Inspection Report

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

Kettlewell House Nursing Home

Kettlewell House Limited, Kettlewell Hill, Chobham Road, Woking, GU21 4HX

Tel: 01483221900

Date of Inspection: 25 April 2014

Date of Publication: June 2014

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

Care and welfare of people who use services	✓ Met this standard
Meeting nutritional needs	✓ Met this standard
Cleanliness and infection control	✓ Met this standard
Management of medicines	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Kettlewell House Limited
Registered Manager	Mrs Karen Susan Raggett
Overview of the service	Kettlewell House Nursing Home offers personal and nursing care to 29 people who are living with the experience of moderate to severe dementia. There are also a further 10 care suites available on site including four flats in the grounds where more independent adults live with the support from a dedicated staff team, providing both personal care and nursing care if required.
Type of services	Care home service with nursing Domiciliary care service Extra Care housing services Supported living service
Regulated activities	Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Nursing care Personal care 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'.

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 25 April 2014, 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 given to us by the provider.

What people told us and what we found

When we visited the service on 25 April 2014, we gathered evidence against the outcomes we inspected to help answer our five key questions: Is the service caring? Is the service responsive? Is the service safe? Is the service effective? Is the service well led? We further gathered information from people and their relatives who used the service and from staff who worked at the service

Below is a summary of what we found. The summary is based on our review of records, observations during the inspection, speaking with people and their relatives who used the service and speaking with staff who supported the people who used the service.

If you want to see the evidence supporting our summary please read our full report.

We found people expressed their views and were involved in making decisions about their care, treatment and support. They experienced effective, safe and appropriate care. These were a few of the quotes people used to describe the care and support they received. "I can't fault the place and the girls are very good." "We do have choice here". "The staff are tolerant and very patient". "I am so happy my relative is here".

We observed the lunchtime meal and saw the food was laid out on people's plates in an appetising way. People we spoke with told us, 'the food is very good and they got enough food and drink'. We saw that people were encouraged to make choices about their meal even though the menu displayed had not offered any choice. We saw two different protein choices (fish cake and fried fish) had been provided by the cook.

Generally, people had their medicines at the times they needed them from staff qualified to do so. On the day of our visit we saw medicines being administered late. We were told this was because there was a medical emergency which the registered nurse had to deal with before they were able to commence the administration of medicines.

People and their relatives spoke highly of the care they received and the cleanliness of the service. We observed the service had a number of domestic staff on duty carrying out cleaning throughout the service. We noted the staff wore suitable protective clothing including gloves. We saw the laundry was clean, well-appointed with receiving area(soiled and used laundry) and clean area (for clean laundry). Laundry and domestic staff were knowledgeable about infection control. We saw the service had appointed a company experienced in waste disposal and waste was collected on a regular basis.

The service had appropriate systems in place to effectively assess and monitor the quality of the service.

The five questions we ask about services and what we found.

Is the service safe?
People who used the service told us they were treated with respect and dignity. For example, one person said, "When I am being assisted with my care needs, the carers informed me of what they were going to do before undertaking the task".
We observed the service had a system in place to ensure that people's risk assessments were kept under regular review. Any trends identified were dealt with to minimise risks relating to people's health, welfare and safety.

All seven members of staff spoken to were able to describe what measures the service had in place to promote people's safety and how they would protect people if they felt their human rights were being breached.

The service had processes in place to ensure that staff who administered medicines had suitable training to enable them to handle medicines safely, securely and appropriately.

We saw documented evidence that the service used a range of quality monitoring tools such as review of risk assessments, care plans reviews, staff supervision and appraisals. They also used a yearly clients and staff satisfaction surveys to measure the quality of care and support people received from the service. People told us they felt safe with the staff.

Is the service effective?
We found that people's care plans provided detailed information on how they wished to be supported with their care needs. For example, resident X needed the help of two members of staff to mobilise safely. We observed that people's daily care record sheets included the date and what help and support was offered to the person. Care staff spoken with told us they used the daily record sheet to highlight any changes to the person's care to ensure continuity of care. We saw that these were appropriately maintained to ensure if required a new member of staff would be able to deliver care safely and effectively.

Care staff told us they had regular supervisions and appraisals to ensure they are competent to deliver effective care to people who used the service. We saw documented evidence of staff appraisals which had been carried out by the registered manager and or the supervisor. We saw records of staff training which demonstrated care staff had regular and appropriate training to enable them to meet the care needs of people who used the service.

We found that people's health care needs were kept under regular review. They had access to health care professionals such as the GP, dentist, optician and chiropodist. This meant that people were supported to keep healthy and well.

Is the service caring?
People told us that care staff spoke to them in a kind and respectful manner. One person said, "The staff all of them demonstrates a genuine affection, care and concern to me". All four members of care staff spoken with were knowledgeable about people's care needs including their preferences and personal histories. It was evident that people were listened to and care staff responded to them in a positive and caring way. One person said, "I feel I receive excellent care".

