Inspection Report

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

Courtfield Lodge

81A Marians Drive, Ormskirk, L39 1LG

Tel: 01695570581

Date of Inspections: 19 September 2013
18 September 2013

Date of Publication: October 2013

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

Respecting and involving people who use services	✖ Action needed
Care and welfare of people who use services	✖ Action needed
Meeting nutritional needs	✓ Met this standard
Safeguarding people who use services from abuse	✖ Action needed
Management of medicines	✖ Action needed
Requirements relating to workers	✖ Action needed
Staffing	✖ Action needed
Assessing and monitoring the quality of service provision	✖ Action needed

Details about this location

Registered Provider	Flightcare Limited
Registered Manager	Mrs. Caroline Kenwright
Overview of the service	Courtfield Lodge is a purpose built care home situated in a quiet residential area close to the town centre of Ormskirk. There are 61 en-suite bedrooms, 52 of which are single and nine which can be used for single or double occupancy. Accommodation is on two floors and two lifts are provided. Communal areas are available on both floors. There are outdoor garden and patio areas.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

Contents

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

Summary of this inspection

Why we carried out this inspection

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 18 September 2013 and 19 September 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We spoke with one or more advocates for people who use services, talked with people who use the service, talked with carers and / or family members and talked with staff. We reviewed information given to us by the provider, took advice from our pharmacist, were accompanied by a pharmacist and reviewed information sent to us by commissioners of services. We reviewed information sent to us by other authorities, talked with commissioners of services and talked with other authorities.

What people told us and what we found

People we spoke with who lived in the home had not been involved with reviewing the support they received. One said, "I've been here a while now and not had anyone sit down with me to ask me if anything has changed."

The ground floor was described as an Elderly Mentally Infirm (EMI) unit. The lack of a capacity assessment did not allow us the assurances that the needs of the people living on this unit had been effectively assessed.

The dietician was visiting the home on the day of the inspection. We were told that the home makes referrals through the GP in a timely manner.

Staff did not have a clear understanding of restrictive practice and did not understand the steps to take before this practice was undertaken.

We observed part of the morning medicines round and saw that contrary to the homes policy medicines had been prepared for three people at the same time, increasing the risk of mistakes.

We did not see any records of interviews undertaken with potential staff members and when asked the manager said they do not follow a strict set of questions for interviewees.

The home could not evidence an effective assessment to determine if there was enough available and suitably trained staff.

Crucial records were kept of significant conversations, GP visits and multi-agency

meetings. This information was not routinely being used to update people's needs or risk assessments.

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 06 November 2013, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

We have referred our findings to Local Authority: Safeguarding. We will check to make sure that action is taken to meet the essential standards.

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

More information about the provider

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

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

Our judgements for each standard inspected

Respecting and involving people who use services ✖ Action needed

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was not meeting this standard.

People's privacy, dignity and independence were not always respected. People's views and experiences were not always taken into account in the way the service was provided and delivered in relation to their care.

We have judged that this has a moderate 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 we spoke with who lived in the home had not been involved with reviewing the support they received. One said, "I've been here a while now and not had anyone sit down with me to ask me if anything has changed."

We spoke with some relatives of people who lived in the home. We were told that the home only provides showers or baths on a weekly basis. When we looked at people's care plans it was unclear as to how the home decided who was to have what and when. We saw on the white-board in the main offices that rooms were allocated for showers/baths on a specific day. We were assured by the manager that people could have additional showers/baths if requested or were needed.

The home was split over two floors. People requiring support with their memory were resided mostly on the ground floor. We were unable to get a clear idea of what some people thought about the choices they could make. One person we spoke with on the upper floor said, "It's ok here the staff do their best and treat me well, they come to get me up most mornings at about 830am and I'm ok with that."

We ate lunch with the people living in the home on the ground floor. We saw that those people that needed extra support or encouragement to eat were all sitting together in one area. One member of staff sat at one of the tables completing some paper work in between encouraging and supporting people to eat. This did not show a dignified approach to supporting people with eating their food.

