

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

Ivy House Nursing Home

6 Hollinwood Close, Moorhead Lane, Shipley,
BD18 4LG

Tel: 01274591476

Date of Inspection: 09 December 2013

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2014

We inspected the following standards in response to concerns that standards weren't being met. This is what we found:

Respecting and involving people who use services	✓	Met this standard
Care and welfare of people who use services	✓	Met this standard
Safeguarding people who use services from abuse	✓	Met this standard
Cleanliness and infection control	✗	Action needed
Management of medicines	✗	Action needed
Safety and suitability of premises	✗	Action needed
Supporting workers	✓	Met this standard
Records	✓	Met this standard

Details about this location

Registered Provider	P & C Care Limited
Registered Manager	Mr. Patrick Berry
Overview of the service	Ivy House has a total of 40 beds and provides nursing and personal care to older people and people living with long term mental health needs. It is located in residential area of Bradford close to Shipley. There is car parking on the site.
Type of service	Care home service with nursing
Regulated activities	Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury

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Summary of this inspection

Why we carried out this inspection

We carried out this inspection in response to concerns that one or more of the essential standards of quality and safety were not being met.

This was an unannounced inspection.

How we carried out this inspection

We carried out a visit on 9 December 2013, spoke with one or more advocates for people who use services, talked with people who use the service and talked with carers and / or family members. We talked with staff, reviewed information sent to us by commissioners of services, reviewed information sent to us by other authorities and took advice from our specialist advisors. We were accompanied by a specialist advisor.

What people told us and what we found

Because of the complex needs of the people who used the service we found it difficult to obtain their direct views. To help us understand their experiences we spent time observing in the lounges and dining areas throughout the day. We looked at how people spent their time and how staff interacted with people.

We saw staff interact positively with people,, treating them with dignity and respect.

We spoke with one relative of a person who wished to move into the service who told us "This looks like just the place for my relative".

We found people experienced care, treatment and support that met their needs and protected their rights. Appropriate risk assessments and care plans were in place and there was evidence they were updated to reflect people's changing needs.

We found the provider had safeguarding procedures in place but they did not ensure all incidents were fully investigated and reported to the appropriate body. Staff were trained in safeguarding and were aware of the correct procedure to follow.

People were not protected against the risks associated with medicines because the provider did not have appropriate arrangements in place to manage medicines.

People were not being cared for in a clean and hygienic environment.

People who use the service, staff and visitors were not protected against the risks of unsafe or unsuitable premises.

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 31 January 2014, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where we have identified a breach of a regulation during inspection which is more serious, we will make sure action is taken. We will report on this when it is complete.

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 ✓ 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 privacy, dignity and independence were respected.

Reasons for our judgement

During the visit we talked with three people who used the service. People told us the staff treated them well and said they were well cared for. They said they were kept informed about any changes and involved in discussions/decisions about their care needs. One person said, "I feel respected" and another person said "I get to do what I want".

We looked at people's care records which showed us their needs were assessed before they moved into the home and information was obtained from as many different sources as possible to make sure the service would be able to meet the person's needs. We saw that the people using the service had signed documents where possible. When a person using the service lacked capacity, we saw that family members had signed the documents on their behalf.

During the inspection we saw staff were respectful and kind in their interactions with people. We saw they sat down and talked with people and offered people choices. We saw the staff and the management team talked with people who used the service and asked about their welfare. We observed that staff were considerate, respectful of people's wishes and delivered care and support in a way that maintained their dignity and independence.

We spoke with five staff and they told us daily routines were flexible to take account of people's preferences but they said staff would always clarify before any treatment was given. One staff member said, "I always ask people before supporting them" and another said, "We get chance to read the care plans and follow them".

The manager told us how they encouraged people who used the service or their representatives to be involved in making decisions about how the home was run. They were asked to complete customer feedback survey questionnaires which were sent out every year. We looked at the survey results from 2013 which showed most people who used the service felt treated with respect and got to take part in their hobbies/interest regularly. This demonstrated people who used the service or their representatives were

encouraged to be involved in making decisions about how the home was run.

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

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

We used a number of different methods to help us understand the experiences of people who used the service such as reviewing care records and observing care. This was because some of the people who used the service had complex needs which meant they were not able to tell us their experiences. During our observations we saw the atmosphere within the home was relaxed and friendly. We saw staff gave people time and engaged with them in a respectful, encouraging and patient way if they were upset or distressed.

