

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

Cramlington House

Bassington Avenue, Cramlington, NE23 8AD

Tel: 01670591930

Date of Inspections: 14 August 2014
13 August 2014

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September 2014

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

Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Management of medicines	✗ Action needed
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Miss Lucy Craig
Registered Managers	Mrs Elizabeth Linda Gallon Mrs Donna Sarin
Overview of the service	Cramlington House is a purpose built home which accommodates up to 63 people who require support with personal care, some of whom have dementia.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

Contents

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Summary of this inspection

Why we carried out this inspection

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

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 13 August 2014 and 14 August 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 took advice from our pharmacist. We talked with commissioners of services.

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.

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

What people told us and what we found

At the time of our inspection there were 46 people living at the home. During our visit we spoke with ten people who used the service and we observed the care they received. We spoke with three members of the care staff team, and two healthcare professionals involved with the care of some people at the home. In addition, we also spoke with five people's relatives to establish their opinion of the service.

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

- Is the service caring?
- Is the service responsive?
- Is the service safe?
- Is the service effective?
- Is the service well led?

This is a summary of what we found.

Is the service caring?

We saw that people were supported by kind and attentive staff who displayed patience and gave encouragement when supporting people, for example when assisting them with mobility. People appeared content and looked well cared for. Our observations confirmed that generally most people were very independent and staff encouraged this, whilst ensuring that they offered assistance to people if they required help. People told us that they were happy with the care and support they received from the service. One person said, "You get to know them (staff) here, they help you. The staff are always nice."

Staff were fully aware of people's care and support needs. Staff told us, and people confirmed that they pursued activities both inside the home regularly and within the community. On the day of our visit a small group of people enjoyed an outing to the beach for fish and chips. This showed the provider promoted people's well-being.

Is the service responsive?

The provider had arrangements in place to review people's care records regularly and we saw that amendments were made to people's documentation as their needs changed, to ensure this remained accurate and any issues were promptly addressed.

Staff told us, and records showed that where people required input into their care from external healthcare professionals, such as district nurses or doctors they received this care. One visiting GP told us, "I don't have any concerns here. If anything they phone me a lot. I have not seen anything that concerns me when I have come here."

People had a wide variety of foods available to them and confirmed that they were given choices. People's weights and food and fluid intakes were monitored if needed and referrals had been made to dieticians where necessary, to ensure they received specialist input into their care to remain healthy.

Is the service safe?

People told us they felt safe and the care that we observed was delivered safely. Risks that people may be exposed to in their daily lives and in relation to their care needs had been considered. We saw that instructions had been drafted for staff to follow to ensure people remained as safe as possible in light of these identified risks.

We reviewed the procedures that the provider had in place for safeguarding vulnerable adults and found that these were appropriate. Staff were trained in safeguarding and were fully informed of their own personal responsibility to report any incidences of harm, abuse or suspected abuse.

We reviewed the arrangements in place for the management of medicines. We found that these arrangements were not appropriate as controlled drugs were not effectively managed and individual stocks of medicines did not always tally with what had been received and administered. We have set a compliance action and we have asked the provider to tell us what they are going to do to meet the requirements of the law in relation to the management of medicines.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. We discussed the recent Supreme Court judgement handed down on 19 March 2014 in the case of 'P v Cheshire West and Chester Council and another' and 'P and Q v Surrey County Council', about what constitutes a deprivation of liberty. The regional manager advised us that they were aware of this ruling, and had already liaised

with their local authority safeguarding team for advice on their responsibilities and the arrangements they now need to put in place, for people in their care.

Is the service effective?

People told us they were happy with the staff who cared for them and they met their needs. One person said, "Staff are always nice, I have nothing against the staff." Another person told us, "Staff are lovely." It was evident from speaking with staff and through our own observations that staff had a good knowledge of the people they cared for and their needs.

Staff told us that they felt supported by the manager and the provider, although supervisions did not happen very often. We discussed this with the regional manager who advised that a new system is currently being introduced to address this.

Is the service well-led?

In this report the name of a registered manager appears who was not in post and not managing the regulatory activities at this location at the time of the inspection. Their name appears because they were still a Registered Manager on our register at the time. A newly registered manager was appointed and in place. Staff said they felt supported by her and people and relatives that we spoke with felt the service was managed effectively.

The provider had policies and procedures in place which gave direction and instruction to staff.