A resident and relative survey had been completed and was dated 2013. Resident surveys had a 28% response rate and 12% of relative surveys were returned. The results of the

survey were mixed and there were some positives and negatives that could be drawn from the results. Where comments had been the made the manager had provided a written response on the survey. Where comments had been made as to how the home could be improved the manager had at times responded by simply stating the regime that was currently in place. This did not show a commitment to including people's thoughts in how the home was managed.

There was not any evidence in personal care files that people living in the home or their relatives had been involved in decision making. The people we spoke with who lived in the home and relatives we spoke with all said that were not involved with making any decisions about how the home was run. There were not any resident or relative meetings where information could be shared and commented on. Some of the key decisions around access to rooms, when people received support to go to the toilet and how the available activities were agreed, were not supported by agreed individual needs assessments.

Care and welfare of people who use services ✖ Action needed

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

Our judgement

The provider was not meeting this standard.

Care and treatment was not always planned and delivered in a way that was intended to ensure people's safety and welfare. People's needs and associated risks were not always appropriately assessed to ensure that those needs were suitably met.

We have judged that this has a moderate 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 we spoke with who lived in the home said that mostly staff were excellent and doing their best. Most also said that there was not enough of them. This was echoed by relatives we spoke with.

We looked at the care file information for seven people living on the ground floor of the home. Not one of the people's files we looked at had received a capacity assessment or was involved with the memory clinic. The ground floor was described as an Elderly Mentally Infirm (EMI) unit. The lack of a capacity assessment did not allow us the assurances that the needs of the people living on this unit had been effectively assessed.

We looked in detail at four people's files. We spent some time on the day of the inspection talking to the people whose files we looked at, or to their relatives or staff members if they were available. In general, files were difficult to follow with much of the key information being lost in note sheets of significant conversations or GP visits. Information on these note sheets had not been used to inform the care plan or to update specific risk assessments.

In two of the files we looked at we noted a similar number of falls for each of the individuals, yet within their care file information one had been assessed as high risk and one was assessed as low risk. We were told that one risk assessment had been completed incorrectly. This left potential for the need to better manage the risk of falls to be left undetected. We saw that the person that had been assessed as high risk had safeguards in place to reduce the risk of falls including an alarmed mat next to their bed. We also found in one of the files a recent Speech and Language Therapist (SALT) assessment that had not been used to update the individual's nutritional assessment.

None of the files we looked at told the story of the person whose file it was. Where a comprehensive initial assessment had been undertaken either by the home or by the Local Authority (LA) it had not been updated within the person's care plan as support or risk

needs changed. We asked staff where they got the information about people living the home to help them to identify and meet people's needs. We were told repeatedly 'we just know them'. This meant there was potential for some aspects of people's support needs to be missed. We spoke to staff about one person who was bed bound and whose skin was breaking down. When we spoke to the District Nurse (DN) team they had not been consulted about the care the person should be receiving to manage this.

We were told that handovers and daily records allow staff to keep up to date with people's changing needs. We attempted to identify how staff would be informed of changes to someone's needs and then to ascertain if staff had met those changing needs. We looked at two significant changes to people's care needs. One person had been bought back to the home following a hospital admission. Daily records indicated for staff to see hospital discharge sheet and to do half hourly checks. We spoke to a senior member of staff about where and how these observation checks would be recorded. We were shown tick sheets for checks. The person who had returned from hospital had not received half hourly checks. We were told by a senior carer if they had been checked every half an hour there would be two ticks where there was only one. Neither the monitoring form nor the daily records included any more detail on the person's condition. The care plan or any associated risk assessments were not updated following the hospital admission.

Relatives we spoke with said that the home was good at communicating with them and would get in touch if anything changed with their family member. One relative said, "The home keep me updated with any changes about my (family member)."

