

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

Apple Tree House Residential Care Home Limited

31 Norwood, Beverley, HU17 9HN

Tel: 01482873615

Date of Inspection: 15 May 2013

Date of Publication: June 2013

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

Consent to care and treatment	✓	Met this standard
Care and welfare of people who use services	✓	Met this standard
Safeguarding people who use services from abuse	✓	Met this standard
Requirements relating to workers	✗	Action needed
Staffing	✓	Met this standard
Supporting workers	✗	Action needed
Assessing and monitoring the quality of service provision	✗	Action needed
Records	✗	Action needed

Details about this location

Registered Provider	Apple Tree House Residential Care Home
Registered Manager	Mrs. Kathleen Ivy Vassilakopoulos
Overview of the service	<p>Apple Tree House is a Victorian terraced property in a residential area close to the centre of the market town of Beverley. It is situated adjacent to a main road offering easy access to public transport and within walking distance of local shops.</p> <p>The service supports up to 12 people who may have a learning disability.</p>
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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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 15 May 2013, observed how people were being cared for and talked with people who use the service. We talked with staff and talked with commissioners of services.

What people told us and what we found

The Care Quality Commission (CQC) received four reports from the local authority safeguarding team about safeguarding issues in the service between February 2013 and May 2013. Concerns were raised about people who used the service not being allowed to make choices around activities, diet, visitors and bed times. The provider worked with the local authority safeguarding team to investigate the concerns. A new manager was put into post in March 2013 and information from the local authority (May 2013) was that positive changes had taken place within the service.

We found that staff were able to communicate well with people who used the service. Staff were respectful and patient with individuals. All interactions we saw put the wishes and choices of people who used the service first and they were included in all conversations.

The majority of records were up to date but they did not have person centred care plans and the risk assessments were not robust.

We looked at staff files and staff training records as part of our visit and we found that staff training and supervisions were not up to date and that appropriate checks were not carried out by the provider before staff started employment.

We found that improvements were needed to the quality assurance system to ensure the provider identified, assessed and managed risks relating to the health, safety and welfare of people who used the service.

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 July 2013, 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

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

Our judgement

The provider was meeting this standard.

Where people did not have the capacity to consent the provider acted in accordance with legal requirements.

Reasons for our judgement

We used a number of different methods to help us understand the experiences of people who used the service, because the people who used the service had complex needs which meant they were not able to tell us their experiences. We met some of the people who used the service and we observed their interactions with the staff. We spoke with the manager and the staff who gave care to people who used the service and we looked at people's care plans and review notes. We also spoke briefly to one healthcare professional who was visiting a person who used the service.

Where people did not have the capacity to consent the provider acted in accordance with legal requirements.

Each person who used the service had their own bedroom. They were able to spend time in their rooms alone or access the lounge or kitchen area when they wanted time with the staff. We spent some time observing the people who used the service. We saw that staff and people who used the service had an easy going relationship, where help was offered when needed and personal space was given when not.

We observed staff communicating with people who used the service. We saw people talking to staff about aspects of their daily life and noted that staff were respectful and patient with individuals. All interactions we saw put the wishes and choices of people who used the service first and they were included in all conversations. Staff we spoke with had a good knowledge and understanding of people's needs and how to meet them.

Information in the care plans indicated the majority of people who used the service had family acting as their advocates. Discussion with the manager indicated she understood capacity and deprivation of liberty safeguards and if required would be able to organise a best interests meeting. Information in the care plans we looked at showed that best interest meetings had taken place recently for a number of people.

Staff we spoke with were aware of people's limitations due to their medical conditions and

understood capacity and what to do if people lacked capacity to make decisions about their care. The provider may wish to note that we found no evidence to indicate that the manager or staff had received training with regard to the Mental Capacity Act (2005) or Deprivation of Liberty Safeguards (DOLS). This meant there was a potential risk that people's human rights may not be respected and taken into account when decisions about care were made.

We spoke to a health care professional from the community team for learning disabilities (CTLD) who was visiting a person who used the service. They told us they had seen a number of positive changes in the service over the last month. We were told that people who used the service seemed more at ease and ready to discuss their concerns with others and generally more satisfied with their care.