Meetings for staff, people and their relatives were held regularly. Audits related to medication, care planning, health and safety and infection control were carried out to identify any issues or concerns. We saw that the provider had drafted action plans where issues needed to be addressed, in order to ensure that the service remained effective and well led.

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

What we have told the provider to do

We have asked the provider to send us a report by 03 October 2014, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

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

More information about the provider

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

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

Our judgements for each standard inspected

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

People told us they were happy with the standards of care they received. One person said, "Staff are always nice to me." Another person told us, "I was poorly a couple of weeks ago and I had a lovely sandwich in my room, just what I wanted – the staff couldn't be nicer." Another comment made was, "I'm really happy here, it's very, very good, staff are there for you and the care is excellent". One person's relative said, "I recommend this place to anyone who is considering a care home for a loved one. It's great, the staff are wonderful, they care for people, respect people, they are sensitive to needs of residents and their relatives."

We looked at the care records for five people who lived at the home and found these to be specific to each individual. People's needs had been assessed using an assessment tool which measured people's abilities in relation to the completion of activities of daily living. There were care plans in place with detailed information about how each person's care and support should be delivered in order to meet their individual needs. Assessments of risk were also included, where necessary, related to these needs. For example, people had care plans in place for personal care, mobility and continence, and risk assessments related to falls and pain levels. People's dependencies, needs and risks were monitored on a monthly basis and any changes recorded in their care records. This showed that people's needs were assessed, the delivery of their care and support was planned, and care delivery was monitored regularly and amended when required.

There was evidence to demonstrate the provider was aware of their responsibilities under the Mental Capacity Act 2005 Deprivation of Liberty Safeguards (DoLS). We discussed with the registered manager the recent Supreme Court judgement handed down on March 2014 in the case of 'P v Cheshire West and Chester Council and another' and 'P and Q v Surrey County Council', about what constitutes a deprivation of liberty. They told us that in light of this judgement, they had already been in contact with their local authority safeguarding team for further advice on their responsibilities and the arrangements they now need to put in place, for people in their care. The regional manager confirmed that

they have already submitted some DoLS applications to the local authority safeguarding team for assessment.

We observed the delivery of care during our visit and saw that staff interacted with people in a professional, polite, respectful, understanding and caring manner. People looked well cared for and well presented. We found that staff adhered to guidance written in people's care plans. For instance, we observed staff gently supported people with mobility issues to move about the home safely and for those with difficulty eating, staff provided assistance at lunch. We spoke with staff and found that they were very knowledgeable about people's needs. We saw that staff spoke with people whilst delivering care and explained what they were going to do, before doing it. For example, we heard a staff member say to a person, "We are going to go on the stand aid now. Are you ready? Can you lift your feet flat on the base for me and stand tall. Right I am going to move you around now into your wheelchair." This staff member was very encouraging and reassuring throughout the process. We found that people's needs were met and their welfare and safety protected.

We used the Short Observational Framework for Inspection (SOFI) during our visit. This is a tool which is used to observe care, to help us understand the experience of people who could not always talk with us. We found that people experienced regular engagement with staff and it was evident that staff applied the dementia care training which records confirmed they had received. We saw that where people got upset staff responded appropriately. People were spoken to with dignity and respect and they were encouraged to be as independent as possible. We noted that there was a very calm and pleasant environment in the home, and that the environment reflected recommendations from dementia-based research. For instance, different areas, doors and toileting equipment were coloured brightly to assist people in identifying them easily. There was pictorial and written signage in both communal and private areas, to provide support to people with cognitive difficulties.

The provider had incorporated a cinema, two activity rooms and a hairdressing salon into the design of the building. On the day of our visit a small group of people enjoyed an outing accompanied by staff, to a beach hut in Blyth, Northumberland, where they also enjoyed fish and chips. Both people and their relatives told us this was a weekly activity in summer months. We also saw people enjoyed a knitting group, watching a film with popcorn, visiting the hairdresser and having a one to one session with the activities co-ordinator. We found the provider sought to promote people's well-being, community involvement and to meet their social needs.

Records showed that where people required monitoring in relation to specific health conditions, for instance, via measuring their weight or behavioural trends, this was done appropriately. For example, we saw that where applicable, tools were in place for monitoring people's continence, personal hygiene, weight and food and fluid intake. This meant that staff were kept informed of people's care needs and progress on a regular basis, and the provider could identify any potential issues that may need to be addressed or referred to other healthcare professionals.