Senior staff we spoke with generally knew the immediate needs of the people living in the home. Some staff we spoke with felt that, at times, people's needs were not met in a timely manner.

We asked staff about how personal care had been delivered to one person on the day of the inspection and a staff member said they had attended to one person alone. When we looked at the needs assessment for the personal care of this person it had been assessed as requiring two carers. We looked at one file that noted one person wanted a shower in the morning. We saw that this person had not received a shower in the morning and was taken for their shower after lunch.

We looked at separate personal care needs records for four people living in the home. Where individual personal care needs were assessed as requiring two people to support them, it was common for only one staff member to have signed or initialled the monitoring form. We were told by two senior staff members that if two people had given support then both sets of initials should be recorded. This left the potential for people to be receiving care assessed as being unsuitable.

Meeting nutritional needs ✓ Met this standard

Food and drink should meet people's individual dietary needs

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

We spoke with people living at the home about the food provided and its nutritional standard. People seemed generally happy with the standard of the food and most said it had recently improved. One person said, "I like the food, I get bacon and eggs every morning and if I really don't like what's on offer at other meal times the chef will always try and do me something else."

On the day of the inspection we spoke to the chef about the nutritional needs of the people living in the home. There were a number of diet controlled diabetics and we were told how the chef managed this. When new people came to live in the home the chef was given the information verbally about their dietary requirements and a white board was updated in the kitchen. A more detailed diet and nutritional sheet had been previously used but these were no longer being referred to as were out of date. The provider may find it beneficial to provide the chef with information about people's diet and nutritional needs in a more focused and formal way.

The dietician was visiting the home on the day of the inspection. We were told that the home makes referrals through the GP in a timely manner. When they visit, staff are able to give them the information they need to update the person's record as required. This included their most recent weight and any changes in their diet or fluid intake.

Some of the processes in place for keeping the kitchen safe and clean were in need of updating and the chef was aware of this. By the end of the inspection we had been provided with a comprehensive monitoring form for kitchen safety including temperatures of food served and food stored. The chef was also in the process of updating cleaning schedules into a format where confidence could be gained that the work had been undertaken. The provider may find it beneficial to allow the chef access to the kitchen risk assessment for them to update it in line with current circumstances.

The chef told us that they were relatively new and were beginning to reassess the food likes and dislikes of people living in the home. A new menu incorporating what had been learnt was to be developed.

We saw diet and fluid charts for some people living in the home. We saw that at times these were incorrectly or inconsistently filled in but had recently improved. Senior staff

allocated one member of staff to take responsibility for watching the intake of certain people that needed to be monitored. At the end of the meal the senior would ask the staff for the intake and it would be recorded onto the chart.

We looked at care plans to determine how the home monitored the nutritional needs of more vulnerable people. There were inconsistencies in how information was recorded. Important assessments had been undertaken by relevant agencies but this information was not consistently used to update people's plans of care. The provider may find it beneficial to ensure that the care plans reflect the most current information around people's nutritional needs.

Safeguarding people who use services from abuse ✖ Action needed

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

Our judgement

The provider was not meeting this standard.

People who used the service were not always protected from the risk of abuse, because the provider had not taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

We have judged that this has a moderate 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 we spoke with who lived in the home thought they were kept safe. One person said, "Yes I'm safe, I'm confident of that." We talked to some relatives who agreed that their family members were safe. One said, "Staff work really hard but they take their time when it's needed."

We reviewed the training records for all staff. Nearly 90% had received safeguarding training most in the last 12 months. We looked at the safeguarding policy that stated the safeguarding procedure was widely available. We did not see the procedure on any notice board around the home either in or out of any of the staff rooms. When we asked staff about the safeguarding procedure we were told they would inform the manager and they would deal with it.

