Inspection Report

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

Wansbeck Care Home

Church Avenue, West Sleekburn, Choppington,
NE62 5XE

Date of Inspection: 11 June 2014 Date of Publication: July 2014

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

Care and welfare of people who use services	✓ Met this standard
Cleanliness and infection control	✓ Met this standard
Safety and suitability of premises	✓ Met this standard
Safety, availability and suitability of equipment	✓ Met this standard
Staffing	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Four Seasons (Bamford) Limited
Overview of the service	Wansbeck Care Home is situated in West Sleekburn, Choppington. It provides personal care and accommodation for up to 40 people, most of whom have dementia.
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'.

Summary of this inspection

Why we carried out this inspection

We carried out this inspection to check whether Wansbeck Care Home had taken action to meet the following essential standards:

- Care and welfare of people who use services
- Cleanliness and infection control
- Safety and suitability of premises
- Safety, availability and suitability of equipment
- Staffing
- 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 11 June 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, talked with carers and / or family members, talked with staff and reviewed information given to us by the provider. We talked with other authorities and talked with local groups of people in the community or voluntary sector.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

What people told us and what we found

We considered our inspection findings in order 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?

Below is a summary of what we found:

Is the service safe?

The inspection team consisted of three inspectors. The majority of people were unable to communicate with us verbally because of their dementia. Therefore we spoke with their relatives and observed staff practices to determine how care and treatment was provided.

We spoke with six people who were able to communicate verbally and five relatives to find out their opinions. We also consulted with two local authority care managers; a local

authority contracts officer, safeguarding officer, dietetic assistant and an infection prevention and control practitioner from the local hospital Trust to find out their views. We also spoke with eight members of staff.

The care home was divided into four smaller areas. Staff explained that these were called "houses" and not units since they were people's homes. All areas of the care home were safe, clean and well maintained. Staff had started to decorate the home to help orientate and stimulate the senses of people who lived there.

We found that there were now enough domestic staff employed to ensure that relevant standards such as those relating to infection control and the environment were met.

CQC monitors the operation of the Deprivation of Liberty Safeguards which applies to care homes. Following a recent court ruling concerning the deprivation of liberty in care settings, the provider may wish to review people's living arrangements. This could identify circumstances which may amount to a deprivation of liberty according to the revised definition.

Is the service effective?

It was clear from our observations and from speaking with staff that they had a good understanding of the people's care and support needs and that they knew them well.

We discovered that equipment was in good working order and was being used correctly. We saw that overlay pressure relieving mattresses used to support pressure care were now correctly positioned over existing mattresses. We observed that some people had adjustable beds in their rooms which could be raised or lowered to help them get in and out of bed safely.

Is the service caring?

We noticed that care workers showed patience and gave encouragement when supporting people. One relative informed us, "My relative doesn't say much but he smiles at the staff so I know he's being well looked after." People looked well cared for.

Is the service responsive?

One relative told us, "The care is good here. They do cater for people with dementia."

Systems were in place to make sure that lessons were learnt from events such as accidents, incidents, complaints and concerns. These processes reduced the risk to people and helped the service continually improve.

Is the service well led

A manager was in place who was not currently registered with the Care Quality Commission (CQC). A registered manager is a person who is registered with CQC to manage the service and shares the legal responsibility for meeting the requirements of the law with the provider. The previous registered manager had left on the 4 November 2013. This meant that they had been without a manager who was registered with CQC for over seven months. The manager submitted her application to register on the day of our inspection which CQC has received but not yet processed.

People spoke positively about the manager. One person described her as "brilliant". He also commented, "Out of 100, I'd give it 101. I've no complaints."

We found that a variety of checks were carried out to monitor the quality of the service. These included audits on care plans, health and safety, medication and dining. The regional manager carried out a monthly audit of all systems and procedures at the home. Meetings were held for people and their relatives.

Staff told us they were clear about their roles and responsibilities. They informed us that regular meetings were held and this was confirmed by minutes of meetings. Staff explained that morale had improved within the home. One care worker said, "The morale has totally lifted. The home feels a lot better."

