

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

## The Park Nursing Home

40 St Marks Road, Chaddeston, Derby, DE21  
6AH

Tel: 01332200422

Date of Inspection: 17 April 2013

Date of Publication: May  
2013

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

<b>Respecting and involving people who use services</b>	✓	Met this standard
<b>Care and welfare of people who use services</b>	✓	Met this standard
<b>Meeting nutritional needs</b>	✓	Met this standard
<b>Cleanliness and infection control</b>	✗	Action needed
<b>Management of medicines</b>	✗	Action needed
<b>Supporting workers</b>	✗	Action needed
<b>Records</b>	✗	Action needed

## Details about this location

Registered Provider	European Care (Derby) Limited
Registered Manager	Mrs. Susan Johnston
Overview of the service	The Park Nursing Home is owned by European Care (Derby) Limited. The Park Nursing Home is located close to Derby City Centre, and provides nursing and personal care for up to 41 older people.
Type of services	Care home service with nursing Rehabilitation services
Regulated activities	Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury

## 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'.*

	Page
<b>Summary of this inspection:</b>	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
What we have told the provider to do	5
More information about the provider	5
<b>Our judgements for each standard inspected:</b>	
Respecting and involving people who use services	6
Care and welfare of people who use services	8
Meeting nutritional needs	10
Cleanliness and infection control	12
Management of medicines	14
Supporting workers	16
Records	18
<b>Information primarily for the provider:</b>	
Action we have told the provider to take	20
<b>About CQC Inspections</b>	22
<b>How we define our judgements</b>	23
<b>Glossary of terms we use in this report</b>	25
<b>Contact us</b>	27

## 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 17 April 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members, talked with staff and reviewed information sent to us by other authorities. We reviewed information sent to us by local groups of people in the community or voluntary sector.

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

---

### What people told us and what we found

---

People told us "It's lovely here, they take good care of me", and "If you want anything they will fetch it for you". One person said "They do everything they can for me, I find it quite alright". We asked people if they knew about their care plans, and they did not.

We observed staff treating people with kindness and dignity. Staff were patient and encouraging when assisting people with their meals. Staff maintained eye contact with people and talked them through each stage of the assistance. People were offered a choice of meal, and alternatives were available. Catering staff had a good knowledge of people's individual dietary needs.

Care records were not always specific about what moving and handling equipment to use. People's capacity to make decisions was not always recorded. Care plans were reviewed monthly, although not always updated to reflect changes.

We saw staff supporting people to take their medication. Records did not support people always received their medication as prescribed.

Staff told us they received appropriate training and development. Not all staff were up to date with their moving and handling training. Staff were unclear as to whether they received supervision and how frequently this took place.

We saw records relating to health and safety checks of the building were up to date. We noted the building was not cleaned to a satisfactory standard and not all equipment was in a good state of repair.

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 30 May 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](http://www.cqc.org.uk) for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

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

## Our judgements for each standard inspected

**Respecting and involving people who use services** ✓ Met this standard

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 meeting this standard.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care. People or their representative expressed their views and were involved in making decisions about their care and treatment.

---

### Reasons for our judgement

---

We spoke with seven people who used the service and two relatives. Not everyone we spoke with was able to share their views about the service. We also used the Short Observational Framework for Inspection (SOFI). The SOFI tool allows us to spend time watching what is going on in a service and helps us to record how people spend their time and whether they have positive experiences. This includes looking at the support that is given to them by the staff.

We asked people what it was like living at The Park. People told us "It's lovely here, they take good care of me", and "If you want anything they will fetch it for you". One person told us "They do everything they can for me, I find it quite alright". Another person we spoke with told us that staff had taken them shopping into Derby the day before our visit. This was confirmed by staff.

One person told us that "Sometimes little things go wrong" and went on to explain that they had sat in the lounge on their own waiting for staff to assist them to bed. In the end they took themselves to their room. However, this person added "They are not that bad, I have no complaints really".

One relative told us "They always let us know if there are any problems or if there is anything wrong, even when the GP has been out". They also told us "We are invited to the six monthly meeting with social services and the nurses, but we don't always come". This meant that relatives were kept informed about the person's care.