We spoke to people who used the service. One person told us, "I choose when I go to bed" and another person told us, "I get to play my hobbies here" and, "It's good fun being here".

We looked at sets of care records and saw there were care plans in place to address people's assessed needs. We saw evidence that where weight charts had been identified as being needed, these were being used and entries made daily. We also saw evidence of nutrition and fluid charts being used. We also saw that daily notes were following the care plans.

We were told by the manager that wherever possible people who used the service or their representatives had been involved in the care planning process. We saw care plans were evaluated regularly and risk assessments were in place where areas of potential risk to people's general health, safety and welfare had been identified. This demonstrated to us that people's needs were assessed and care and treatment was planned and delivered in line with their individual support plan.

We spoke with staff and they told us they used the care plans as working documents and were able to feed information into the care plans during reviews. The staff we spoke with also demonstrated a good knowledge of people's needs and were able to explain how individuals preferred their care and support was delivered.

The manager told us the staff team had a good working relationship with other healthcare professionals and always followed their guidance and advice. The input of other healthcare professionals involved in people's care and treatment was clearly recorded in people's

care plans. We saw evidence of staff following care plans created with support from health care professionals.

The provider may wish to note that we saw bedclothes tucked in around an air mattress which should be left loose as reducing the effectiveness of the mattress increases the risk of pressure sores. We were told the care staff did not check the air mattresses regularly to make sure they were working. But the manager told us that they were checked inside and out by the domestic staff every two weeks. No audits or other evidence was available.

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

We had not planned to inspect this outcome. During the inspection we reviewed the provider's policies and looked at the training records. We spoke with staff, people who used the service and visiting professionals.

Staff we spoke with during the inspection had a good understanding of what constituted abuse. They said if they had any concerns they would report them to the manager and were confident they would be taken seriously and action would be taken to resolve the matter.

We looked at staff training records and found all staff had been on safeguarding training. The manager told us safeguarding training should be done yearly by all staff and there were just a couple of people who required a training update which would be done shortly.

The manager told us safeguarding was also covered on induction training for all new members of staff. We saw evidence which confirmed this when we looked at the provider's induction training package. This showed us the provider acknowledged the importance of safeguarding people who used their service.

The provider may wish to note that during the review of psychotropic agents to manage behaviour and documentation of usage in the electronic care plans we found evidence which indicated that service to service user physical contact may have gone unreported to the adult safe guarding team. We found staff had failed to always raise statutory notification, adult protection concerns inform next of kin or update body maps.

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.

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 found that improvements that were made as a result of our inspections January, April and July 2013 had not been maintained.

On entry to the building there was an unpleasant odour. We inspected all areas of the home including nine bedrooms, the kitchen, laundry and corridors on each floor.

We observed care staff wore clean uniforms and appropriately used Personal Protective Equipment (PPE) when carrying out personal care and serving meals.

The bedrooms and bathrooms overall were clean and dust-free with non-slip vinyl flooring in the bathrooms and carpets had been replaced with laminate. Where people were incontinent of urine, linoleum had been laid to prevent ingress of urine but this smelled strongly of urine and we saw flies in the rooms.

There were two cleaners were on duty. However, we found the cleaning checklists outside the communal bathrooms were not being used and there was no evidence to show they had ever been used. .

The carpet in the communal areas and stairs was malodorous, dusty and covered in white bits (possibly paint) and other debris that clearly indicated it had not been vacuumed for some time. There was no cleaning rota available.

We were told by the senior nurse that the carpets had been vacuumed twice a day and had been professionally deep cleaned. Two very 'flimsy-looking' carpet cleaning machines were being stored with used/dirty pads still attached on top of a box of cleaning materials in the lower floor corridor outside the food store room/chef's office.

The chairs in the lounge areas were washable but several were badly ripped and generally stained/soiled with what we judged to be faeces or mould. A soiled scrap of material was found under the cushions. The cleaners were washing the chairs with an unlabelled spray liquid which had been decanted from another container. The cleaner did not know what the

fluid was called.