People who required specialist input into their care had received this support and we saw that this was appropriately recorded in their care records. For example, we saw input into people's care from speech and language therapists. In addition, we found that specialist care was delivered by external healthcare professionals such as district nurses, doctors, dentists and opticians on a regular basis. We spoke with a visiting district nurse who told us, "They are good at referring things to us. The care is quite attentive. I haven't seen

anything that worries me." This demonstrated the provider ensured people's general healthcare needs were met.

We found the provider had considered people's care needs in relation to the risks that may arise in the event of an emergency, such as a fire or a flood. We saw that assessments were in place related to the level of assistance people with mobility or dementia would require, should they need to be evacuated from the building quickly. Staff had access to this important information within people's care records.

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

Our judgement

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.

Reasons for our judgement

All of the people we spoke with said they liked the staff who worked with them and they felt safe. Some of their comments included, "Well I have never felt unsafe" and "I feel safe, even when we go out and about with staff". All of the people we spoke with said they felt safe living at Cramlington House. The relatives we spoke with said they had never seen or witnessed any treatment of people, by staff, that would give them cause for concern when visiting the home. We found that people felt safe and secure.

We spoke with three members of staff about safeguarding vulnerable adults. They were able to tell us about different types of abuse, the signs of abuse, and what actions they would take if they witnessed or suspected abuse. We saw that policies and procedures were in place with guidelines for staff to follow if they suspected any vulnerable person was at risk of harm or abuse. All staff said they would report any incidences of suspected harm or abuse to the manager without hesitation and if no action was taken, they would refer the matter to somebody in a higher position within the organisation, or externally if need be. Each member of staff we spoke with told us they had completed training on safeguarding vulnerable adults recently. We found staff had knowledge related to safeguarding which they used to help protect people from abuse and they recognised their own personal responsibilities to safeguard people.

The manager confirmed that she raised an alert with the local authority safeguarding team (verbally, initially), when a safeguarding matter was brought to her attention by staff. This team holds responsibility for investigating incidences of harm or abuse against vulnerable adults or children. The manager informed us that five safeguarding referrals had been made to the local authority safeguarding team within the last year. We saw that separate records were retained related to each of these safeguarding matters in folders. These detailed the nature of the incident, who within the local authority the matter was reported to, any actions taken, any relevant paper evidence and the outcome of any investigations. We found the internal procedures that were in place to report, monitor and record safeguarding incidents that occurred within the service were appropriate and we were satisfied the provider had suitable arrangements in place to protect people from harm or abuse.

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

Our judgement

The provider was not meeting this standard.

People were not protected against the risks associated with medicines because the provider did not manage medicines appropriately.

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

Reasons for our judgement

We looked at how the provider managed medicines and we asked people about the administration of their medication. People told us that staff always gave them their medication. One person told us, "They have just brought three tablets in for me in that container and she (staff member) saw that I took them before she left the room." All of the relatives that we spoke with confirmed they had no concerns about the administration of medication and that they had not observed any medication being left unattended. One relative said that she had been consulted about a change in her relation's medication.

We observed the medication round during our visit and saw that staff spoke to people about their medication and what it was for before giving it to them. We saw that administering staff remained with each person until they were sure that their medication had been taken before leaving them and then recording the administration in their care records. We reviewed certificates which evidenced that staff had received training in the safe handling of medication within the last few years. Documentary evidence also showed that medication competency assessments on staff were also carried to ensure that their medication administration practices were safe.

We noted the provider had a detailed medication policy and procedures in place to provide staff with guidance and instructions on the management of medicines within the service. This included, for example, procedures for handling medication, consent and medication, and how to deal with medication errors.

We reviewed how medicines were stored and found that this was appropriate. Access to medication supplies was restricted to staff who were trained to handle medicines safely. Each person's medication was labelled individually for their sole consumption. We checked a random sample of medication and found that it was within its expiry date and stored in the correctly labelled containers. Records showed the temperature of the room and refrigerator in which medication was stored, was monitored daily to ensure that medication remained safe for use and that its storage was in line with manufacturer's instructions. We found that the provider stored medication appropriately and safely.

We looked at arrangements in place for the disposal of medication that was no longer required. The provider kept an up to date record of medication collected by a pharmaceutical waste company for disposal, identifying the name, quantity and strength of medication concerned. Staff told us, and records showed that a signature was obtained from the person collecting these medicines to evidence they had accepted them for disposal. This demonstrated the provider disposed of medication safely and appropriately, when it was either unused or no longer required.