Discussion with the manager indicated they were aware of the fact that people who used the service did not appear to have had much input to their care and treatment. Recent feedback from people in the satisfaction questionnaires sent out in April 2013 indicated they would welcome the opportunity to discuss their care. We were told by the manager that all people who used the service were currently talking to their key workers about their care, likes and dislikes, choices and decisions. The key workers had been asked to rewrite the care files in a new format and include people's input into the plans of care. We saw briefing notes and meeting minutes to confirm these instructions to the staff. The manager told us the new care plans should be completed by the end of July 2013.

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

We met some of the people who used the service and we observed their interactions with the staff. We spoke with the manager and the staff who gave care to people who used the service and we looked at people's care plans and review notes. We also spoke briefly to one healthcare professional who was visiting a person who used the service.

People's care and treatment was planned and delivered in a way that ensured people's safety and welfare.

We observed that there were good interactions between the staff and people, with friendly and supportive care practices being used to assist people in their daily lives. We found that staff were able to communicate well with people who used the service. We saw people asked for meals, drinks and personal care and these requests were promptly responded to. Staff were respectful and patient with individuals. All interactions we saw put the wishes and choices of people who used the service first and they were included in all conversations.

Discussion with visiting health care professionals indicated that they were satisfied with the care being given to people who used the service. We were told that "There have been noticeable improvements to the management of the service over the last four to eight weeks. This has had a positive impact on the service users with individuals being more talkative to others and willing to discuss their problems. The staff are much more responsive to my suggestions about care and it feels like the service is listening to advice being given to them by external professionals such as myself. I have no concerns about people's care at the moment".

We found that any visits from outside health professionals were recorded in the care plans we looked at, with information on the outcomes of the visits and any action needed from the staff. Information in the care plans indicated that people regularly saw their dentist, optician and GP when they needed this. People attended health clinics for regular reviews about their medical conditions.

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

Our judgement

The provider was meeting this standard.

People who used 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

The Care Quality Commission (CQC) received four reports from the local authority safeguarding team about safeguarding issues in the service between February 2013 and May 2013. The safeguarding team investigated the allegations and a number of recommendations were made to the provider to improve practices within the service. The local authority continued to monitor the service and information given to us about their last visit in May 2013 indicated that improvements had been seen in the service.

We visited the service in January 2013 and we found the financial records and receipts for people's personal allowances did not correlate. This meant there was a potential risk with regard to financial abuse for people who used the service. We made a compliance action stating the provider must take steps to become compliant with this outcome.

This visit was to review the progress of the service in meeting our compliance action. During our visit we looked at the financial records for personal allowances and spoke with the staff.

People who used 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.

We spoke with the manager about the recent safeguarding issues and they were able to demonstrate to us that they had a clear understanding of the local authority's policy with regard to making a safeguarding referral to the safeguarding team. The manager spoke with us about different types of abuse and we discussed how they had managed incidents within the service.

We found that staff had access to the local authority's and the provider's policies and procedures for safeguarding of vulnerable adults as these were kept in the manager's office. The service also had a safeguarding file which was available for us to inspect. Discussion with one member of staff indicated they understood their role and responsibility for reporting any suspicion of abuse. The staff were aware of the need to report any altercations between people who used the service and gave us examples of how they

prevented further issues. For example where it was known that two people did not get on then staff would ensure the people did different activities and limited their time together.

We looked at the safeguarding records and saw that during April and May 2013 staff had documented five instances where individuals who lived in the home had minor altercations with another resident. These had all been passed onto the local authority safeguarding team and no further action had been necessary. However, the staff had not always documented their conversations with the local authority safeguarding team or the outcome of the referral. Discussion with the manager indicated they were aware of this and had introduced a communication book where staff could record any conversations held with the local authority, families or visiting health care professionals. This record was given to us to look at during our inspection.

The provider may wish to note that not all the staff had completed training with regard to safeguarding of adults. This was one of the recommendations in the safeguarding team's investigation report (3 April 2013). We did see that the manager was booked to attend the local authority safeguarding of vulnerable adults training in May 2013, but there was no evidence to say how the training would be cascaded to the rest of the staff. This training would ensure that all the staff had the skills and confidence to manage the needs of people who used the service.

Discussion with the manager and the staff indicated that new transaction records had been developed to record all financial details about personal allowances looked after by the service. People had their own transaction sheets which recorded the balance of money held by the service and any transfers of monies into and out of each person's account. Checks of the transaction records showed that two staff signed or one staff and the service user signed each transaction. The provider should note that when money was put into the accounts the member of staff had not always recorded where the money had come from; for example when it had been withdrawn from a bank account by the person who used the service.