We were unclear as to some staff's awareness of what constituted abuse. We saw two people who lived in the home striking out at each other in a doorway. When we asked a senior staff member what had happened, the incident was dismissed and relayed as something that happened quite frequently. This did not give assurances that people were routinely protected from abuse.

Staff did not have a clear understanding of restrictive practice and did not understand the steps to take before this practice was undertaken. People on the ground floor were routinely locked out of their bedrooms. We asked staff for the reasons behind this. We were told that people were wandering in and out of other people's rooms. We looked in people's care plans and the risk assessments for the management of the building. We were told that a general risk assessment or individual risk assessments had not been completed.

We were told that risk assessments had been completed on the day of the inspection for the use of bedrails. We looked at these assessments and found them to be an assessment tool rather than a risk assessment and no consent or best interest decision had been used

to inform them. This did not give assurances that people were protected against the risks of restrictive practice.

We looked at training records to ascertain if staff had received training in the Deprivation of Liberty Safeguards (DOLS) under the Mental Capacity Act (MCA). We found that 55% had received DOLS training but only around 30% had been trained in the last 12 months. More than half of the people living in the home, lived in the EMI unit yet only slightly more than half of the staff had received any training in working with this client group.

The home's dementia care policy stated that the home worked in accordance with the requirements of the MCA. We did not find this to be the case on the day of the inspection. The home had a number of policies for the protection of staff including physical intervention and aggression towards staff. However there were no procedures or training to support these. The manager disposed of the physical intervention policy on the day of the inspection.

Management of medicines ✖ Action needed

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 home's policy for medicines handling was not consistently adhered to.

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

At this visit we looked at how nine people were supported with their medicines. We found that appropriate arrangements were not in place in relation to medicines administration and recording. We observed part of the morning medicines round and saw that contrary, to the homes, medicines had been prepared for three people at the same time, increasing the risk of mistakes. We found arrangements were not consistently in place to ensure that any special label instructions such as "before food" were followed when administering medicines. One person we spoke with explained how they liked to self-administer some of their medicines, they confirmed they had everything they needed. However, safe self-administration was not assessed in line with the home's policy.

Appropriate arrangements were in place for checking and confirming people's medicines on first admission to the home. The medicines administration records were clearly presented to show the treatment people had received and where new medicines were prescribed these were promptly started. However, written protocols and guidance were not in place describing the use of 'when required' medicines. Additionally, we found a lack of monitoring of the use of 'when required' medicines. The reason for their use and their effect was not recorded. Some people living at the home were less able to express their needs with regard to their medicine. Recorded information about the use of 'when required' medicines will help to ensure consistency in their use, when needed.

We saw that medicines were kept safely and securely reducing the risk of mishandling. We saw that sufficient stocks of medication were maintained to enable continuity of treatment.

Regular medicines audits were carried out but staff competency assessments had not been completed to help ensure adherence to the home's medicines policies and procedures.

Requirements relating to workers ✖ Action needed

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.

The home had not always acquired reasonable assurances that people were 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

We looked at the recruitment policies and procedures available at the home. We could see the manager had secured appropriate assurances that people were suitable for employment by way of initial checks with the Independent Safeguarding Authority (ISA). Further checks had been undertaken with the Disclosure and Barring Service (DBS) that now replaces the Criminal Reference Bureau (CRB). No one had been issued a contract without receipt of these necessary checks.

We looked at the application form used for applicants to vacant posts. We saw the files we looked at showed that people recruited had received references from previous employers as to their suitability for the post. Staff records showed most staff had a relevant care qualification either upon starting at the service or had undertaken one since being with the service.

The application form contained some questions that could be seen as potentially discriminatory including asking for numbers and ages of dependants and if people had visited the doctor in the last three years. The provider may find it beneficial to review what could be regarded as discriminatory practice and ensure their procedures followed best practice with relation to equal opportunities.