The manager said that he had new chairs on order. The chair backs were badly marked with paint and we were told that two maintenance men were employed but neither were available on the day of the inspection. . The chef told us that he had been helping the maintenance men to paint the home.

One chair in use by a person who used the service was badly ripped presenting an infection and safety hazard. Beside this chair on the floor was an electrically operated air cushion in the lounge. We were told it belonged to a person who had been in the home for respite care but was not there at the time of the inspection..

In the dining room we saw an open container with large dirty bibs which had not been emptied after breakfast.

We found several bed bases that smelled strongly and were stained with urine/faeces; one cloth covered bed base needed to be changed to a metal-framed, cleanable bed as a matter of urgency as the person was incontinent.

We saw marks which appeared to be faeces on a bed cover and two commodes seen in people's rooms were soiled.

While inspecting the mattresses a couple looked like better quality foam hospital mattresses that had been condemned as part of a mattress audit which were dated (2003 and 2006) with a circle and the letter 'C' indicating that they had been condemned. This could be because they had 'bottomed-out' or the foam had collapsed due to wear and tear, or that the covers had been punctured allowing ingress of fluid causing the foam to collapse. Not sure what is being said here, does it mean the home was using mattresses that had been condemned by a hospital or does it mean the mattresses were not fit for purpose

We saw a call bell was attached by sharp points that could puncture the mattress cover allowing moisture to penetrate into the foam, damage it and pose an infection risk. We saw mattresses stored on the floor leaning against the wall and should not be on the floor.

Most mattresses however, were quite new, clean and suited to the needs of the client group.

The senior nurse told us that regular checks were not carried out on the air mattresses which were in use. One person who was nursed in bed had been on an air mattress for years. The care record stated the manager had checked the air mattress in September 2013 and a new pump had been supplied but this was not recorded – this seems contradictory, not sure if it was recorded or not and no checks had been carried out since September.

The soap dispensers were empty in several rooms and alcohol gel dispensers in the corridors were either empty or appeared to have been filled incorrectly with soap.

We saw containers of prescribed and un-prescribed creams that had been open for over a month. What is the impact of this

We saw manual handling aids in bedrooms that were not named for people's personal

use and there was no record or evidence of regular washing available.

We saw a toilet seat was heavily soiled with urine/faeces in a communal bathroom.

There was no home infection prevention and control policy only a folder containing various policies from the local hospital but no 'Ivy House Care Home policy'.

People were not being cared for in a clean and hygienic environment.

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 had appropriate arrangements in place to manage medicines.

We have judged that this has a moderate impact on people who use the service. This is being followed up and we will report on any action when it is complete.

Reasons for our judgement

The medication room was relatively tidy. Room and fridge temperature had been taken, recorded and were within limits. In the ten days prior to the inspection there was one omission of recording. The staff nurse with overall responsibility for medicines management provided records for previous months all of which were generally compliant.

We found all medication requiring refrigeration was stored appropriately. However not all medicines requiring a record of opening date to ensure they were not used beyond a calculated expiry date had had this added.

In order to establish if this reflected that record keeping and dose administration cross referenced, a sample of peoples boxed, bottled and blister medication was counted and reconciled. The provider used a system of reconciliation sheets for loose or boxed medication. We found the medicines in blister packs were compliant however we identified issues with the medication stored in boxes..

Five peoples' medication was checked with the nurse in charge who agreed the quantities remaining in stock. Only one person's medication quantities counted was correct and there was a pattern of quantity variation in drugs used to treat behaviours.

On the day of the inspection a hand written MAR (Medication Administration Record) chart for a person to include Metformin tablets and Capsaicin cream was found to have been hand transcribed with no member of staff signature present for the original transcription or a signature to witness the process. Therefore, on the day of inspection we could not be assured transcription was taking place safely in accordance with (Nursing and Midwifery Council) NMC guidance.

We found it was difficult to track the application and records of creams, emollients and other external products. On the day of the inspection we found creams and ointments were stored and being used inappropriately. These products were found situated on bathroom shelves (next to people's toothbrushes and toothpaste) or bedroom shelves all of which

constitutes unsafe storage leaving them accessible to people who may not readily recognise what the intended use was. Also one person's cream was in use in another person's room. Therefore on the day of inspection we could not be assured that creams or ointments were stored safely and their records of application or usage were in line with the standard required.