You can see our judgements on the front page of this report.

More information about the provider

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

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

Our judgements for each standard inspected

Care and welfare of people who use services ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

We spent time with people in each of the four houses. We saw lots of warm engagement between staff and the people who lived there. One person told us, "It's very nice here, you couldn't get much better." Another person commented "We're well looked after and they are very good to us."

We received mixed opinions from relatives with whom we spoke. Four relatives told us that more activities would be appreciated. One relative stated, "There's not a lot of activities. They could do more with music." Another relative informed us that her family member's glasses were sometimes unclean. More positive comments included, "They look after him very well. He doesn't join in much but they always ask him if he wants to." Another relative commented, "My relative doesn't say much but he smiles at the staff so I know he's being well looked after." Other comments included, "The care is good here. They do cater for people with dementia." A regular visitor to the home commented, "The staff are always caring and lovely with the residents. Everyone is very friendly and it's always got a lovely atmosphere every time I come here."

A local authority care manager with whom we spoke informed us that although she had only visited the home once, she found the staff "approachable" and there were no "obvious concerns" regarding people's care and welfare.

We observed that people showed positive signs of well-being. They were chatting, smiling and watching activities even if they were unable to take part. We saw they had been supported with their personal appearance and were appropriately dressed. They were encouraged and helped to lead their own lifestyles. Some people preferred to spend time in the privacy of their own bedrooms and this was respected. Other people enjoyed taking part in daily activities which were displayed on the information boards in each area of the home. One person told us, "We go out for a potter in the front garden from time to time, and there's always something to do." On the day of the inspection some people were sitting outside in the front garden enjoying the sunshine and others were playing outdoor skittles. Other people inside the home were listening to music and were enjoying dancing

with staff.

The provider may find it useful to note that in one of the houses, we noticed that staff were sometimes preoccupied updating records in the office. Two people were sitting in the lounge whilst the television was on in the background in which they appeared disinterested. Three relatives commented that they would like staff to be with people in the communal areas while writing their notes. We spoke with the manager and regional manager about these comments. They told us and our own observations confirmed that lockable drawers had been purchased for the lounge areas in order that staff could write their notes in the same place as the people and be more "visible" in these areas.

We observed positive interactions between people and staff and did not witness any negative reactions from staff, no matter what situation they encountered. We saw that staff remained calm when one person kept picking up other people's drinks and possessions. They spent time talking with him to distract him from doing this. The provider may find it useful to note that a care plan was not in place to guide staff when the individual exhibited this pattern of behaviour which would ensure that a consistent approach was taken. We spoke with the manager about this. She informed us that this would be addressed immediately.

We joined people for a lunchtime meal and saw people's independence was promoted. There were condiments on the dining tables for people to help themselves, and throughout the day people were offered a choice of hot or cold drinks. Staff were attentive to people's needs and any signs of distress or agitated behaviour. Staff provided assistance discreetly where this was required. We saw staff supported people in a patient and respectful manner at each person's own pace. A care worker told us how one person did not like his hands cleaned after meals. The care worker told us the actions he took to solve this problem. He said that he placed a wet wipe in his own hand and greeted the person with a friendly handshake. This action helped give the person a sense of well-being but also helped clean his hands.

We studied four care plans which aimed to document people's physical, social, emotional and spiritual needs. The manager and regional manager informed us of their plans to include more detailed and clearer information in the plans. This was to ensure that these documents reflected what was important for each individual not only in the present but what had been important in the past and was likely to be in the future. The provider may find it useful to note that it was not always clear that care plans were always adhered to. We read in one care plan that staff should contact the GP if the person lost more than 2.5 kilogrammes in weight. We found that the individual had in fact lost this amount of weight but there was no written evidence that the GP had been contacted. We spoke with the manager about this issue. She informed us that she would check what actions had been taken.

Cleanliness and infection control ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People were protected from the risk of infection because appropriate guidance had been followed.

