

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

Pilgrim Wood Residential Home

Sandy Lane, Guildford, GU3 1HF

Tel: 01483573111

Date of Inspection: 26 September 2012

Date of Publication: October 2012

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	✔	Met this standard
Cleanliness and infection control	✔	Met this standard
Requirements relating to workers	✘	Action needed
Staffing	✘	Action needed
Supporting workers	✘	Action needed
Statement of purpose	✘	Action needed
Assessing and monitoring the quality of service provision	✘	Action needed
Records	✘	Action needed

Details about this location

Registered Provider	Goldenage Healthcare Limited
Registered Manager	Mrs. Daniella Birleanu
Overview of the service	Pilgrim Wood is owned by Goldenage Healthcare Limited and provides accommodation and care for up to 35 older people, some of whom may have a diagnosis of dementia.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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

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Summary of this inspection

Why we carried out this inspection

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

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 26 September 2012, observed how people were being cared for and talked with people who use the service. We talked with staff.

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

What people told us and what we found

People who used the service were very complimentary about the staff and the registered manager regarding the way that they looked after them.

They were complimentary about the food but several people said they would like more to do.

People who use the service told us that staff always respected their privacy and dignity but some people said they thought there were not enough staff to meet their needs.

Several comments received from people and a visitor to the home said "I like to be waited on it is a nice place to live" and "it's an amazing home and we are very pleased with it. Our relative is very happy here and well looked after."

People told us that they didn't know anything about their care plans and one person commented that the communication in the service between staff should be improved.

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 13 November 2012, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service

(and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

More information about the provider

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

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

Our judgements for each standard inspected

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.

Suitable arrangements had not been made to ensure that people using the service were enabled to make decisions relating to their care.

People using the service were not provided with appropriate information and support in relation to their care.

People's views and experiences were not 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 were not involved in making decisions about their care and treatment.

During our inspection we noted that there was a calm atmosphere and classical music was being played quietly in the lounge. We saw that some people enjoyed reading the newspaper and one person was busy knitting which they said they really enjoyed doing.

We looked at three people's care plans. Two of the care plans we looked at did not contain an initial assessment and the other care plan, dated May 2011, contained basic information regarding the persons eating and sleeping habits.

Within the care plans there was very limited personal information about the person such as their likes, dislikes and routine preferences. This meant that the person's individual care needs had not been assessed and they had not been involved in the planning of their care.

None of the care plans we looked at had been signed by the people they referred to or by any of their relatives. This meant that people were not involved in the assessment of their care needs or the plans to deliver their care. One person using the service said they never had any feedback after they had seen the doctor and stated "perhaps they don't need to tell you."

We saw that there was a member of staff who provided activities for people using the service. We observed that they also took part in serving lunches and beverages. People that we talked to spoke highly of the staff member.

A list of activities was on a notice board in the hallway. We were told by staff that it was not strictly adhered to as it would depend on what people wanted to do and how they were feeling on a particular day.

During our visit we observed some activities taking place which included playing dominoes, listening to a poem and looking at photographs. We were told that the service had arranged activities that included entertainers, cheese and wine evenings, garden parties, musical events, people of interest and children visiting the service on occasions.

We received varying views from people about the activities provided by the service. One person told us that they thought they didn't do any exercise and said their memory was bad. They said that there is not much to do. Another person also told us the same and said they didn't go out far yet had had a couple of trips out but would like more. They said "we all get on very well, sometimes we have a sherry and I can walk outside the home if I like."

A formal audit carried out by the service also included comments from people about the activities provided at the service. These included "more stimulation and physical activities for residents" "more activities outside, you have fantastic gardens and they should be used as much as possible" "A lot of time spent unoccupied."

Several people using the service told us they did nothing all day. We were not assured therefore that people's social and welfare needs were being met due to the comments received.

We observed two staff talking across two people they were supporting, in a way that excluded them from the conversation. The staff appeared to be talking about other places they had worked and joking with each other. They did not talk to the people they were supporting whilst we observed them.

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

Our judgement

The provider was not meeting this standard.

People did not experience care, treatment and support that met their needs as appropriate assessments had not been planned in such a way as to meet people's individual needs.

People were not protected against the risks of receiving care that was inappropriate or unsafe as proper steps had not been taken to make sure people were safe.