We observed life at The Park and found that people were supported by staff in choosing how to spend their days. We saw that people chose whether to join in with activities in the lounge areas or whether to remain in their bedrooms. One person told us "We have some lovely entertainment, singing and stuff". We also saw that some people chose to take their meals in their bedrooms or lounge areas, rather than in the main dining areas and this was respected by staff.

During our visit in October 2012 we found that staff were not particularly attentive when they were supporting individual people with their meals. During this visit we observed staff assisting two people to eat their lunch. We saw that staff were patient and encouraging when assisting people. Staff maintained eye contact with people and talked them through each stage of the assistance, for example offering choices about what was placed on the fork and explaining what the food item was. Another staff member was seen supporting a person to eat their lunch in a way which enabled them to maintain as much independence with eating their meal as possible.

Meals were planned and recorded to ensure that people received appropriate nutrition. Each dining room contained a menu board which showed a choice of two main meals. People we spoke with told us that they could choose alternatives if they did not like any of the options available. We observed another person being provided with a meal that was not on the menu as was their preference.

We observed staff treating people with kindness and dignity. In particular we observed staff with people who were not able to articulate their needs and wants. We saw that staff were patient when attending to people, until they were able to express themselves.

We looked at the care records for two people who used the service. We saw that people's needs had been assessed before they moved into the service. We saw information about how people needed to and wished to be cared for was recorded. This provided the staff team with an insight into people's personal preferences and routines prior to moving into The Park.

We saw that wherever possible, people were involved in developing their care plans, so that their care reflected their individual choices and preferences. We saw that relatives were involved where appropriate in care plans, if the person did not have the ability or desire to be involved in decision making.

**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. People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

---

**Reasons for our judgement**

---

We spoke with seven people who used the service and two relatives. Not everyone we spoke with was able to share their views about the service. We also used the Short Observational Framework for Inspection (SOFI). The SOFI tool allows us to spend time watching what is going on in a service and helps us to record how people spend their time and whether they have positive experiences. This includes looking at the support that is given to them by the staff.

We asked people about living at The Park. People told us "The care is very good", "They treat me well" and "They took me out yesterday". We asked people if they knew about their care plans. They told us "I don't know about care plans" and "I don't know if I have a care plan". Relatives told us "The care is overall very good", "The staff are lovely" and "I don't know about care plans, other family members deal with all that".

We looked at the care records for two people who used the service. People's support, treatment and care were recorded in their individual care plan, assessments and risk assessments. However, care plans were not always detailed or guide staff on how to deliver care. For example, care plans and risk assessments relating to moving and transferring people did not give details of what hoist or size of sling to use, or stated assist with transfers. This meant people may be moved incorrectly using equipment and slings that were not suitable.

We found that care plans had been reviewed each month. However, we saw that sometimes any changes recorded in the evaluation had not been incorporated into the care plan. For example, the alternating pressure mattress for one person had been changed but the care plan had not been updated.

We found that staff responded appropriately to changes in people's needs and worked closely with relevant professionals to ensure that people's health needs were met. Records showed that staff contacted relevant professionals for advice as required, for example the dietician or tissue viability nurse. This showed that relevant health professionals were called into the service to make sure people's health needs were always being met.

The provider may find it useful to note that although the care records contained everything that they should, it was difficult to find information. This was partly due to the layout of the care plans, as much of the information recorded overlapped between different sections. This may hinder staff unfamiliar with the person finding information quickly in the case of an emergency or when delivering care.

**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. People were provided with a choice of suitable and nutritious food and drink.

---

**Reasons for our judgement**

---

We spoke with seven people who used the service and two relatives. Not everyone we spoke with was able to share their views about the service. We also used the Short Observational Framework for Inspection (SOFI). The SOFI tool allows us to spend time watching what is going on in a service and helps us to record how people spend their time and whether they have positive experiences. This includes looking at the support that is given to them by the staff.