We were informed that some people who used the service were able to go to their own bank and withdraw money from their accounts with minimal support from staff. The manager told us that they were in the process of developing risk assessments and management plans for anyone who needed assistance from staff with their financial affairs. These assessments would be part of the new care plans, which were being written by the staff.

We saw that receipts were recorded onto the transaction sheets and numbered so that there was a clear audit trail between the records and the receipts kept. The staff explained that some people who used the service were reluctant to tell staff what they had spent their money on, and this meant that sometimes receipts were given to staff much later or not at all. We checked one person's account and the records, receipts and money held all balanced.

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was not meeting this standard.

People were not cared for, or supported by, suitably qualified, skilled and experienced staff.

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

Appropriate checks were not undertaken before staff began work.

Checks of three staff files for new employees showed that Criminal Record Bureau (CRB) checks, now known as the disclosure and barring service (DBS), were in place. However, when we looked at one individual's work history such as start date and rotas we saw that this person had started work before their CRB had been received. There was no further information in their file to indicate any other checks such as the protection of vulnerable adults (POVA) first check had been carried out. This was a fast track service to check an individual was not on the adult protection safety lists and therefore was suitable to work with vulnerable adults. It has now been taken over by DBS first checks. Although the individual's CRB indicated they were deemed suitable to work with vulnerable adults the recruitment process did not follow the provider's policy and procedure in obtaining the check before a person started work and could potentially have put people who used the service at risk.

We also looked at the three staff files to check that written references, health checks and past work history were obtained and deemed satisfactory before the person started work. We found that one person who had been recently employed only had one reference on their file. The manager told us that this was being followed up as a matter of urgency. Two of the staff files for new employees did not contain proof of identity for the members of staff. Both the obtaining of two references and proof of identity were part of the provider's recruitment policy and procedure, which indicated the manager had not followed these appropriately and this potentially put people who used the service at risk of harm.

The induction process for new members of staff was not robust and did not give staff, with little previous knowledge of care, the skills to perform their duties to a high standard. This meant people who used the service could be looked after by staff without the necessary skills and experience to meet their needs.

Information in the staff files we looked at indicated new members of staff had a one week

induction period when they were introduced to people who used the service and given the opportunity to read care files and risk assessments. In this time period the new member of staff was given the policies and procedures to read and was able to 'shadow' more experienced staff as they worked within the service. Discussion with the manager indicated the induction process was held in house and did not link into accredited induction programmes such as Skills for Care.

We found that staff did not carry out specific training during their induction week, but the manager told us they put the new staff onto the training programme and gave them priority for any sessions that came available.

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

Our judgement

The provider was meeting this standard.

There was sufficient staff on duty to meet people's needs.

Reasons for our judgement

Between February and April 2013 we received information from the local authority safeguarding team about a number of concerns with regard to staffing levels in the service, long shifts being worked and a high staff turnover leading to inconsistent practices and poor care being given to people who used the service. The safeguarding team investigated these concerns and a number of recommendations were made to the provider to improve practices within the service. The local authority continued to monitor the service and information given to us about their last visit in May 2013 indicated that improvements had been seen in the service.

There was sufficient staff on duty to meet people's needs.

We found that the staff in the service worked 12 hour shifts from 7am to 7pm and from 7pm to 7am. However, information in the staff rotas and discussion with the manager indicated that these shift patterns would change from 27 May 2013. This was in response to recommendations from the local authority safeguarding team that there should be at least three staff on duty in the late evening to help people have a choice of what time they went to bed.

The rotas showed that from 27 May 2013 staff would move to a three shift pattern of 7am to 3pm, 3pm to 10pm and 10pm to 7am. This meant there would be three staff on duty until 10pm instead of two staff from 7pm.

At the time of our visit (May 2013) the manager informed us that only one person required two staff for their personal care tasks and getting into and out of bed. If this individual wanted to go to bed after 10pm then there was one waking night staff and one sleeping night staff on duty to offer them assistance.

Checks of the rotas showed us that in addition to the care staff on duty the provider employed a cook and domestic staff to carry out ancillary tasks such as cleaning and laundry.

Discussion with the staff indicated that they were aware of the different care needs for each person who used the service and were confident they had the skills and experience to use the equipment provided to assist staff in moving and handling individuals as needed. Our observation of the service indicated staff gave appropriate care and support

to people when they required this.

