

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

## Swiss Cottage Care Home

Plantation Road, Leighton Buzzard, LU7 3HU

Tel: 01525377922

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

<b>Consent to care and treatment</b>	✓ Met this standard
<b>Care and welfare of people who use services</b>	✓ Met this standard
<b>Safeguarding people who use services from abuse</b>	✓ Met this standard
<b>Cleanliness and infection control</b>	✓ Met this standard
<b>Management of medicines</b>	✓ Met this standard
<b>Staffing</b>	✓ Met this standard
<b>Supporting workers</b>	✗ Action needed
<b>Assessing and monitoring the quality of service provision</b>	✓ Met this standard
<b>Records</b>	✓ Met this standard

## Details about this location

Registered Provider	Irvine Care Limited
Overview of the service	Swiss Cottage provides care, support and treatment to people who require nursing and personal care; some of whom may be living with dementia.
Type of service	Care home service with 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

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### Why we carried out this inspection

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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.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 2 May 2014 and 6 May 2014, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members, talked with staff and talked with commissioners of services.

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### What people told us and what we found

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When we visited Swiss Cottage in November 2013 we found that they were not meeting six of the regulations we reviewed. We checked to make sure they had made the required improvements. We found that they had made improvements however; the regulation to supporting workers had not been fully met. This was because the supervision and appraisal framework had not been fully embedded and work was still in progress. The impact to people using the service had therefore been reduced from a moderate to a minor.

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

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

Is the service safe?

We found that the format of the care plans had not been changed but all the care plans had been reviewed to reflect people's individual needs. Daily report sheets and personal care checklist sheets had also been introduced to enable staff to report on people's well-being. This meant that staff were able to evidence all aspects of personal care they provided to people on a daily basis.

Staff spoken with were aware of the home's safeguarding and whistleblowing policies. The policies were displayed in accessible areas of the home to ensure that people who used the service, staff and visitors would be able to access the information if they needed to report any potential incident of abuse.

We found that the home was kept clean and there was good odour control. Staff had access to personal protective equipment such as disposable gloves and aprons.

The home had introduced robust monitoring systems to protect people against the risk

associated with unsafe use and management of medicines. As a result of these stringent monitoring checks the home had been able to identify errors and addressed them with the staff members involved.

We found significant improvements had been made to employ permanent staff. This had resulted in the reduction of agency staff working in the home.

Care plan records and other records were stored securely and could be located promptly when required. It was evident that records were stored securely to ensure that confidentiality was not breached.

Is the service effective?

We found that people were consulted about their care and treatment and were provided with choices. Where people did not have the capacity to consent best interest meetings were held.

The home had made improvement to ensure that staff had been provided with appropriate training to deliver care and treatment safely and to an appropriate standard to people who use the service. We were not able to assess fully the quality of the home's supervision and appraisal framework. This was because it had not yet been fully embedded and was still work in progress. For example, staff had not yet been appraised and only ten staff had received bi-monthly one to one supervision. We felt that the risk of staff not being supported to deliver care and treatment safely and to an appropriate standard had been reduced to a minor impact.

Is the service caring?

We found that staff spoke with people in a kind and compassionate manner. People looked comfortable in staff company. Staff were able to describe the positive outcomes that people had achieved with their support and support from other health care professionals.

Is the service responsive?

We found where complaints had been made these were responded to by the manager and resolved where possible to people's satisfaction.

Is the service well led?

We found that people and their relatives had been asked for their views about the care provision and these had been addressed. We saw evidence that regular staff meetings were held. Monthly and daily audits relating to people's care and treatment were undertaken to ensure that people received appropriate and safe care and treatment.

Staff spoken with said that the manager was supportive and approachable. It was evident that staff felt well-led and informed about people's care and treatment.

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

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## **What we have told the provider to do**

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We have asked the provider to send us a report by 17 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.