Reasons for our judgement

When we last inspected the service on the 19 March 2014, we told the provider that they were not meeting this regulation. We said, "People were not protected from the risk of infection because appropriate guidance had not been followed. People were not cared for in a clean environment." We judged that this had a moderate impact on people who used the service and issued a warning notice against the provider, informing them that they must take action to improve.

At this inspection we found that the environment was clean. People, relatives and visitors told us the home was "very clean." We spoke with staff. One care worker with whom we spoke said, "Things are much better now, it's much cleaner." Another commented, "The staff morale has come back. It's a lot cleaner."

We consulted an Infection Prevention and Control Practitioner from the local hospital Trust. She had been working with the home to address the issues raised at our last inspection. She told us that she no concerns now about infection control practices at the home or the cleanliness of the environment. She said that staff had also undertaken training in infection control. We conferred with a local authority care manager who told us that "big improvements" had been made.

We spent time looking around the home. We noticed that there were now two laundry rooms, one for soiled laundry and another for clean clothing and bedding which required ironing and storage. We spoke with a member of staff who told us, "There's a clean laundry and a dirty laundry. Before it was smelly. They've got two now and it's much better." We saw that both laundry rooms were clean and tidy.

We checked people's rooms. There were some odours in a small number of bedrooms but we found that this this was due to people's individual needs rather than a lack of cleanliness.

We checked communal bathroom areas. We noticed that shower chairs were clean with no deposits. Flooring was also clean and the boxing around piping had been repaired and painted. A new steam cleaner had been purchased. Staff informed us that this machine was more effective at cleaning floors. We looked in the sluice room where bodily waste

was disposed. The sluice machine was fully operational and staff no longer manually cleaned commodes and urine equipment.

New pedal bins had been purchased and we saw that there were bin liners in all the bins. Liquid soap and paper towels were in all bathrooms and toilets.

New cleaning schedules were in place. The cleaning of wheelchairs was now included. All wheelchairs we saw were clean and free of debris.

We considered that people were now cared for in a clean environment and were protected from the risk of infection because appropriate guidance had been followed.

Safety and suitability of premises ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

When we last inspected the service on the 19 March 2014, we told the provider that they were not meeting this regulation. We said, "People who used the service, staff and visitors were not fully protected against the risks of unsafe or unsuitable premises." We found that some areas of the home were not in a fit state. There was peeling paintwork and the water taps in some en-suite rooms were not working. We judged that this had a moderate impact on people who used the service and told the provider to take action.

Following our inspection, the provider wrote to us and told us what actions they were going to take to improve.

The home comprised of an older building formerly a vicarage and a newer purpose built extension. It was set out over three levels with accommodation on the ground and first floors. The third floor was used as a storage area. The building was divided into four smaller areas which staff explained were called houses and not units since they were people's homes. Each house had its own name so there was a clear identity for each area of the home. The houses were called, Meadow View, Pine Tree, River Bank and Sea View and contained around 10 single bedrooms, many of which had private en-suite facilities. Each house had its own lounge/dining area which provided comfortable, family-style rooms for people to relax, engage in activities and enjoy their meals.

We saw that staff were working towards improving the home's dementia design to help people find their way around. There were large picture signs on bathroom and toilet doors. Bedroom doors had names and familiar pictures to help people distinguish their own door. The houses were small units which had short corridors so people could find their way more easily to the lounge/dining rooms. There were also visual clues for people including menus outside the dining room areas.

Staff had started to decorate each house in keeping with its name to aid orientation and stimulate people's senses. We saw that Meadow View had been decorated with flowers and trellises. The flowers could be "picked" from the corridor walls and placed into a "flower pot." Some bathrooms were pleasantly decorated with cosmetic touches, such as wall murals and pictures that helped to make these rooms relaxing places in which to bathe. One care worker informed us, "It's all to do with colour, it's stimulating. They

[people] seem a lot better." The care worker also informed us that the themed decoration had a positive affect not only on people who lived there, but also on staff. She explained, "The morale has totally lifted, the home feels a lot better." One relative told us, "There's been a lot done with the environment to make it more in keeping with people's needs."