During our visit in October 2012 we found people were not protected from the risks of inadequate nutrition and dehydration. This was because people were not provided with suitable and nutritious food, supported to be able to eat and drink sufficient amounts to meet their needs, or provided with food that met their cultural needs. We made a compliance action, which told the provider they must address this issue.

We asked people about the meals provided. They told us "The food is lovely", "The food is very good" and "The service is good, there is no waiting around at lunch time". One person told us "The food is good really, I eat in my room and it is no bother".

One person using the service was regularly asked about their meal requirements but specifically requested staff not to ask them again. We saw evidence that people were offered at least two choices for each meal time. Where a person did not wish to have any of the choices on offer full efforts were made to meet their request. On the day of our visit one person had requested a fast food meal for their lunch. This had been ordered and was provided to them.

Kitchen staff had a good awareness of people's preferences and specific dietary needs. We saw documentary evidence that people with specific cultural needs were regularly offered culturally specific food. Where this had been requested we say that people's requirements had been met.

Meals were planned and recorded to ensure that people received appropriate nutrition. Each dining room contained a menu board which showed a choice of two main meals. The provider had introduced a new snack and alternative 'lite bite' menu for people living at the home. One person we spoke with told us that they thought they could order from the menu but they never had stating "I don't know how much it costs as there are no prices".

We looked in the kitchen and spoke with kitchen staff about menus and the nutritional needs of people living at the home. Kitchen notices included guidance for staff on swallowing, food and drink textures and consistencies. The chef told us that where people have any specific dietary needs that he speaks with the Speech and Language Therapist to ensure their needs are fully met.

We found that the fridges and cupboards contained a range of fresh meat and vegetable produce. We saw that there was a four week menu plan, which the chef told us had been developed in conjunction with people using the service and their relatives.

On the day of our visit one of the menu items was unavailable as it had not come through with the regular delivery. People were offered a suitable alternative. The chef told us that there are no issues with placing food orders or procuring the food required to meet people's nutritional needs. He said that all food is freshly prepared daily and no food items are carried over to the next day. Anything not used is disposed of on the day it is prepared or cooked. The chef told us that he works until 3pm and preps the tea time meal (kippers and salad or sandwiches on the day of the visit).

We saw daily records were completed in the kitchen to record food temperatures, fridge temperatures and cleaning standards in the kitchen. These were completed by kitchen staff and countersigned by the manager or nurse in charge.

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

---

**Our judgement**

---

The provider was not meeting this standard.

People were not cared for in a clean, hygienic environment. Effective systems were not in place to reduce the risk and spread of infection. This was because the building and equipment were not cleaned to a satisfactory standard, and not all equipment was in a good state of repair.

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**

---

During our visit several visitors commented on the overall cleanliness and general décor of the building. They told us "The decoration is grubby and poor", "It's very tired and a bit grim", "I don't see why people can't choose the colours of their own rooms" and "It's all in the perception, I walk in and I immediately think it is tired and needs doing up". One person also told us "They only decorate when a room is empty – it's a shame you have to wait for some to die to get a room done up".

Consequently we decided to look at infection control more closely. We looked at communal areas, bathrooms and toilets and a random sample of bedrooms and en suites. We found that not all areas of the building were clean and well maintained. We also noted that some equipment was in a poor state of repair.

We found that the current standard of cleaning carried out did not ensure that all areas were free from dirt. We saw a number of toilets in all areas of the building that had not been cleaned properly. We saw in communal bathrooms and toilets that the underside of toilet seats were stained, commode chairs were dirty on the underside, sinks had not been cleaned properly, and the taps were unclean. We found that the frames of mobile moving and handling equipment and toilet aids were dirty and stained, as well as corroded in some instances.

We saw that the floors in bathrooms were not properly cleaned around the edges, or had tissue paper on the floor around the toilet. We saw the seals around a number of sinks were beginning to lift away. We noted a number of carpets in bedrooms were stained, or beginning to fray at the edge between the doorway and bedroom. There were malodours present in a number of bedrooms. We saw equipment in bedrooms such as bed rail bumpers, mattresses and crash mats with either ripped or dirty and stained covers. Where covers were ripped or worn, this meant they could not be cleaned effectively.