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's needs were not assessed and care and treatment was not planned and delivered in line with their individual care plan so as to ensure people's safety and welfare.

During our inspection we found that the service had two systems of records related to people's care plans.

We looked at three people's records which related to their care needs. All the records we sampled were incomplete. For example, with all three records there was no clear description of the personal care and support the person required. There was no information about how the person communicated or what their needs were regarding eating and drinking.

One person's record stated that they were self caring but there was no indication about the person's level of independence. We also noted that there were no instructions to confirm if staff monitored and continued to make sure that the person was able to manage their own care.

We found that there was an overall pattern of poor management of risk. For example, one person had fallen eleven times in six months. The risk assessment stated that the person was at medium risk and consideration should be made that they be referred to a specialist falls clinic. It was confirmed with the registered manager that no referral had been made.

Records indicated that, when the person had fallen, staff had used a hoist to support the person. We found, however, that no moving and handling risk assessment had been completed in order to assess the hazards and to ensure the safety of the person using the service and staff during the manoeuvre.

Within another person's records we found that they had had experienced five falls in one month. No risk assessment had been completed to continue to assess the hazard or

minimise the risk as far as reasonably practicable in order to ensure the person's safety and welfare.

Assessments within the care records related to people's nutrition and hydration, management of skin care, pressure ulcer's and continence were either incomplete or not recorded.

We found that by looking in the daily records, completed by staff we were able to gain more insight, on some occasions, about the care people were receiving. However many of the record entries stated "quiet day", "no changes", "good night." These comments were not informative and did not describe people's wellbeing and demeanour.

We found that there was minimal evidence that the care records had been reviewed or updated.

We spoke with several people using the service about their care plans. All the people we spoke with told us they had not seen a care plan.

The staff we spoke with said they rarely referred to people's care plans but relied on other staff to tell them about people's care and support needs.

With regard to the care they received one person using the service told us they felt there were "no lines of communication. One person knows the other does not."

Other records showed us that people using the service were able to access a range of healthcare services that included a general practitioner (GP), district nurses, psychiatric support, chiropodist and optician support. It was confirmed that the expertise of other healthcare specialists would be sought if the person using the service required specific advice or support.

We spoke with the registered provider and manager during the inspection about the significant lack of information in people's care plans and risk assessments. It was emphasised that the failure must be addressed, as a matter of priority, in order to ensure that staff deliver appropriate care and support safely to people using the service.

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

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

We observed, and people told us that they were able to make a choice about what meal they would like from the menu. They told us that staff offered them a choice of meals and there were always plenty of home made sweets and puddings as well as cheese and biscuits for desert.

All the people we spoke with talked highly of the chef. Two people told us "I choose my food in the dining room it is very good" and "The food is very good, I pass on the puddings as we have cakes in the afternoon".

We saw that the dining room was clean, tables had been laid with condiments and napkins and the dining area had a welcoming and homely appearance.

We observed that the food was freshly cooked, and meals were delivered by staff. Drinks of squash or water were offered and staff were at hand to help but most people managed on their own. We noted that seating thirty two people in the dining room would be a challenge as there was no room for people's walkers and wheelchairs.

We saw that the chef had a list of all the people using the service. We observed that records were kept about what people were eating. It was confirmed that this information was passed onto the registered manager so that staff could make sure people were receiving adequate nutrition and hydration.

We observed that the staff were courteous whilst serving the meal, making eye contact and offering help to people if necessary. We observed the registered provider was in the dining room chatting to people using the service.

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

The provider responded appropriately to any allegation of abuse.

We found records to confirm that staff had completed up to date Adult Abuse training and the certificates were located in staff files. We spoke to the registered manager and a member of staff and asked them about the safeguarding procedures. They were both able to tell us what steps should be taken in the event of any concerns.

We asked the registered manager about the process for reporting safeguarding concerns. They were able to answer our question and their reply was in keeping with the local multi agency safeguarding vulnerable adult's protocols.

Records indicated that the registered manager had undertaken safeguarding vulnerable adults training in March 2012 and Deprivation of Liberty Standards training in September 2012.

We saw that safeguarding vulnerable adults information was available and displayed in the service for the benefit of people using the service, visitors or staff. This meant that people were informed about safeguarding policies or the steps to take should they have any concerns.