There was a small area between two of the houses on the first floor which relatives called the "indoor garden" area. A tree had been painted on the wall and photos of people, their family and staff were attached to "leaves" on the branches. A member of staff informed us, "This is Wansbeck Care Home's Family tree. It's what we're all about, we're a family." Garden type seating had been placed in this area. There was a room off this area which had been turned into a café called, "Cup Cake Café."

We observed that there were keypad entry doors between each of the houses. The provider may find it useful to note that three relatives with whom we spoke, told us that they preferred these doors to be open so that people could have unrestricted access to areas such as the indoor garden and Cup Cake Café. In addition, they informed us that having these doors open would help staff be more "visible". We spoke with the manager about these comments. She informed us that these doors were open at various times throughout the day. She told us that she would continue to consider the comments that had been raised.

There were seated areas in corridors for people to rest. The provider may find it useful to note that two relatives with whom we spoke raised a concern about certain aspects of the refurbishment and decoration. They stated that a deck chair had been placed at the end of one corridor by the window. They felt that this was a health and safety risk since it was not very stable. We spoke with the manager about this issue. She informed us that a risk assessment had been carried out on the chair and she had considered it safe to use.

We observed that the former hairdressing room had been converted into an ironing area and storage room for clean linen. The loss of this facility meant people now had to be individually supported to wash their hair in a bathroom then use their own bedroom when the hairdresser came. Some staff commented that people no longer had the "social occasion of visiting the hairdresser" and it meant the hairdresser could only attend to one person at a time rather than a group of people. We asked the manager about this situation. She explained that priority had been given to arranging a suitable storage area for clean laundry to ensure good infection control practices, but it was proposed that another new hairdressing room would be provided in the future.

It was evident that maintenance work had been carried out to address the majority of the premises shortfalls that we had identified at our last inspection. We noticed however, that some ceiling tiles in the ground floor bathrooms and shower rooms were still water stained or bulging due to water damage. We found one bulging tile was housing a pull cord for the call system. The pull cord fitting was also very close to the shower head which presented a health and safety risk. We informed the manager and regional manager about this and the manager told us that an electrical contractor had been contacted to attend to this matter.

The home employed a full time maintenance staff member who dealt with decoration, minor repairs and health and safety checks. We looked at records of the regular maintenance checks that were carried out including checks on hot water temperatures, window restrictors and fire safety. We found that these were up to date. The provider may find it useful to note that two relatives informed us that glass vision panels in the corridor fire doors had been painted. This meant that in an emergency situation staff would not be able to see and assess what was behind the fire doors. We spoke with the manager about

this issue. She told us that this would be addressed immediately.
We considered that the provider had now taken steps to provide care in an environment that was adequately maintained.

Safety, availability and suitability of equipment ✓ Met this standard

People should be safe from harm from unsafe or unsuitable equipment

Our judgement

The provider was meeting this standard.

People were protected from unsafe or unsuitable equipment.

Reasons for our judgement

When we last inspected the service on the 13 March 2014, we told the provider that they were not meeting this regulation. We said, "People were not fully protected from unsafe or unsuitable equipment." We found that some equipment was broken including a bath hoist. Other equipment such as pressure relieving mattresses were not being used correctly. We judged that this had a minor impact on people who used the service and told the provider to take action.

Following our inspection, the provider wrote to us and told us what actions they were going to take to improve.

At this inspection, we spent time examining equipment in the home. We saw that equipment was now in good working order and being used correctly. We found that overlay pressure relieving mattresses used to support pressure care were now correctly positioned over existing mattresses. Some people had adjustable beds in their rooms which could be raised or lowered to help them get in and out of bed safely.

We observed that cushions were now available on all but one of the armchairs. Individual slings for people who needed to be hoisted with transfers were placed in their bedrooms to ensure that these were easily accessible for staff and were suitable for each individual. We noticed that there were chair hoists in bathrooms to support people to get in and out of the bath.