We saw that there was a folded up 'camp bed' in the activity room of the home. Discussion with the staff indicated that this was used by the 'sleep in' night staff. We were informed that this member of staff had the option of sleeping in the adjacent unoccupied building owned by the provider or some staff preferred sleeping on the camp bed in the activity room.

The provider may wish to note that these arrangements for the sleep in staff were not satisfactory. The manager told us that it was planned that two people who used the service were to move into the adjacent building to aid their progression to independent living. At this time it would not be appropriate for staff to be sleeping in their living room. Also when staff slept in the activity room this did not give that member of staff privacy or aid a good nights sleep as it was part of the communal rooms accessible by other staff and people who used the service. We did not see any private facilities provided for staff to get washed or changed in, which indicated they had to share facilities used by people who lived in the home.

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

Our judgement

The provider was not meeting this standard.

People were not cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

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

Between February and April 2013 we received information from the local authority safeguarding team about a number of concerns with regard to the service not having the right skill set in the staff group. The safeguarding team investigated these concerns and a number of recommendations were made to the provider to improve practices within the service. The local authority continued to monitor the service and information given to us about their last visit in May 2013 indicated that some improvements had been seen in the service.

Staff did not receive appropriate professional development.

We looked at the induction process for three new members of staff and found that this gave staff a basic introduction to the service and the people who lived there. New staff worked on average about eight shifts with a more experienced member of staff during their induction period. We found the induction paperwork recorded that staff had read documents such as care plans and policies and procedures and had been shown safety systems such as the fire alarm. However, the manager acknowledged that the induction did not provide staff who had little or no previous experience of care with sufficient skills and knowledge to meet all the needs of people who used the service. Once staff had completed their induction there was a section in their work book for the manager to sign off to indicate they were satisfied the induction had been completed in full. In all three workbooks we looked at this had not been done.

We saw that there was no overall plan for staff training, instead it was recorded in each persons file what certificates they had. Discussion with the manager indicated that although there was an ongoing programme of training it relied on the places provided by the local authority training service and this meant only one or two places were available at any one time. During the safeguarding investigations earlier in the year it was identified that staff required training in management of challenging behaviours and complex behaviours, Mental Capacity Act, safeguarding of vulnerable adults. The recommendations made to the provider also indicated that staff would benefit from specialist training in

subjects such as autism, Asperger's syndrome, epilepsy, self harm and learning difficulties.

We saw evidence that a limited number of staff training sessions were booked for person centred care, moving and handling awareness, fire safety, epilepsy, mental health awareness, learning disability awareness and safeguarding of vulnerable adults for May and June 2013. We also found that all the staff were completing a distance learning course with regard to food hygiene.

The manager at the time of this inspection (May 2013) had only been in post for two months. In this time they had seen the majority of staff for an initial talk and planned to carry out formal supervisions on a six to eight week basis. The manager told us they had a new format for the recorded supervisions and this was to be in place by the end of June 2013.

Assessing and monitoring the quality of service provision

✕ Action needed

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

Our judgement

The provider was not meeting this standard.

The provider did not have an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who used the service and others.

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

Our observations of the service found that the environment was clean, tidy and free from odours. The décor and furnishings we saw were in keeping with the style of the home and offered people a choice of seating in a warm, comfortable and homely environment.

The provider did not have an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who used the service and others.

We have already identified in this report that the provider was non compliant with regards to regulation 20, 21 and 23 and (records, requirements relating to workers and supporting workers). We acknowledge that the manager appeared to be aware of the problems and was working towards a solution for each of them but the issues had been ongoing for some time. We expressed our concerns to the manager that the majority of the actions to make the improvements to practice required by the safeguarding team also needed her personal input and would take up a large quantity of her available time. This meant there was potential risk to people who used the service until the new systems were in place.

There was no appropriate system for gathering, recording and evaluating accurate information about the quality and safety of care, treatment and support the service provided, and its outcomes. We were informed by the manager that they were trying to update the quality assurance system, but progress was slow. We were given no evidence that demonstrated what action had been taken to improve practices or make changes to the service, other than the feedback we had received from the local authority. This meant there was a potential risk that people who used the service could be harmed as a result of unsafe care, treatment and support.

One of the people who used the service had an accident on their bicycle two days before our visit in May 2013. We found no record of this in the accident book, but the staff member who accompanied the person to the local hospital had put a brief note in the individual's health care file and more detailed notes in the individual's daily diary record.