One member of staff had re-applied for a position at the home. Their application included a current senior staff member as their second reference. The Manager of the home had not taken this reference but had used a reference over 12 months old from the staff member's previous employment. This reference was from a senior member of staff that worked at the home at the time of the reference. The manager had phoned them to seek clarification that they had completed the reference to use it for the most recent application. Applications for employment required two references to be taken at the time of the application. This would give the provider assurances that any applicant was of current good character and suitable for the post

We did not see any records of interviews undertaken with potential staff members and

when asked the manager said they do not follow a strict set of questions for interviewees. The provider may find it beneficial to ensure that interview procedures are in line with best practice guidelines for equal opportunities.

Staffing ✖ Action needed

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

Our judgement

The provider was not meeting this standard.

There were not enough qualified, skilled and experienced staff to meet people's needs.

We have judged that this has a moderate 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 spoke with people about the numbers and skills of the staff. People we spoke with who lived in the home and relatives we spoke with generally did not think there were enough staff. Staff we spoke with had differing views but some said ideally there could be more but accepted the cost constraints around this.

We saw staff working very hard to meet people's needs. We saw staff keeping smiles on their faces no matter how busy they were. We also saw people waited for longer than ideal lengths of time to be supported to the toilet. We spent 20 minutes in the room of someone who was confined to their bed. The person was on regular turns to relieve pressure sores, yet these had not been recorded for the past two days.

We asked the manager and staff about how people's needs were assessed to ensure enough people were on duty at any one time. We were told that an assessment tool was provided and completed by the provider. We asked what input the home had on this assessment. We were told that the assessment was not informed by people's care plan information. The tool that was used dictated an amount of staff greater than the current number of staff employed at the home.

Most staff held a care specific qualification, but training time impacted on numbers of staff working on the floor. Staff working on the EMI unit were not suitably qualified for working with this group. We saw staff using drag moving and handling techniques regularly though out the day. Staff were not routinely informing the person of what they were doing before they did it and were not always correctly positioned to undertake the move. We also heard a number of residents cry out and resist when being moved in this way. The district nurse team and local safeguarding team had been informed of a number of occasions where skin tears and bruising had been caused from using this technique.

We were assured that the home had team meetings but the frequency of supervision was unclear. The provider may find it beneficial to have more regular supervision to ensure all staff have the opportunity to raise concerns in a formal setting.

The home could not evidence an effective assessment to determine if there were enough available and suitably trained staff. We saw a senior staff member using their mobile phone when we were told that this would lead to disciplinary action. This showed that even senior staff were not following guidelines issued by the home's manager.

The process in place did not allow for people's needs to effectively determine the level of staff required to meet them. Care plans were not always reflective of people's current needs and risk assessments were not always updated with the latest information. This meant the current needs of the people living in the home were only available by opinion other than by assessed need. Consequently, the levels of staff employed for each shift were not reflective of the needs of people living in the home.

Assessing and monitoring the quality of service provision ✖ Action needed

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

Our judgement

The provider was not meeting this standard.

The provider did not have an effective system to regularly assess and monitor the quality of service that people received. 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 use the service and others.

We have judged that this has a moderate 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 did not speak with anyone living in the home that had completed a questionnaire or survey. People we spoke with had not received a formal feedback route to staff and the management team about the service they received. We did however see the results of a survey completed in 2013. The survey results did include the manager's response to some questions raised but a formal action plan had not been developed to enable any improvements to be made.

We saw a range of risk and needs assessments had been undertaken for people living in the home. A cover sheet included the dates of reviews and if any changes had been made to the care plan. We looked at where the review sheet had stated a change to peoples care plan information and found the details were not always consistent with the actual changes made. One review sheet stated changes within three of the person's risk assessments. When we looked at the risk assessments only one of them had been updated. This did not allow for any appropriate risk management plan to be developed to meet people's changing needs.