We looked at the lounge and dining areas. We saw the walls in the dining areas behind the waste bins were stained and had not been wiped over. We noted these areas had not been deep cleaned recently, as there was build up of dust behind the book cases.

We observed the general décor of the building. We saw that paintwork on door frames was scratched, particularly at the bottom of the frames. We noted bedrooms in need of redecoration, due to the paintwork on walls being marked.

However, we noted that the laundry and kitchen were clean and well ordered. Staff working in the laundry had a good understanding of infection control requirements.

We looked at the cleaning schedule and found that this did not allow for deep cleaning of bedrooms or communal areas. The manager told us that two members of domestic staff worked from 8 am until 2pm every day. The manager told us that as the dining and lounge areas were in use during this time, domestic staff did not have the opportunity to thoroughly clean these areas. The manager told us additional hours should be provided so that deep cleaning could take place each week. However, the manager told us these hours were not always provided.

The manager told us there were no quality monitoring systems in place to ensure that all cleaning duties had been undertaken to the required standard. Systems were not in place to report failures of hygiene and cleanliness. This meant the issues outlined above had not been identified or appropriate action taken.

The provider told us there had been some investment in the building. New boilers and a new lift had been installed. New carpets had been fitted in a number of areas within the building, and one bathroom had been upgraded and new bath installed.

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

---

## **Our judgement**

---

The provider was not meeting this standard.

People were not protected against the risks associated with medicines because the provider did not have appropriate arrangements in place to manage medicines. Staff did not always record the amount of medication given, when administering 'as required' medication. Arrangements in relation to the recording of medication received into the service were not robust. This meant that the provider could not demonstrate that people has been given their medication as prescribed.

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 spoke with seven people who used the service and two relatives. Their feedback did not relate to this standard. Not everyone we spoke with was able to share their views about the service. We also used the Short Observational Framework for Inspection (SOFI). The SOFI tool allows us to spend time watching what is going on in a service and helps us to record how people spend their time and whether they have positive experiences. This includes looking at the support that is given to them by the staff.

We observed a registered nurse giving medication to people during our visit. We saw this member of staff clearly asked people to take their medication, and provided appropriate support and assistance for each individual. She gave people a drink to help them take their tablets.

We saw there was a system in place for checking medication into the service and this system was working well for monthly repeat prescriptions. However, we saw that medication (dispensed in boxes as opposed to the monitored dosage system (MDS) from the previous month was not always carried over on the medication administration records (MAR). This meant that staff did not know how much medication was available at the beginning of each month. We could not audit the amount of medication remaining against the doses given, as the balance had not been carried forward from the previous month.

We looked at the medication for four people, and cross referenced medication with information in the care plans and the MAR. We found that all medication contained in the MDS had been given as prescribed. However, we found that staff were not always recording whether they gave one or two tablets when administering 'as required' medication such as pain killers.

Two of the four MARs had been printed by the pharmacist. Two charts were hand written as these people had recently come to live at The Park. We saw two members of staff had signed to say they had checked and recorded these people's medication when they first arrived. The medication for one of recently admitted people had been dispensed in boxes. The medication for the other recently admitted person and the other two people was a mixture of boxes and MDS.

We compared the amount of medication in boxes that was checked into the service against the amount of doses given for the two people who had recently come to live at The Park. This was to check that the medication had been given as prescribed. We found more medication remained in the boxes than should be left. This suggested registered nurses had signed to say they had administered medication when they had not or the amount of medication had not been checked in correctly on admission.

We checked the controlled medication against the register. The service must keep a record of the amount of each type of controlled medication they have on the premise, and each time the medication is given, this must be recorded in the record and signed by two members of staff. The amount of medication recorded in the record / register must be the same as the amount stored on the premise. We found that the amount of controlled medication available was the same as the amount recorded in the register.

We asked a registered nurse about medication training. They told us medication training was provided internally and they had also attended training through the local authority. We asked the manager if competency assessments were completed for registered nurses, to ensure they had the required skills and knowledge to administer medication safely. She told us assessments were completed, but copies of these assessments were not available at the time of our visit.