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### **More information about the provider**

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Please see our website [www.cqc.org.uk](http://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

✓ Met this standard

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

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### Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

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### Reasons for our judgement

At our previous inspection on 22 November 2013 we required the home to make improvements in regards to consent to care and treatment. This was because suitable arrangements were not in place for obtaining and acting in accordance with the consent of people in relation to their care and treatment. We found where people did not have the capacity to consent; the provider had not always acted in accordance with legal requirements.

The provider sent us an action plan which stated that they would make improvements and be compliant by January 2014.

We found that staff provided people with choices such as what they would like to eat. We observed the breakfast activity on one particular unit and found that staff showed people the different choices which were on offer. This enabled them to choose what they wished to eat. We heard staff asking people if they wished to participate in activities or have a stroll in the garden. This demonstrated that people were consulted about their care.

We looked at six care plan files and found that in each file there was a consent form which had been signed by either the person receiving care or a relative. The forms we looked at were appropriately completed. It was evident that people or a family member gave their permission for staff to assist them with their care needs.

We spoke with staff who confirmed that they had been provided with training on the Mental Capacity Act 2005 and Deprivation of Liberty Safeguarding (DoLS). The training matrix made available to us during our inspection confirmed this. A staff member was able to describe the home's process in relation to when people had returned from hospital with a Do Not Attempt Cardio-Pulmonary Resuscitation (DNACPR) sheet in place. The staff member said, "We always get the GP to review the sheet if the decision made is not indefinite. If an indefinite decision was made and the person was not involved with the decision at the time it was made we would get the GP to explain to them and their family." We spoke with the home's GP during our inspection and they were able to substantiate the

statement made by the staff member. This meant that staff were following the appropriate procedure where people did not have the capacity to consent.

We saw evidence in the care plans we examined that where people lacked capacity to make decisions, best interest meetings were held; which involved health and social care professionals, family members and staff. We spoke with a relative of a person who told us that staff always consulted them in decisions made about their family member's care. The person said, "I signed consent for my [name] to have bedrails and the flu jab." This demonstrated that the home involved family members in people's care and treatment.

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

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**Our judgement**

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The provider was meeting this standard.

People experienced care treatment and support that met their needs and protected their rights.

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**Reasons for our judgement**

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At our previous inspection on 22 November 2013 we found that the care plans were complex and not user friendly. This meant that people's care and treatment was not always planned and delivered in a way that was intended to ensure their safety, welfare and to meet their needs. We required the home to make improvements.

The provider sent us an action plan which stated that they would make improvements and be compliant by 5 March 2014.

We found that staff had been provided with person centred care planning training. Not all the care plans that we looked at had been written in a person centred manner however, on one unit staff had developed an information sheet for each person which provided detailed guidance on how their individual needs should be met. On the other two units this process had not yet been fully embedded; but all the care plans had been reviewed to reflect people's individual needs. This meant that people received appropriate care that was relevant to their identified needs.

We found that the home had introduced a personal care checklist as an aid memoir which staff completed on a daily basis. Daily report sheets had also been introduced to enable staff to report on people's well-being throughout their shift. This meant that staff were able to evidence all aspects of personal care they provided to people on a daily basis.

Staff spoken with described the positive outcomes that people had achieved with their support and support from other health care professionals and the new manager. They told us with support from the occupational therapist and physiotherapist one person was moving back to live in the community. Another person had been motivated to re-establish their painting skills and had painted areas of the home to create an environment that was homely and welcoming. It was evident that improvements had been made to people's care and treatment to ensure that it was planned and delivered to promote their welfare safety and independence.

In the care plans we looked at we saw evidence they were reviewed monthly including risk assessments. Where people's needs had changed such as their nutritional and pain management needs, the care plans had been amended to reflect the new changes. We

saw evidence that people's nutritional needs and those at risk of weight loss and choking were regularly monitored. Those people at risk of choking or had problems with swallowing were provided with the appropriate diet such as pureed meals. It was evident that people's weight and nutritional needs were closely monitored.