However, we checked the quantities of controlled drugs held within the home and identified some concerns. We found that in four cases, the amount of controlled drug in stock did not tally with the amount that should have been present, according to the controlled drugs register that was in place to monitor these drugs. Controlled drugs (or controlled medicines) are prescription medicines which contain drugs that are controlled under the Misuse of Drugs legislation. They are classified by law based on their benefit when used in medical treatment and their harm if misused. Stricter legal controls apply to controlled medicines to prevent them from being misused, obtained illegally and causing harm. Our findings in relation to controlled drugs meant that there was a risk that some of these controlled drugs could be removed from the home undetected.

We looked at a sample of medication administration records (MARs) and saw that these were complete and up to date. However, we audited a sample of medications and found that the remaining stocks were incorrect, in line with the amount of medication that had originally been received and administered to date according to MAR records. For example, one person's medication was found to have fewer tablets left than what there should have been. We reviewed some medication audits conducted in the home recently and found that these too had identified discrepancies in the quantities of medicines that remained for some individuals. However, the discrepancies in controlled drugs stocks had not been identified in the provider's medication audits. We discussed this with the regional manager and newly appointed deputy manager (in the absence of the manager on the second day of our visit) and they advised us that an action plan was due to be formulated to address these shortfalls.

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

People and their relatives spoke very highly of the staff who worked for the service. One person said, "The staff are always nice and they know what to do." Another person told us, "I don't know if they are trained, but they all seem to know what they are doing." We saw a comment in a recently completed relative's survey which read, "Staff are always attentive and friendly." One person's relative said, "Staff are very, very good." Another relative commented, "Staff come in on their day off to do training and I have seen people evaluating their work and observing their work practice."

Staff told us they had received the training they needed to carry out their role. They confirmed management were supportive and they could approach them at any time to request further training if they felt they needed it. One staff member said, "Management are very responsive. All of my training is up to date." Another member of staff told us, "My induction and training has been brilliant. I felt comfortable in my role after my induction. They go through everything with you and I have done some dementia training since starting here. I definitely feel supported. 'X' (the manager) is very supportive." A further comment made was, "If there is anything I was concerned about or wanted to discuss I would go straight to the manager, she is very approachable." Staff spoke very highly of the service and the support they received. We found that there were high levels of satisfaction amongst staff.

Records showed, and staff confirmed they had completed a five day induction at the start of their employment which assisted them in their role. Training reflected vocational studies as well as basic training. We looked at five staff training records and certificates to evidence the training staff had received. These showed that training in a number of key areas, such as safeguarding and infection control, had been completed. We saw that staff had also completed training related to the specific needs of the people they cared for. For example, staff had undertaken training in dementia, nutrition awareness and the Mental Capacity Act and Deprivation of Liberty Safeguards. In addition, we saw that staff with responsibility for medication administration had been directly observed by an external pharmacist within the last three months, to ensure they followed best practice.

The provider had a training matrix and monitoring tool in place which showed dates when

certain training had to be refreshed. This worked on a 'traffic light system' so that managers were alerted at an appropriate time in order to arrange the relevant training for their staff members. The operations manager told us that when staff commenced employment at the home, an assessment of the training they had completed and what they required (against the home's own set criteria for each job role) was completed. The regularity with which each training course had to be repeated was highlighted in a document that the provider had produced. We found that staff training was up to date, the provider monitored training requirements appropriately and staff received appropriate professional development.

Staff said one to one meetings known as supervisions did take place, although most of the staff that we spoke with could not recall the approximate time of their last supervision. Supervisions are important as they support staff to carry out their responsibilities and deliver care to people to the appropriate standard. The provider may find it useful to note that supervision monitoring records showed some staff had never had a supervision (relative to their start date in some cases), and other members of staff had not had one for over five months. We discussed this with the regional manager who advised us that supervisions had not been undertaken as regularly as they should have been and that a new system was currently being developed to address this.

We saw that an appraisal system was in place. Appraisals are usually held annually. They are important as they provide a formal tool through which both the staff member and their manager can talk about performance issues across the year and for example, raise concerns or ask for additional training. The majority of staff had not yet had appraisals, as the home had only been open for just over a year, and some of the staff team had not been in post for a full 12 months in order for an annual review of their performance to take place.