We looked in the laundry and saw that new easily cleanable laundry baskets and trollies had been purchased. One care worker told us, "It's much better now, we've got new laundry baskets." We checked in the kitchen and observed that the dishwasher had been fixed and was fully operational.

We looked at equipment maintenance records. We found evidence that wheelchairs and adjustable beds were regularly checked to make sure they were safe and fully operational. We saw certificates which confirmed that the passenger lift and other lifting equipment, such as hoists, had been serviced by an appropriate external contractor and were in good working order. The services were carried out every six months as required by health and safety legislation.

We noted records of fire safety equipment which showed that equipment and checks were

up to date and in good order. There had been six fire extinguishers replaced since the last inspection. Ventilation fans were checked on a monthly basis and any faults had been reported for attention. We checked maintenance records of other equipment such as the call bell system and bed rails. These showed that the equipment was safe and fully operational.

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

When we last inspected the service on 13 March 2014, we told the provider that they were not meeting this regulation. We said, "There were not enough staff employed to ensure that relevant standards such as those relating to infection control and the environment were met." We judged that this had a minor impact on people who used the service and told the provider to take action.

Following our inspection, the provider wrote to us and told us what actions they were going to take to improve.

At this inspection we spoke with a care worker who had previously been a domestic. He told us that domestic staffing levels were "much improved." He explained that there were always two domestic staff on duty now to clean the home. He said on some occasions there were three. We looked around the home and found the environment was clean and tidy. People and relatives with whom we spoke also confirmed that the environment was "much cleaner." We considered that there were now enough domestic staff employed to ensure that relevant standards such as those relating to infection control and the environment were met.

We spoke with people, relatives and staff about care staffing levels. There were 34 people living at the home at the time of our inspection. Two people were in hospital. There were 2 senior care workers and five care workers to look after them through the day. At night there were two senior care workers and two care workers. Two activities coordinators were employed to help meet people's social needs. The manager worked Monday to Friday.

People and relatives spoke positively about staff members. People described staff as "lovely" and "kind." One relative commented, "The staff are fantastic." Some relatives raised concerns that "lots" of staff had left employment at the home. The manager explained that since January 2014 five staff had left, but new staff had been recruited.

Staff with whom we spoke informed us that although they were able to meet people's needs more staff would still be appreciated. One care worker commented, "We manage most of the time but there are times when we're helping someone in their bedroom which means there's no-one in the lounge to supervise people. It's not too bad because people on this floor are independently mobile but we still have to call for other staff sometimes."

Another care worker informed us, "We have to get staff from the other unit, but they also need cover on their own unit. We have people who need two staff to support them with hoisting so we have to ask for support from the other unit. Sometime there are 'floaters' on which helps, but that's not all the time."

We spent time with people on each of the four houses. We found that care was delivered in a calm unhurried manner and staff anticipated people's needs.

We highlighted certain issues in the other regulations that we inspected which affected staffing. We found that staff sometimes spent time in the offices writing up care plans. Relatives commented that they would like to see staff being more "visible" in communal areas. The manager informed us that lockable drawers had been purchased for these areas so that staff could write up their notes with people. Relatives also commented that the doors between the four houses were key pad operated. They explained that having the doors open made staff more noticeable. The manager was looking at how to address this issue, since some people and relatives preferred the doors closed.

Two relatives informed us that at times the activities coordinator was sometimes involved with care duties if assistance was required. This meant the activities co-ordinator could not focus on the individual needs of people because she was supporting other staff in the delivery of general care. We spoke with the manager about these comments. She explained that the activities coordinators had assisted during an exceptional time of staff shortages due to sickness. Now that staff numbers were back to normal, the activities coordinators were now able to concentrate on providing activities for the people.

Staff were knowledgeable about people's needs. They informed us that they had completed training in safe working practices. We conferred with Northumbria Healthcare's nursing home's training coordinator. She explained that she was involved in delivering "Care Home and Nutritional Training" known as CHANT to staff at Wansbeck Care Home. She said, "Their practice [in nutrition] is very good." She also said, "They've designed a Cup Cake Café. I've been very impressed with staff and they are enthusiastic and very willing to learn."