The provider might wish to note that although the care plans were regularly reviewed and there was evidence that people's needs were closely monitored to ensure good outcomes; not all the care plans seen had been developed in a personalised format to reflect this. This meant that there was still the potential that people could be at risk of receiving inappropriate or unsafe care.

People and relatives spoken with during our inspection said that they were happy with the care, treatment and support they received from staff at Swiss Cottage. A family member said, "I am happy with the care my {name} receives. I can sleep at night when I leave here." Another family said, "My {name} is warm and well cared for." A further relative said, "When I leave here I do not worry, I am confident that my {name} is looked after properly." This demonstrated that people and their relatives had confidence in the quality of the care.

We found that the home had an activity programme in place. During our inspection we observed some people being provided with one to one activities such as reading the daily newspapers, ball and board games. Those people who wished to, were able to participate in a tea party which took place in the tea room. Staff enabled some people who were interested in gardening to maintain their gardening skills. We saw evidence which demonstrated that staff supported people to celebrate birthdays and festive dates. We also found that people were supported to maintain relationships important to them. For example, a family member told us that they were able to visit their relative daily and have lunch with them. This demonstrated staff supported people to maintain relationships important to them and involved them in activities of their choice and interests.

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

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## **Our judgement**

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The provider was meeting this standard.

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

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## **Reasons for our judgement**

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At our previous inspection on 22 November 2013 we required the home to make improvements in regards to safeguarding people who use services from abuse. This was because the provider had not taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. People using the service, staff and visitors were not provided with the information necessary for them to report potential abuse and this placed people at risk.

The provider sent us an action plan which stated that they would make improvements and be compliant by 31 December 2013.

During our inspection we spoke with staff who were able to describe the home's safeguarding and whistleblowing processes. Staff spoken with said they were aware of the appropriate action to take if they witnessed or suspected an incident of abuse. They also said that they had been provided with safeguarding of vulnerable adults training. The training records made available to us during the inspection confirmed this.

We saw that the home's safeguarding and whistleblowing policies were displayed in the staff room with contact details of the local safeguarding team. Copies of the policies were also displayed in the front of the home. This was to ensure that people who used the service and visitors would be able to access the information if they needed to report any potential incident of abuse.

We were aware that several safeguarding alert incidents had been raised in relation to people being provided with unsafe care and treatment. The manager was able to evidence that the incidents had been fully investigated by the local safeguarding team. Where incidents had been substantiated or recommendations had been made there was evidence that the home had addressed the areas requiring attention. We also found that the outcome of the investigations had been discussed with staff to ensure that lessons had been learnt and to prevent any future recurrence. We saw evidence of discussions held with staff in the minutes of heads of department and general staff meetings. This demonstrated that incidents or allegations of abuse were taken seriously and procedures were in place to respond appropriately to allegations made.

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

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**Our judgement**

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The provider was meeting this standard.

People were cared for in a clean hygienic environment.

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**Reasons for our judgement**

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There were effective systems in place to reduce the risk and spread of infection.

We found the home was kept clean and there was good odour control. Most of the premises including corridors, shared areas, bathrooms toilets and bedrooms were clean. The hand wash facilities including sinks, liquid soap and paper towels were readily available. We saw there were systems in place to manage waste (including clinical waste) and these were adhered to by staff. We found that the laundry room was appropriately maintained. Soiled linen was placed in alginate bags before they were put in the washing machine to prevent cross contamination. This demonstrated that appropriate standards of hygiene were in place.

We saw staff had access to personal protective equipment such as disposable gloves and aprons. We looked at some of the cleaning trolleys used by staff and found that the home maintained an adequate supply of cleaning cloths, disinfectant sprays and cleaning solutions. We found there were colour coded mops for cleaning different areas of the premises however, there was only one bucket available. The provider might wish to note that this practice posed a risk of cross contamination.