We saw that the service had a whistle blowing policy and procedure, dated January 2012, to assist staff in reporting any cause of concern in order to ensure people using the service were protected from harm or abuse.

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

Our judgement

The provider was meeting this standard.

People were cared for in a clean, hygienic environment.

Reasons for our judgement

There were effective systems in place to reduce the risk and spread of infection.

It was confirmed that the registered manager had responsibility for overseeing the infection prevention and control in the service.

During this inspection we looked at the level of cleanliness within the service and found that all areas were clean and appeared hygienic. It was confirmed that the service had dedicated housekeeping staff.

We observed that staff were provided with, and wore protective clothing, such as disposable aprons and gloves when supporting people with personal care.

We saw that arrangements for the management of clinical waste were in place and there were no offensive odours throughout the service.

We observed that there were several hand washing facilities, including soap and disposable hand towels throughout the service and staff regularly washed their hands in order to prevent the spread of infection in the home.

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

Our judgement

The provider was not meeting this standard.

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

We have judged that this has a 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

There were not effective recruitment and selection processes in place as appropriate checks had not been undertaken before staff began work.

We looked at four staff recruitment files across a range of staffing positions. Whilst parts of the files sampled contained the required documentation we identified that there were shortfalls which could place people using the service at risk of harm.

We found that an ISA Adult First Check or Criminal Records Bureaux (CRB) checks had not been undertaken in respect of two staff before they began working at the service. The registered manager told us that the CRB checks were applied for online yet had not been received.

The provider may wish to note that there was also no evidence that two staff, who had undergone CRB checks over six years ago, had received renewed checks of their suitability to work with vulnerable people as part of best practice.

The provider may wish to note that one staff member's file predated current regulations for proof of the right to work in the UK. No checks had been made since those regulations came into force to confirm the staff member's eligibility to work in the UK.

An application form in one staff member's file included an outline, in years, of their work history but there were no written references available. The registered manager told us that they had obtained verbal references over the telephone but had not written down the content of the verbal references having been given assurances that written references would be sent to them promptly.

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

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

At the time of our inspection the service was not at full occupancy. We observed that staff answered people's call bells promptly and staff were attentive to people's needs when they required assistance.

We observed the handover of information in the morning from a night staff member to the day staff. We saw that there was a good system in place to ensure that staff were informed of the needs of the people using the service. For example information was handed over about the health, mobility, mood and activity of each person using the service. Appropriate reminders were given to staff regarding people's hygiene, infection control and general health.

We saw that each staff member had a documented sheet of information at the beginning of their shift that detailed which of the people using the service they would be caring for that day.

We observed that there were three experienced care staff on duty with the deputy manager as the senior staff member. All the staff were assigned to work from 8.00 am to 8.00 pm.

We spoke with staff during the inspection. They told us that they felt there were not enough staff on days or on night duty and they felt that some people needed more help and support than others.

The registered manager confirmed that no formal assessment of the dependency needs of people had been undertaken to make sure that there were sufficient numbers of staff to meet people's individual needs.

The staff were organised and carried out their work in a calm and orderly way. There was no evidence of staff rushing or people being hurried

Comments from several people about the staffing levels and staff in general included that

they thought staff were "very sweet" yet they said that no one ever had time to sit and talk to them. They said the staff were lovely and they were treated with dignity. They told us they go to the lounge but there was no one to talk to and not much to talk about.

Another person told us "There is no one to talk to, it can't be helped, the staff are very helpful, I don't wait, here we do as we are told." Other people's comments included "I think there is enough staff, I never need them." "The staff are excellent but there can never be enough. If everyone was like me and needs nothing all would be OK. A lot of people need two carers so there is no one left to look after us." "They don't take into consideration our needs as there are not enough staff for all of us".

A formal audit carried out by the service also included comments from people about the staff. These included " Sometimes there is a lack of staff " and "Some staff are wonderful and there is an overall caring attitude" as well as "Friendly helpful staff."

The registered manager confirmed that there had recently been a high turnover of staff which had included six care staff leaving. She confirmed that a process for recruiting new staff was underway, that interviews had taken place and four individuals had been offered positions as care staff. It was confirmed that two people were due to start employment in the next two months.