The manager said she would contact the member of staff and ask them to complete the accident form as soon as possible.

The arrangements in the service for obtaining the views of people who used the service, staff and other interested parties had not been used effectively until recently. We were told that quality assurance questionnaires were sent out to staff and people who used the service in April 2013. We were shown the responses received back by the manager. Ten people who used the service had given positive feedback about the service and they all asked if they could be part of the development of the new care files as they wished to have input to their care and treatment plans. Staff who completed the questionnaires were also positive about the recent changes in management and practices within the service.

We found evidence that the new manager had made a start on holding staff and service user meetings. There had been a meeting held for both sets of people in April 2013 and we were able to view the minutes of these meetings.

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

Our judgement

The provider was not meeting this standard.

People were not protected from the risks of unsafe or inappropriate care and treatment.

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

People's personal records were not accurate or fit for purpose.

As part of our visit to the service we looked at two care files and other records of care and discussed the quality of the care plans and risk assessments with the new manager. The manager was aware of the problems with the documentation of care and treatment and told us that a new format for the care files was being implemented. The manager told us that the care files would be all updated by the end of July 2013.

We found that the care files were not person centred and there was little evidence that service users or their families had been involved in their development. There was no written information to show that people or their representatives had agreed to their care and treatment or were consulted about this at any stage of their care. For example there was no information in the two care files we looked at about people's daily routines and personal preferences such as what time they liked to get up or go to bed.

We also found that risk assessments within the care files lacked clarity and detail about the individual or were simply not in place. For example one person who we observed during our inspection used a belt strap in their wheelchair and when they used the bath hoist or toileting facilities. However there were no risk assessments for the use of the straps.

We found no evidence in the care plans we looked to indicated that the service used a nutrition screening tool such as the "Malnutrition Universal Screening Tool" (MUST). This tool can be used as part of the staff assessment and monitoring of people's weight gain and loss. Whilst we found no evidence to indicate any person who used the service was at risk of malnutrition, we found people whose care we looked at during our inspection had not been weighed on a regular basis. One person's weight was 12 stone six pounds in June 2012, but this had dropped to 11 stones eight pounds by August 2012. This person then was next weighed in February 2013 when their weight was noted as 12 stone. We found no evidence in the care plan that advice from their GP or a dietician had been sought about their weight loss or gain at any time.

The daily notes in the two care files we looked at had gaps left by the staff between entries. This was not acceptable practice as there was a potential risk that the records could be tampered with and additional information could be added at a later date into the spaces between the daily notes.

One person whose care we looked at received funding from the local authority for additional one to one personal support. However we found no records were kept to identify when the support was given and what activities the person was assisted with during this time. This meant there was a potential risk that this person did not receive the appropriate support and care to meet their needs.

We also found that the care files did not record if people had attended the activities highlighted on their weekly activity planners. Some information was obtained from reading the daily notes but this was sparse and was difficult to identify as it was mixed in with other information. We also found no evidence to indicate what contact people and staff had with families and visitors other than the infrequent comments in the daily notes.

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 21 HSCA 2008 (Regulated Activities) Regulations 2010 Requirements relating to workers
	How the regulation was not being met: The registered person did not operate effective recruitment procedures and did not ensure people were employed that were of good character and had the qualifications, skills and experience necessary for the work to be performed. Regulation 21 (a) (b)
Accommodation for persons who require nursing or personal care	Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010 Supporting workers
	How the regulation was not being met: The registered person did not have suitable arrangements in place to ensure that staff were appropriately supported in relation to their responsibilities, and did not enable them to deliver care and treatment to service users safely and to an appropriate standard because of a lack of appropriate training, supervision and appraisal. Regulation 23 (1) (a)
Accommodation for persons who require	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010

This section is primarily information for the provider

nursing or personal care	<p>Assessing and monitoring the quality of service provision</p> <p>How the regulation was not being met:</p> <p>People were not protected against the risks of inappropriate or unsafe care by effective systems to assess and monitor their care and welfare. This was because the provider did not have an effective system in place to regularly assess and monitor the quality of service people received. Regulation 10 (1) (2)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010</p> <p>Records</p> <p>How the regulation was not being met:</p> <p>The provider had not ensured that people were protected from the risks of unsafe or inappropriate care and treatment because an accurate record with appropriate information and documents in relation to their care and treatment was not maintained. Regulation 20 (1) (a)</p>

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

The provider's report should be sent to us by 03 July 2013.

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.

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