We spoke with some of the housekeeping staff during our inspection. The staff we spoke with displayed a good understanding of their roles in terms of what to clean, how to clean and how often. Staff told us that they had designated areas of the home for which they were responsible to clean. They said that this system worked well as everyone took ownership for the areas they were responsible for to make sure cleaning standards were appropriately maintained.

We saw evidence that the home had a system in place to ensure that bedrooms were deep-cleaned on a regular basis or as and when required. The manager told us if people were transferred to hospital for any period of time their bedrooms would be deep- cleaned. This entailed changing all the curtains and bed linen; cleaning the mattresses and bed frames. It was evident that people were protected from the risk of infection.

Staff spoken with said they had received training in infection control and this was supported by the training records we reviewed. A staff member said, "We have all the cleaning materials to make sure that the home is clean."

**People should be given the medicines they need when they need them, and in a safe way**

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## Our judgement

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The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

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## Reasons for our judgement

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During our inspection we observed the administration of medicines on one of the units. We saw that the staff member involved in the administration of medicines wore a red tabard with a do not disturb sign written on it. This was to minimise the risk of errors occurring whilst the medicine round was in process. It was evident that the home had developed strategies to ensure that medicines were safely administered and in line with best practice.

We looked at the area where stock medicines were stored. We found they were stored securely conforming to the Royal Pharmaceutical Society and the General Nursing Council guidelines. We found that daily temperature checks relating to the room and the medicine refrigerator were undertaken. These ensured medicines were stored in appropriate conditions.

The provider might wish to note that on one unit gaps were noted on the temperature record sheet. This meant that the record was not consistently maintained.

We saw the majority of the medicines were administered from a monitored dose system and were colour coded. Opened packets of eye drops and liquids were dated to ensure they were not used beyond the use by date. Any known allergies which people experienced were recorded on their medication administration record (MAR) sheets. This ensured people received their medicines safely and at the appropriate time.

We looked at a sample of MAR sheets on all three units and found that they had been fully completed with staff initials. A sample of controlled drugs was checked and we found that the medicines in stock matched with the controlled drug record. This demonstrated that the controlled medicines in stock were accurate.

We saw that the home had a system in place to record medicines leaving the home for disposal. The provider might wish to note that the record was not fully completed in line with current best practice. Although the return sheet reflected a witness signature and the medicines for disposal were clearly listed on the return sheet. There was no witness signature recorded to verify that the number of tablets recorded were accurate. There was a potential risk that medicines returned for disposal were not always witnessed and

countersigned by a second staff member and could be open to abuse.

Staff responsible for the administration of medicines told us that they had been provided with recent updated training in the safe handling of medicines and we saw evidence to confirm this. We found that robust monitoring systems had been introduced to protect people against the risk associated with unsafe use and management of medicines. For example, at each handover staff checked the MAR sheets to ensure that medicines had been appropriately administered. Tablets which had not been dispensed in the monitored dose system were regularly checked to ensure that the balance in stock were accurate. As a result of these stringent monitoring checks the home had been able to identify errors and addressed them with the staff members involved. This resulted in staff having to undertake further training and their competencies re-assessed to ensure that they were competent to administer medicines safely.

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

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## **Our judgement**

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The provider was meeting this standard.

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

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## **Reasons for our judgement**

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On the day of our inspection, the manager told us there were 47 people currently living in the home. The staffing numbers consisted of four nurses, one senior carer and eleven carers throughout the day. The number was reduced to two nurses, one senior carer and four carers at night. The staff rota which was made available to us reflected this. The manager was confident that the staffing numbers currently being used were sufficient to ensure that people's health, safety and welfare were promoted.

Recently, the home had been using a large number of agency workers but the number had been significantly reduced as permanent staff had been appointed. The manager told us that 14 staff had recently taken up employment. A further five staff were waiting for their criminal checks to be cleared otherwise known as disclosure and barring service (DBS) certificates before taking up employment.

The manager said that staff from the agency were known to the people who use the service as they had been working at the home on a regular basis. It was evident that there was continuity of care and people were looked after by staff who were familiar with their care needs.

