securely.

This section is primarily information for the provider

✘ Action we have told the provider to take

Compliance actions

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

Regulated activities	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2010 Respecting and involving people who use services
Diagnostic and screening procedures	How the regulation was not being met: People's privacy, dignity and independence were not always respected.
Treatment of disease, disorder or injury	And People's views and experiences were not taken into account in the way the service was provided and delivered in relation to their care. Regulation 17 (1) (a) (b).
Regulated activities	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010 Safety and suitability of premises
Diagnostic and screening procedures	How the regulation was not being met: People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises. Regulation 15 (1) (c) (i).
Treatment of disease, disorder or injury	

This section is primarily information for the provider

Regulated activities	Regulation
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
Diagnostic and screening procedures Treatment of disease, disorder or injury	How the regulation was not being met: The provider did not have an effective system to regularly assess and monitor the quality of service that people receive. Regulation 10 (1) (a)

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 15 June 2014.

CQC should be informed when compliance actions are complete.

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

About CQC inspections

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

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

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

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

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

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

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

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

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

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

How we define our judgements

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

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

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

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

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

How we define our judgements (continued)

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

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

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

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

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

Glossary of terms we use in this report

Essential standard

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

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

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

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

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

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

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

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

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

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

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

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

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

Glossary of terms we use in this report (continued)

(Registered) Provider

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

Regulations

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

Responsive inspection

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

Routine inspection

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

Themed inspection

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

Contact us

Phone: 03000 616161

Email: enquiries@ccq.org.uk

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

Website: www.cqc.org.uk

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