We saw records which showed that the service were currently using agency staff. The records showed that the same agency staff regularly worked at the service in order that people using the service knew them and the staff were able to offer continuity of care to meet people's needs.

The registered manager told us that two new staff on duty during our visit had each been assigned to an experienced staff member as part of their induction. We were not assured that there were sufficient numbers of permanent staff on duty to provide the supervisory role as we saw both new care staff providing unsupervised support to people using the service.

We also observed that a new staff member was left unsupervised and was supporting a person using the service to sit in an armchair. It was observed that the manoeuvre could have harmed the person using the service or the staff member and other staff intervened in order to prevent any potential harm or injury.

We were not assured therefore that the induction of new staff was being carried out safely as experienced staff were unable to provide adequate supervision alongside their usual duties.

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 that were supported to deliver care and treatment safely and to an appropriate standard.

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

Staff do not receive appropriate professional development.

During our visit we looked through the file of staff training certificates. There was evidence of training for each permanent staff member. The records showed that training had been delivered in a wide range of subjects which included induction to the company policies and procedures, Control of Substances Hazardous to Health (COSHH), Fire Awareness, Health & Safety, Infection Control, Safeguarding of Vulnerable Adults and Moving and Handling.

We noted, however, that only two out of thirteen records we looked at showed training in awareness of dementia or dementia care. The registered manager told us that arrangements were being made for all staff to receive training in supporting people with dementia.

We asked to see an up to date matrix or chart of staff training to see at a glance if a staff member required training in key areas or when training was last carried out. The registered manager confirmed that they did not have a checklist to monitor staff training.

We asked to see records of staff appraisal, staff supervision and staff personal development plans. We found that the most recent appraisal and supervision notes on file were dated 2007 for the senior care worker and 2006 for the registered manager. The registered manager confirmed that she had not received any supervision or appraisal of her work and also had not undertaken any staff supervisions or appraisals since her appointment in January 2012.

The registered manager told us that they had recently completed training related to supervision of staff. We were given assurances that arrangements were being made that staff would receive supervision and appraisals of their work over the next two months.

The service must tell us about what kinds of services it provides

Our judgement

The provider was not meeting this standard.

People who use the service or their representatives do not benefit from the knowledge that the Care Quality Commission is informed of the services being provided.

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

Reasons for our judgement

People who use the service or their representatives do not benefit from the knowledge that the Care Quality Commission is informed of the services being provided.

We were provided with the service statement of purpose. We found that the document contained the full name and legal status of the service provider. The document however, did not clearly explain the aims and objectives of the service provider or the kinds of services provided. It did not explain the range of people's needs that the service was intending to meet and details of the registered manager were incomplete.

There was no evidence of when the document had last been reviewed or revised in order to ensure compliance against information listed in Schedule 3 of the Care Quality Commission (Registration) Regulations 2009.

We also found that the statement of purpose contained inaccurate information that complaints could be referred to the CQC.

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 receive.

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 who use the service, their representatives and staff were not asked for their views about the service, or the care and treatment provided.

We found that people's care plans and risk assessments were incomplete. The management of people's welfare and safety related to falls in the service were poorly monitored and in some instances actions had not been taken to ensure people's safety and welfare.

The statement of purpose indicated that 'resident meetings are held once a year giving residents the opportunity to have their say and give opinions on all issues relating to the management of the home.' The registered manager confirmed that no formal meetings had been held with people using the service for over a year. They told us that staff gained people's views about the service they were providing through their day to day contact with people or if people or their representatives approached them directly.

We saw evidence to support that a recent survey had been conducted where formal questionnaires had been distributed to people using the service and their relatives and friends. We saw that generally the feedback from the questionnaires was positive. The registered manager was unsure how the evidence would be collated in order that identified improvements to the service could be made.

During our inspection we looked at the accident and incident log. We saw that the management of incident and accident reports was good and forms had been completed. However there was a lack of updating people's care plans and risk assessments related to the incident or accident recorded.

The registered manager told us they held staff meetings and we saw evidence that a senior staff meeting had been held in February and August 2012. We saw through the records of the meeting that concerns had been identified regarding medication procedures, staff team work, and care planning and risk assessments. We saw that the records stated that plans were in place to address the shortfalls yet there was no evidence within the

records of what action had taken place and what the outcome of that action was.