In the home we found the use of thickening agents was difficult to track and records were incomplete in relation to these products. Two people had a thickening agent (Thick and Easy) prescribed and recorded on the MAR charts; however there was no record of its use. Therefore we could not be assured on the day of the inspection how or when this prescribed agent was being used.

On review of the current months MAR charts we found in more than one case the MAR chart showed the dose time of medication had been changed. The dose change may have been at the direction or with the agreement of the prescriber however no record of this could be found. The dispensing pharmacy's labelling generated from the FP (10) prescription form, did not reflect the administration records and therefore gave rise to concern around correct administration.

One person's MAR chart read Lorazepam 1mg tablets, where the dose instruction was at night when required, signed as administered on multiple occasions at a variety of times to include lunch and teatime. This variation in dose time was repeated in other people's records with other medications to include Lorazepam and Risperidone where the time the dose was given did not match that documented as the time to be given on the MAR chart.

On the day of inspection we asked the nurse responsible for medication administration why no documentation relating to when required medication being offered but not required was recorded on the MAR chart. They told us this was an "in house" way of doing things. Also it was noted that some regular pain killing medication had been annotated as when required. However the senior nurse in charge explained a meeting had taken place between the home and the community matron who was liaising with the GPs surgery to ensure prescriptions would be changed for the next cycle.

Medication audits had been carried out regularly however they had failed to identify the issues documented in this report. The provider's staff member assigned to incident reporting and review of incidents confirmed the home had no recorded errors in the last 12 month period. This was a concern as on the day of inspection we found that medicines were not meeting all the standards of outcome 9 and the home's internal assurance process appears to have missed the opportunity to include lessons learnt or policy review to improve standards.

We could not be assured that people under the care of Ivy House were protected from the risks associated with medicines. We could not be assured people always received their medicines in line with the prescriber's instruction nor could we find evidence to show staff were following their own in house medication policy requirements.

The records we looked at did not show that people were receiving their medicines safely.

Our findings during the inspection indicated people were not receiving their medicines in a safe manner to meet their individual needs. We found the provider did not have effective systems in place to manage medicines safety and therefore people were not protected from the risks associated with medicines.

People should be cared for in safe and accessible surroundings that support their health and welfare

Our judgement

The provider was not meeting this standard.

People who use the service, staff and visitors were not protected against the risks of unsafe or unsuitable premises.

We have judged that this has a moderate impact on people who use the service. This is being followed up and we will report on any action when it is complete.

Reasons for our judgement

People who used the service, staff and visitors were not protected against the risks of unsafe or unsuitable premises.

During the inspection we looked at the communal areas of the home, bathrooms, toilets, and bedrooms.

We looked found a number of outstanding maintenance issues which required attention and it was not clear if there was a planned and systematic approach to the on-going maintenance and refurbishment of the premises.

In an upstairs bathroom the pedestal sink had come away from the wall. It was not clear how long the person using this bedroom had been living in this dangerous condition.

In one bedroom en suite the toilet flush handle was loose and not working.

The carpet trip hazard had not been addressed outside room 20. This hazard was detailed in a 'Bradford Commissioners Report' dated September 2013.

We found the pedal mechanisms of four small pedal bins in bedrooms and bathrooms were broken.

The lights were not working in one bedroom or bathroom and a vent in a bathroom was very noisy.

The toilet seats were found to be loose in several peoples bathrooms.

Wheelchairs were being stored inappropriately on the ground floor corridor.

In the laundry it was difficult to access the hand wash basin due to cleaning fluid stored in front of it due to the space being used to store laundry cleaning fluids on the floor.

There were handles missing from the wardrobe doors in four bedrooms. In one bedroom the chest of drawers was broken.

The communal bathroom on the ground floor taps did not have a label for hot and cold water. This could potentially injure a person who used the service if they were to switch on the hot tap in the bathroom. The manager told us they would get this addressed immediately, however, we were not able to establish how long it had been like this and when it would have been dealt with if we had not brought it to the providers attention.

We found dirty commodes in two bedrooms. The manager said they did not know why these were in the bedrooms .

Some of the bedroom doors at Ivy House made a loud squeaky sound when opened or closed. This could potentially disturb peoples sleep when the night staff were carrying out their routine checks .