We were told that different home managers undertook audits of medication and care plans in the home. We were told that these audits should be undertaken every two months. The last audit we were shown of people's care plans had been undertaken in May 2013. The audit identified some shortfalls in how plans were written and stated that service users (residents) had not been involved in reviews. The home had not developed any action plans to meet these shortfalls or revisited the care plans to ascertain if any improvements had been made following the audit. The home manager did not undertake any other monitoring of care plans internally. This did not ensure quality monitoring was used to improve service delivery.

Crucial records were kept of significant conversations, GP visits and multi-agency

meetings. This information was not routinely being used to update people's needs or risk assessments. This left people at risk of not being protected against any associated risk to changes in their needs.

An external consultancy company had undertaken a comprehensive general risk assessment on both the building and some management procedures. The company had identified areas for improvement and developed an action plan. The action plan was Red, Amber, Green (RAG) rated. The home had not completed the action plan to show if any of the identified areas had been addressed. Some of the concerns noted were around window seals, fire doors and activities. The home did not undertake any monthly or quarterly monitoring of this general risk assessment.

A number of environmental risk assessments had been completed by the home. The risk assessments had been reviewed annually and all showed no change since 2009. Some of the risk assessments including the kitchen assessment needed to be updated. The provider may find it beneficial to ensure that all required risk assessments were in place and that they were effectively reviewed within a given timeframe. This would give the provider assurances that the assessments were still relevant to the home's circumstances.

The home had a current set of policies and procedures that were being replaced. New polices had recently been purchased and were to be rolled out with the necessary training. We did not look at these policies in detail. The provider may find it beneficial to ensure that the newly purchased policies take into account the changes to government regulations for health and social care.

Quality assurance included daily discussions between staff and management to determine if people who lived in the home had any concerns. When we spoke with staff and people living in the home, we were told that they could talk to the manager at any time about any concerns and they would be acted on accordingly.

Quality monitoring of the building was undertaken by staff as they routinely undertook their daily duties. If any health and safety or environmental concerns were raised they would be logged and the provider's handyman would attend to repairs.

We saw that a number of professional checks had been undertaken to ensure the on-going suitability of equipment and services. This included the alarm, lift and electrical and gas equipment.

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 17 HSCA 2008 (Regulated Activities) Regulations 2010** **Respecting and involving people who use services**
	How the regulation was not being met: Regulation 17 - (1) (a) (b). (2) (a) (b) (c) (i) (d) (f) (g) People's privacy, dignity and independence were not always respected. People's views and experiences were not always taken into account in the way the service was provided and delivered in relation to their care.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	**Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010** **Care and welfare of people who use services**
	How the regulation was not being met: Regulation 9 - (1) (a) (b) (i) (ii) (iii) Care and treatment was not always planned and delivered in a way that was intended to ensure people's safety and welfare. People's needs and associated risks were not always appropriately assessed to ensure that those needs were suitably met.
Regulated activity	Regulation

This section is primarily information for the provider

Accommodation for persons who require nursing or personal care	**Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2010** **Safeguarding people who use services from abuse**
	How the regulation was not being met: Regulation 11 - (1) (a) (b) (2) (a) (b) (3) (b) (d) People who used the service were not always protected from the risk of abuse, because the provider had not taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.
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: Regulation 13 People were not protected against the risks associated with medicines because the home's policy for medicines handling was not consistently adhered to.
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: Regulation 21 - (a) (i) (b) The home had not always acquired reasonable assurances that people were cared for, or supported by, suitably qualified, skilled and experienced staff.
Regulated activity	Regulation
Accommodation for	**Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010**

This section is primarily information for the provider

persons who require nursing or personal care	**Staffing**
	How the regulation was not being met: Regulation 22 There were not enough qualified, skilled and experienced staff to meet people's needs.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	**Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010** **Assessing and monitoring the quality of service provision**
	How the regulation was not being met: Regulation 10 - (1) (a) (b) (2) (a) (b) (i) (iii) The provider did not have an effective system to regularly assess and monitor the quality of service that people received. 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 use the service and others.

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 06 November 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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