Senior care workers told us that two people at the service refused to take medication from "foreign or non white" qualified nurses. There was no evidence that this had been recorded in the individual's care records. One record said the person was occasionally "non compliant with medication". There was no evidence that the staff had challenged this behaviour as it was not recorded either in their care records or in their hospital grab card. This meant that there was a risk that the person would refuse medical intervention if qualified nurses were not white, potentially putting themselves at risk. A lack of information in the care records meant that medical staff would not be aware of this risk.

**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. This was because not all staff were up to date with their moving and handling training, and regular staff supervision was not being provided for all 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 spoke with seven people who used the service and two relatives. Their feedback did not relate to this standard. Not everyone we spoke with was able to share their views about the service. We also used the Short Observational Framework for Inspection (SOFI). The SOFI tool allows us to spend time watching what is going on in a service and helps us to record how people spend their time and whether they have positive experiences. This includes looking at the support that is given to them by the staff.

We asked care workers about supervision. Supervisions are an opportunity for the manager and a staff member to meet on a one to one basis or observe the delivery of care. Supervisions can be used to talk about work practices, training needs, care and welfare of people using the service and other issues which impact on their role.

There was no system in place to ensure staff were supervised appropriately or in line with the provider's requirements. The manager and senior care workers told us all staff should have supervision six times a year. The senior carers told us supervision of care workers consists of monitoring on one area of their practice. We saw documentary evidence to support that all care workers except two had received supervision during January or February 2013. We asked the senior carers when the next scheduled supervision session was and were told none had been scheduled, but it would be in April 2013. Care workers we spoke with were unsure of when they last had supervision, and when asked about the frequency of supervision, their comments included "not sure, think it's every six months."

The manager told us that three of the registered nurses had been supervised recently, but evidence to support this was not available at the time of this visit. She told us supervisions had covered areas such as untoward incidents, and medication. One registered nurse we spoke with told us she had not received supervision since she commenced her employment in November 2012.

Care workers told us they received appropriate professional development, which equipped them with the skills they needed to care for the people who used the service. They told us they had undertaken a range of training in topics linked to the care and welfare of people such as safeguarding vulnerable adults from abuse, mental capacity act and deprivation of liberty safeguards training. Training included topics related to health and safety, such as infection control, fire safety, moving and handling, health and safety, food hygiene and control of substances hazardous to health.

Care workers told us a range of additional training was available, including training on end of life care and dementia care. They also told us six members of staff had received training on equality and diversity. The member of staff with additional responsibilities as the training lead told us this training was provided in-house. The provider required all staff to refresh their training annually. All staff were required to complete a competency assessment after each training session, and have to achieve a 70% pass or they have to retake the full course.

The training matrix clearly identified what training staff had attended, and when people were due for refresher training. Training was up to date in all areas except moving and handling. We saw that only 15 out of 52 staff were up to date with their moving and handling training. We saw that eight members of staff had not received moving and handling training since 2010. The training lead told us "It is a struggle to get people on the course as we only get three places on each course."

The training lead told us all new staff completed the Skills for Care common induction standards if they do not have a National Vocational Qualification (NVQ) Level 2 or above. Almost three quarters of the care staff team have NVQ Level 2 or above.

**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 because accurate and appropriate records were not maintained. This was because people's personal records including medical records were not accurate and fit for purpose.

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 saw documentary evidence that the provider had systems in place for the regular monitoring of all areas of health and safety within the building. These included monthly checks for water quality, fire safety, extraction fans, nurse call alarms, and weekly fire safety and water safety checks.

We saw documentary evidence that all regular health and safety checks were undertaken. This was to ensure the continued safety of people who used the service. These included electrical equipment testing, gas safety, fire alarm servicing, hoist servicing and legionella checks, which had all taken place within the last 12 months.

During our visit in October 2012 we found people were not protected from the risks of unsafe or inappropriate care and treatment because accurate records were not maintained. This was because care plans were not updated to reflect people's current needs, the nutritional screening risk assessment and food and fluid diaries were not accurately completed, and some care records were not stored securely. We made a compliance action, which told the provider they must address this issue.