In one bedroom we saw the name on the door was 'vacant' and not the name of the person occupying the room. This would not help people who used the service to orientate themselves to their environment and suggested a lack of attention to detail with regard to maintaining an appropriate environment for the benefit of people who used the service.

This showed us the provider did not have effective systems in place to make sure the premises were maintained to an adequate and safe standard.

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

We reviewed training information and found staff received appropriate professional development and were able to obtain further relevant qualifications as required.

The manager told us those copies of training certificates were also available, which confirmed staff had attended training in care and safety related subjects such as health and safety, medication and manual handling.

Staff told us that they felt supported and had regular meetings and discussions with managers.

We looked at the staff training matrix and it was clear what training staff had completed and the training records were all up to date. The manager told us that all mandatory training was complete. All staff training was recorded so the training records accurately reflected the training provided.

The provider had a comprehensive learning and development strategy in place. The review of the training information provided evidence that all staff had received relevant training and arrangements were in place to provide up-dates as required.

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

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

Reasons for our judgement

Records relevant to the care and welfare of the people who used the service were accurate or fit for purpose.

During the inspection we conducted a detailed review of five people's care records and other supporting documents such as risk assessments. The care records were electronically stored and the needs of people could be promptly understood.

Reviews of care records were conducted on a regular basis and this ensured that standards remained consistent and the information documented protected people from unsafe and/or inappropriate care.

Staff were able to describe how they kept people that used the service information safe. Examples included not sharing information in their records of people who used the service with others and making sure records were not viewed by unauthorised people.

Staff records and other records relevant to the management of the service were accurate and fit for purpose.

The manager explained that records were kept securely and could be located promptly when needed.

The manager supplied appropriate records in relation to persons employed by the service. We looked at staff files that contained employment contracts, Criminal Records Bureau (CRB) checks, two references and photographic proof of identification.

Staff were able to describe how they kept people who used the service information safe. Examples included not sharing the records of people that used the service with others and making sure records were not viewed by unauthorised people.

The service had a 'Data Protection Policy' and a 'Confidentiality Policy'. The purpose of these documents was to set out the necessary need for written care records and for the appropriate use of information. The policy set out how the service handled information.

The manager explained the arrangements in place for the storage, security and retention of information obtained about people who used the services.

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	Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010 Cleanliness and infection control
Diagnostic and screening procedures	<p>How the regulation was not being met:</p> <p>On entry to the building there was an unpleasant odour. Two cleaners were on duty but the cleaning checklists outside the communal bathrooms were not being used and it looked like they had never been used.</p> <p>The carpet in the communal areas and stairs was odorous, dusty and covered in white bits (possibly paint) and other debris that clearly had not been vacuumed for some time.</p> <p>There was no cleaning rota available.</p> <p>Two very 'flimsy-looking' carpet cleaning machines were being stored with used/dirty pads still attached</p> <p>The chairs in the lounge areas were washable but several were badly ripped and generally stained/soiled with what we judged to be faeces or mould.</p> <p>A soiled scrap of material was found under the cushions.</p> <p>The cleaner were washing the chairs with an unlabelled spray liquid which had been decanted from another container.</p> <p>The chair backs were badly marked with paint.</p> <p>One chair in use by a resident was badly ripped presenting an infection and safety hazard.</p> <p>The soap dispensers were empty in several rooms and alcohol gel dispensers in the corridors were either empty or appeared to have been filled incorrectly with soap.</p> <p>Manual handling aids were not named for the residents' personal</p>
Treatment of disease, disorder or injury	

This section is primarily information for the provider

	<p>use and no record or evidence of regular washing was available. A toilet seat was heavily soiled with urine/faeces in a communal bathroom. A home infection prevention and control policy was not seen no 'Ivy House Care Home policy'.</p>
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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 31 January 2014.

CQC should be informed when compliance actions are complete.

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

About CQC inspections

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

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

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

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

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

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

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

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

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

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

How we define our judgements

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

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

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

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

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

How we define our judgements (continued)

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

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

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

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

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

Glossary of terms we use in this report

Essential standard

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

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

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

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

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

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

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

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

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

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

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

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

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

Glossary of terms we use in this report (continued)

(Registered) Provider

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

Regulations

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

Responsive inspection

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

Routine inspection

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

Themed inspection

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

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