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 and to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

Reasons for our judgement

The provider had effective systems in place that assessed and monitored the quality of care and support provided. There were detailed policies and procedures in place which supported care delivery and gave direction to staff. For example, there were policies related to safeguarding, medication and dementia care. These policies covered, amongst other things, the procedures involved and the employee's roles and responsibilities. Staff, people and their relatives said that management were very approachable and dealt with any issues raised effectively. This demonstrated that the manager and provider listened to concerns raised by staff and sought to resolve them.

Staff told us, and records confirmed that meetings for those people who lived at the home and their relatives took place regularly. Minutes from these meetings showed that topics such as clothing, quality assurance, dining experience and dignity were discussed, amongst other things. One relative had commented in a meeting that they felt as if they got a lot of support from the home and this was seconded by another relative. Staff told us that management asked for their feedback and they felt part of the service. They confirmed they could express their opinions freely, either by approaching the manager directly, or in supervisions or staff meetings. Records showed that meetings for senior members of staff took place monthly, where issues such as care planning, activities, falls notifications and medication were discussed. Full staff meetings took place bi-monthly in which similar matters were discussed, alongside for example, training, dress code and DoLS. There was evidence in the minutes of these meetings that the manager monitored care delivery and the environment within the home. We saw that where the manager had identified areas of concern, for example in relation to cleanliness, these were brought to the attention of staff and minimum acceptable standards were formally reiterated.

There was evidence that audits were in place for medication management, infection control, care plans and health and safety on a regular basis. We saw that the manager signed these audits to indicate she had read them after completion, and an action plan was drafted where there were issues identified that needed to be followed up. This showed the provider was proactive in monitoring issues related to service delivery and addressing

them.

We saw that medication administration competency assessments on staff practices were carried out and a sample of staff undertook an infection control questionnaire designed to check their knowledge and understanding of the prevention of infection. In addition, staff training requirements were monitored to ensure that training was up to date. This showed that the provider maintained the staff team's knowledge and skills in order to support appropriate care delivery.

Records were kept of accidents and incidents that occurred within the service including information on the circumstances of the incident, whether any injuries were sustained and what actions were taken. We saw the manager carried out a monthly analysis of this information and took appropriate action where patterns were identified, for example by referring people to their GP or the falls clinic for further investigations. In addition, the regional manager showed us an example of a monthly operational report that they completed which reviewed, for example, the interior and exterior of the building, bedrooms, maintenance matters, infection control, record keeping and personnel files. We saw that identified actions that resulted from these reports were recorded and tasks allocated to the most appropriate person to complete them. There was also a target date set for completion of these tasks. These audits assisted the provider in monitoring the service that they provided and in identifying and resolving any shortfalls.

We looked at how the provider handled complaints and found there was a structured complaints policy in place which took account of complaints and comments raised in order to improve the service. Records were maintained which showed the nature of each complaint or concern raised and the actions that had been taken in response to these. People told us that if they had any complaints they would happily talk to a member of staff or to the manager. Some people and/or relatives said they had raised issues with management of the service in the past and these had always been addressed and resolved quickly.

We saw the provider carried out safety checks on utility supplies within the building and other health and safety checks related to, for example, fire prevention and the testing of equipment such as the lift, hoists and the call bell system within the home. In addition, health and safety, fire and building risk assessments had been done. This showed the provider sought to maintain the health, welfare and safety of people, staff and visitors.

The provider may find it useful to note that there was no legionella risk assessment for the building in place, and no water sample testing had been carried out to establish if legionella was present in the water supplies. We noted however that some control measures for were in place to help prevent the growth of legionella within the home, such as the regular testing of cold and hot water temperatures. We discussed this with the regional manager and they advised us that this would be reviewed immediately by the provider.

This section is primarily information for the provider

✘ Action we have told the provider to take

Compliance actions

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines
	How the regulation was not being met: People were not protected against the risks associated with medicines because the provider did not manage medicines appropriately. Regulation 13.

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 03 October 2014.

CQC should be informed when compliance actions are complete.

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

About CQC inspections

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

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

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

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

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

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

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

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

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

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

How we define our judgements

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

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

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

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

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

How we define our judgements (continued)

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

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

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

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

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

Glossary of terms we use in this report

Essential standard

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

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

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

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

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

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

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

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

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

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

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

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

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

Glossary of terms we use in this report (continued)

(Registered) Provider

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

Regulations

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

Responsive inspection

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

Routine inspection

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

Themed inspection

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

Contact us

Phone: 03000 616161

Email: enquiries@ccq.org.uk

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

Website: www.cqc.org.uk

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