We found that the home had a two week rolling rota in place which was completed in advance. Staff spoken with said that they were pleased with the new rota and were able to plan ahead as they were fully aware in advance of their shifts.

All the relatives we spoke with said that staff were approachable. A relative spoken with described staff as, "very kind and caring." They also said, "My {name} never flinch in staff company." Another relative said, "The staff here are really nice but we have lost some really good staff." It was evident that although staff were fairly new people had confidence with the care and support they provided.

We found that staff spoke to people in a kind and compassionate manner. People looked comfortable in the company of staff. Staff spoken with said that the staffing numbers were adequate to ensure that people's care needs were met. A staff member said, "I have only started working at the home recently but it feels as though I have been working here a long time ago. Everyone is on an equal footing." Another staff member said, "When I go home I reflect on what I have achieved at work and I know that I have made a difference to the

service users' lives and have done a good job. Would I have my mum in this unit? Yes I would." This demonstrated that staff were confident that the care people received was safe and effective.

The training record we looked at reflected that staff had been provided with suitable training to support them in their roles and responsibilities. This meant that people were looked after by staff with the right knowledge to meet their diverse needs.

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

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## Our judgement

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The provider was not meeting this standard.

People were cared for by staff who were provided with appropriate training. Further work was needed to ensure that the home's supervision and appraisal system was fully embedded.

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.

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## Reasons for our judgement

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At our previous inspection on 22 November 2013 we required the home to make improvements in regards to supporting workers. This was because people were cared for by staff who had not always been supported to deliver care and treatment safely and to an appropriate standard.

The provider sent us an action plan which stated that they would make improvements and be compliant by 10 March 2014.

During our inspection we looked at the home's training record. This showed that 88% of the staff had completed mandatory training. This enabled staff to provide care for people safely and to an appropriate standard. New staff completed an induction in line with the organisation's induction procedure. We found that the induction training provided staff with the appropriate support to enable them to perform their responsibilities effectively.

Staff spoken with confirmed that they had undertaken training in health and safety, fire awareness, moving and handling, food hygiene, infection control, basic life support, conflict resolution, safeguarding of vulnerable adults, Deprivation of Liberty Safeguarding, equality and diversity and fire awareness. We saw evidence that training in dementia awareness had been rolled out for all the staff working at Swiss Cottage. The training was being facilitated by the home's manager who was an accredited dementia trainer. It was evident that staff had been provided with the training required to support them to deliver care and treatment safely and to an appropriate standard.

We found that although staff had been provided with training none of the staff who had been employed at Swiss Cottage for more than a year had been appraised. The manager said that appraisals had been scheduled to take place during the month of May. The supervision matrix made available to us during our inspection reflected that a supervision framework had been introduced in January 2014. The manager said that the aim was to

ensure that all staff received bi-monthly supervision. From the records seen it was evident that the supervision framework had not yet been fully embedded. For example out of the 66 staff currently working in the home only 10 staff had received bi-monthly supervision since January a further 13 staff had received one supervision session. It was evident that the supervision and appraisal framework had not yet been fully implemented. The risk that people were cared for by staff who had not always been supported to deliver care and treatment safely and to an appropriate standard had therefore been reduced to a minor impact. This was because work was still in progress to implement the supervision and appraisal framework fully.

All the staff we spoke with said that they felt supported by the new manager. They also said that they had recently been provided with updated training which had enabled them to deliver care and treatment safely and appropriately to people. A staff member said, "We have all been offered lots of training. The manager goes out of her way to tell us about the training available. Before I did not know what was going on."

## 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

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### Our judgement

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The provider was meeting this standard.

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

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### Reasons for our judgement

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At our previous inspection on 22 November 2013 we required the home to make improvements in regards to assessing and monitoring the quality of service provision. This was because systems in place to identify assess and manage risks to the health, safety and welfare of people who use the service and others were not robust or effective. The provider had therefore failed to identify, assess and manage the risks related to the health, welfare and safety of people using the service.