We were not assured by what we saw that there was a clear and effective system in place to assess and monitor the quality of the service to ensure that people's care and support needs were met consistently and safely.

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

Our judgement

The provider was not meeting this standard.

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

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

Reasons for our judgement

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

During our inspection we found that the service had two systems of records related to people's care plans. When we looked at the records some were incomplete. Some records for example contained an audit sheet to record falls but the records had not been completed and information in some records contradicted others sampled. The poor management of records related to people's care and treatment made it very difficult to clearly identify the exact care and treatment people required.

The registered manager told us that they were aware of the shortfalls regarding the management of the records. They told us that plans were in place to combine the two systems, whilst incorporating a more person centred approach to people's care.

We found that the service was clean and hygienic. However there were no recorded cleaning schedules in which to record and monitor the frequency of cleaning, such as daily, weekly or monthly. The service was therefore unable to demonstrate that a system was in place to reduce the risk and spread of infection.

We found that appropriate records were not maintained in relation to the safe vetting of staff during the recruitment process. These records should be maintained in order to protect people using the service from potential harm.

We found that the provider had failed to identify the shortfalls in the required standards because they did not have records to confirm that an effective system was in place to assess and monitor the quality of the service provided.

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: The registered person had not made suitable arrangements to ensure service users were enabled to make decisions relating to their care or that service users were provided with appropriate information and support in relation to their care. (Regulation 17 (1)(b) (2)(b))
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: The registered person had not taken proper steps to ensure that each service user was protected against the risks of receiving care that was inappropriate or unsafe. The registered person had not carried out appropriate assessments of service users needs and had not planned care in such a way as to meet service users individual needs. (Regulation 9 (1))
Regulated activity	Regulation

This section is primarily information for the provider

<p>Accommodation for persons who require nursing or personal care</p>	<p>Regulation 21 HSCA 2008 (Regulated Activities) Regulations 2010</p> <p>Requirements relating to workers</p> <p>How the regulation was not being met:</p> <p>The registered person had not operated effective recruitment procedures to ensure that persons employed for the purposes of carrying on a regulated activity were of good character and had the qualifications, skills and experience necessary for the work to be performed. (Regulation 21 (a) (b))</p>
<p>Regulated activity</p>	<p>Regulation</p>
<p>Accommodation for persons who require nursing or personal care</p>	<p>Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010</p> <p>Staffing</p> <p>How the regulation was not being met:</p> <p>The registered person had not taken appropriate steps to ensure that, at all times, there were a sufficient number of suitably qualified, skilled and experienced persons employed to safeguard service users health, safety and welfare. (Regulation 22)</p>
<p>Regulated activity</p>	<p>Regulation</p>
<p>Accommodation for persons who require nursing or personal care</p>	<p>Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010</p> <p>Supporting workers</p> <p>How the regulation was not being met:</p> <p>The registered person must have suitable arrangements in place to enable persons employed to deliver care and treatment to service users safely and to an appropriate standard by receiving appropriate training, professional development, supervision and appraisal. Regulation 23 (1)(a)</p>
<p>Regulated activity</p>	<p>Regulation</p>

This section is primarily information for the provider

Accommodation for persons who require nursing or personal care	<p>Regulation 12 CQC (Registration) Regulations 2009</p> <p>Statement of purpose</p>
	<p>How the regulation was not being met:</p> <p>Service users or their representatives do not benefit from the knowledge that the Care Quality Commission is informed of the services being provided. (Schedule 3 of the Care Quality Commission (Registration) Regulations.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010</p> <p>Assessing and monitoring the quality of service provision</p>
	<p>How the regulation was not being met:</p> <p>The registered person had not protected people using the service from the risk of inappropriate care because they had not regularly assessed and monitored the quality of the service they were providing. They had not identified, assessed and managed risks relating to service users health and welfare. (Regulation 10 (10 (2))</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010</p> <p>Records</p>
	<p>How the regulation was not being met:</p> <p>The registered person must ensure that service users are protected against the risks of unsafe or inappropriate care and treatment arising from a lack of proper information about them and a lack of records as appropriate in relation to persons employed for the purposes of carrying on the regulated activity. Regulation 20 (1)(a)(b)(i)</p>

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

The provider's report should be sent to us by 13 November 2012.

This section is primarily information for the provider

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.

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