Staff also explained that they had competed training on the specific needs of people such as dementia care. Staff responded sensitively to people's questions regardless of the context. One person asked a care worker where her mother was. The care worker recognised that this question might indicate that she needed company and comfort so she sat and talked with her. We saw this interaction was appreciated and enjoyed by the person.

We considered that there were enough qualified, skilled and experienced staff to meet people's needs.

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

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

People who were able to communicate verbally informed us that they were happy. One person said, "I wouldn't go anywhere else. The manager is brilliant and the staff are brilliant. It couldn't be any better" and "Out of 100, I'd give it 101. I've no complaints".

A manager was in place who was not currently registered with the Care Quality Commission. The previous registered manager had left on the 4 November 2013. The manager submitted her application to register on the day of our inspection.

We received mixed opinions from relatives with whom we spoke. One relative told us, "There's been positive changes since the new manager has come." Another relative told us, "They just need to deal with the niggles and then we would be happy." Relatives with whom we spoke informed us that relatives' meetings were held. One commented, "They have relatives' meetings, but I'm at work so I haven't been able to attend, although they do have them in the evening too." Another relative with whom we spoke informed us that she was not able to get to some of the meetings and was therefore not aware of what was discussed. We spoke with the manager about this comment; she informed us that she would display copies of the minutes of "Resident and Relatives' meetings" on the home's noticeboard.

We read the most recent minutes from these meetings which showed that changes to the home's environment and garden were discussed with people and their relatives.

A range of quality documentation and audits were completed on a monthly, quarterly and annual basis. These included safeguarding; infection control; medication and specialist audits on end of life and care plan evaluations. The provider may find it useful to note that monthly evaluations of care plans were generally brief and repetitive and often did not record any changes or progress in needs. The manager informed us that she was aware of this issue and was in the process of addressing this to make sure that staff accurately documented people's care needs.
The regional manager carried out monthly quality monitoring checks on all aspects of the home. We looked at the latest check which had resulted in two new slings being purchased and a focus on addressing environmental concerns highlighted in our last

inspection.

Monthly Quality and Governance meetings were undertaken. We read the minutes from the last meeting on the 27 May 2014 when safeguarding, infection control, quality audits, care policies and procedures, complaints and departmental changes were discussed. We saw that changes were debated and agreed. We noted that a range of infection control changes were approved such as a new domestic rota and the purchase of new mattresses.

Staff told us and records confirmed that staff meetings were held. We looked at minutes from the last meeting which was held on 3 March 2014. Issues covered included staff sickness, documentation, the environment, infection control, information governance and manager expectations. We could see that key quality issues had been discussed such as how to keep the environment clean and how to report concerns to the manager.

We saw that complaints were examined and actions followed. The provider may find it useful to note that whilst while we could see that complaints had been investigated and dealt with, the complaints summary documentation which gave an overview of complaints received and actions taken was not up to date.

The home used a computerised software programme to document and assist staff to analyse incidents and accidents. The manager had a good understanding of the system and was able to demonstrate how notifications were entered, tracked and themes identified.

The manager and staff discussed their future objectives. They explained how they were going to undertake the PEARL Accreditation Scheme. PEARL stands for Positively Enriching And enhancing Residents Lives. The PEARL programme is an accreditation programme specifically designed by Four Seasons Health Care to ensure that services are providing the most up to date training, communication and interventions for people with dementia.

About CQC inspections

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

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

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

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

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

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

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

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

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

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

How we define our judgements

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

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

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

How we define our judgements (continued)

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

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

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

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

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

Glossary of terms we use in this report

Essential standard

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

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

Regulated activity

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

Glossary of terms we use in this report (continued)

(Registered) Provider

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

Regulations

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

Responsive inspection

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

Routine inspection

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

Themed inspection

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

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