The provider sent us an action plan which stated that they would make improvements and be compliant by 31 January 2014.

During the inspection we toured the building and found that it was appropriately maintained. Areas of the home had been painted to provide a warm and welcoming environment. An area of the home on the ground floor had been created into an activity room. Further work had been planned to create sections of the activity room into a pub and sweet shop. This meant that people would be able to leave their units and participate in activities of their choice. Another area of the home had been turned into a garden area where people could sit and relax. The ambience in this room provided a relaxed feel.

We found that people who used the service and their representatives had been asked for their views about their care and treatment and they had been acted on. For example people commented that the home was under-staffed. There was evidence that the home had recruited new staff and this was on-going. Comments were made about the smell of urine which was over powering and windows were constantly shut. When we inspected the home there were no offensive odours. At our previous inspections we did find issues with the cleanliness of the environment. It was evident that the provider had taken action to address areas of concern relating to the environment.

We asked for and were provided with a summary of complaints that people had made in relation to their care, treatment and support. We found that the home had received seven complaints since our last inspection. The record reflected that complaints made had been responded to by the manager and resolved where possible to people's satisfaction. This demonstrated that the provider had taken action to make sure people's complaints were

appropriately addressed.

We saw evidence that daily and monthly audits relating to people's care and treatment were undertaken by the manager, registered nurses and senior care assistants. People's daily record sheets, fluid balance sheets, medication sheets, bed rails and hoist and slings were checked daily. This was to ensure that the care and treatment people received was safe and effective.

We saw evidence that regular meetings with heads of departments and staff were held. Minutes of these meetings were made available to us during the inspection. Residents and relatives meetings had also taken place. A relative spoken with during the inspection said, "We have regular residents and relatives meetings and are encouraged to have our say. Every year we complete surveys. Sometimes our suggestions are acted on." It was evident that people and their relatives were kept informed and enabled to comment on the service provision.

Staff spoken with said that since the appointment of the new manager regular meetings had taken place. They told us that the manager was approachable. A staff member said, "The manager is 100% approachable, she works with you and helps when she can." Another staff member said, "The manager always has time for you. She leads by example. Her door is always open. If she is not in the office she puts a sign on the door to tell you where you can find her." It was evident that staff felt well-led and able to approach the manager for advice and guidance relating to people's care and treatment.

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

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## **Our judgement**

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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.

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## **Reasons for our judgement**

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At our previous inspection on 22 November 2013 we required the home to make improvements in regards to records. This was because people were not protected from the risks of unsafe or inappropriate care and treatment because inaccurate and incomplete records were maintained. Records were not always stored safely.

The provider sent us an action plan which stated that they would make improvements and be compliant by 31 January 2014.

We looked at six people's care plans and found that although the current template was complex and not user friendly information had been added to the plans to simplify them. This ensured that people's individual needs would be met and care provided would be relevant.

We found that documentation relating to people's care and treatment contained appropriate information and were accurately maintained and fully completed. This ensured that people were protected against the risk of unsafe or inappropriate care and treatment

We found that care plan records and other records such as staff records were stored securely and could be located promptly when required. It was evident that records were stored securely to ensure that confidentiality was not breached.

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	<b>Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010</b> <b>Supporting workers</b>
Diagnostic and screening procedures Treatment of disease, disorder or injury	<b>How the regulation was not being met:</b> Although staff had been provided with appropriate training further work was needed to ensure that the home's supervision and appraisal system was fully embedded. This would enable staff to deliver care and treatment to people safely and to an appropriate standard.  This is a breach of regulation 23 (1)(a) of the Health and Social Care Act 2009 (Regulated Activities) Regulations 2010.

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 17 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.

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**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.

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**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.

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**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

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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)

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### **(Registered) Provider**

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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'.

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### **Regulations**

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

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### **Responsive inspection**

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

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### **Routine inspection**

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

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### **Themed inspection**

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

## Contact us

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