We saw that the provider had taken action to address the majority of the issues in the compliance action. We saw in the care records people's nutritional needs were assessed to identify any risks, and care plans detailing how to manage the risk were then developed. We saw people were being weighed on a weekly or monthly basis, to check if they were losing, gaining or maintaining their weight. We looked at the care records for two people who used the service. One person was unable to maintain adequate nutrition with oral intake, and received complete nutrition via a tube into their stomach. The care record contained up to date and accurate information for staff to follow, which ensured this person received appropriate nutrition.

We looked at the food and fluid diaries that were completed for people nutritionally at risk. We saw these were completed accurately, and reflected people's dietary intake.

However, We found that although people's care records were kept up to date, the care plans were not always updated to reflect any changes. In addition, not all care plans were specific about what equipment to use, for example, type of hoist and size of sling. Relevant information about assisting people with medication was not recorded, which placed people at risk. People's care records were kept securely and staff were aware of the need to keep people's personal information confidential. People's care records including medical records were not accurate or fit for purpose.

Both people whose care plans we looked at lacked capacity to make decisions about their lives. We saw that a Mental Capacity Act assessment had only been completed for one of these people. The Mental Capacity Act and Deprivation of Liberty Safeguards (DOLS) are legislation designed to protect people who may lack capacity. This told us that people had not been assessed as to whether they could make decisions about the care and treatment they receive.

This section is primarily information for the provider

✘ Action we have told the provider to take

## Compliance actions

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

Regulated activities	Regulation
Accommodation for persons who require nursing or personal care	<b>Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010</b> <b>Cleanliness and infection control</b>
Diagnostic and screening procedures	<b>How the regulation was not being met:</b> The building and equipment were not cleaned to a satisfactory standard, and not all equipment was in a good state of repair.
Treatment of disease, disorder or injury	Regulation 12(2)(c)(i) & (ii)
Regulated activities	Regulation
Accommodation for persons who require nursing or personal care	<b>Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010</b> <b>Management of medicines</b>
Diagnostic and screening procedures	<b>How the regulation was not being met:</b> The amount of medication received into the service was not being recorded accurately, the balance of remaining medication was not being carried forward from month to month, and the amount of medication given was not always recorded for 'as required' medication. Regulation 13
Treatment of disease, disorder or injury	

**This section is primarily information for the provider**

Regulated activities	Regulation
Accommodation for persons who require nursing or personal care	<b>Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010</b> <b>Supporting workers</b>
Diagnostic and screening procedures Treatment of disease, disorder or injury	<b>How the regulation was not being met:</b> Not all staff were up to date with their moving and handling training, and regular staff supervision was not being provided for all staff. Regulation 23(1)(a)
Regulated activities	Regulation
Accommodation for persons who require nursing or personal care	<b>Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010</b> <b>Records</b>
Diagnostic and screening procedures Treatment of disease, disorder or injury	<b>How the regulation was not being met:</b> The provider had not completed Mental Capacity Act assessments for people who may lack capacity. Not all care plans provided specific guidance for staff about what moving and handling equipment to use. Regulation 20 (1)(a)

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 30 May 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 dentists and other services at least once every two years. 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 but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

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. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

---

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

---

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

---

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

---

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

## Glossary of terms we use in this report

### Essential standard

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

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

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

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

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

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

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

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

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

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

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

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

### Regulated activity

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

## Glossary of terms we use in this report (continued)

---

### **(Registered) Provider**

---

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

---

### **Regulations**

---

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

---

### **Responsive inspection**

---

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

---

### **Routine inspection**

---

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

---

### **Themed inspection**

---

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

## Contact us

---

Phone: 03000 616161

---

---

Email: [enquiries@ccq.org.uk](mailto:enquiries@ccq.org.uk)

---

---

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

---

---

Website: [www.cqc.org.uk](http://www.cqc.org.uk)

---

---

Copyright Copyright © (2011) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.

---