Is the service responsive?
The six people we spoke with told us they were supported to express their views and be actively involved in making decisions about their care, treatment and support. In the care plans and daily record sheets we looked at we saw evidence which reflected that people received individual care as laid out in their care plans. We saw planned activities advertised which was age related and suitable for people at the service.

We were told by a senior member of staff that the service had not received any complaints since the last inspection. People we spoke with all said they knew how to make a complaint, but have never done so. They said they discussed their care needs with the member of care staff and they worked well together so there was never any need to complain.

Is the service well led?
Staff spoken with said that they felt supported by the management team and were in regular contact with the registered manager and or deputy manager. They were able to raise questions relating to the delivery and implementation of best practice on the spot. They told us they have had one to one supervisions and yearly appraisals. This meant that staff felt supported and well-led.

We found that the service had quality assurance systems in place. Staff practice had been regularly observed. The outcomes from these were discussed and used to improve the care provided. Staff spoken with said that they were provided with adequate training. This enabled them to perform their roles and to be accountable for their actions.

People spoken with told us the registered manager is always available in the home. They said either the registered manager or the deputy manager made regular visits to the lounge and their bedrooms to check if they are happy with the care and if the care workers were performing satisfactory. This ensured people received agreed and effective care. The service had arrangements in place to monitor complaints, accidents and incidents. This meant that lessons were learnt from mistakes, incidents and complaints investigations to ensure improvements with the service delivery was maintained.

You can see our judgements on the front page of this report.

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

Care and welfare of people who use services ✓ Met this standard

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

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

On the day of the inspection the registered manager was on annual leave. We were supported with the inspection by the newly appointed deputy manager.

On the day of the inspection visit to the service we spoke at length with three people who used the service and another two people for a shorter period of time, one relative of a person who used the service, and seven members of staff. We tracked the care and support given to four people and observed the lunchtime procedures and care and treatment being given to people who used the service. We reviewed records and policies and procedures relating to the outcomes we inspected .This gave us a good idea of the standard of care people received at this service.

A senior member of staff told us, "Prior to people being admitted into the service, they had a pre-admission assessment carried out. This was to ensure the service was able to meet people's health and care needs." The member of staff told us, "This initial assessment formed the basis of a more thorough assessment once the person was admitted into the service". We saw evidence of this in the care files we reviewed.This meant that people's care needs were assessed to ensure they experienced safe and appropriate care.

Staff told us the care plans had been developed from this fuller assessment of care and health needs. We saw risk assessments had been carried out as required. For example, people had falls, environmental and moving and handling risk assessments carried out where needed and action plans had been put in place to minimise or reduce the risks. We reviewed the daily records of care given and found that care documented as given was a reflection of the care needs identified in the care plans and that care had been given by staff with appropriate knowledge. For example, we saw risk assessments were in place for people with mobility difficulties, urinary catheter care and use of bed rails which were used

to prevent people falling out of their beds. Staff told us they had received training in these areas to enable them to offer the care and support people needed. We were unable to verify any training because the deputy manager had no access to staff training records. However,we were later provided with the service's latest Monthly Management Report which contained records of staff training. We also noted that the care plans had been reviewed and updated regularly. One person told us, "I am not aware of my care plan". Another person said, "I am aware I have a care plan and I'm sure they would talk to me about changes". This meant that people's care and support were planned and delivered in line with the person's individual care needs.

We spoke with five people who used the service. They all said they were very happy with the care and support they received. These were a few of the quotes people used to describe the care and support they received. "I can't fault the place and the girls are very good." "We do have choice here". "The staff are tolerant and very patient". One person who used the service said, "Staff nurse was quick to spot a problem and got the doctor in". People told us what they liked best about the service was the way the staff treated them.

We spoke with one relative who visited the home on the day of the inspection. They were very complimentary about the care their relative had received and the way the staff behaved towards them and with their relative. They told us they had, "Absolutely no problems with the care being delivered in this home". They said, "I think the staff are fantastic, they are so patient with the difficult ones". "Staff rings us with issues during the night". "I am so happy my relative is here". "They call the doctor and consult me about my relative's care".This meant that people experienced care and support that met their needs.

We observed care being offered to people who used the service in a respectful manner. Staff interactions with people were respectful and courteous. For example we saw staff spoke quietly and clearly to people and used 'touch' in a way to show they respected and valued the person. We saw more able and independent people had their clothing checked by staff in an unobtrusive and positive way. For example, staff said, "Oh you do look lovely today X.. Did you choose your outfit?" This showed the staff respected and valued people who used the service.

A senior member of staff told us that regular reviews of people's care were carried out. We saw from the four care files we reviewed that people's care had been reviewed on a monthly basis and more often if required. The senior member of staff told us, "These reviews give people who use the service and / or their relatives and the whole staff care team the opportunity to examine the care people received and to discuss any changes or support that had been previously agreed or new care that might be instigated".This demonstrated that the provider had arrangements in place to ensure people or their representatives were involved in their care treatment and support, and to change any decisions about care, treatment and support.

Procedures were in place for dealing with medical emergencies.
We observed the service had suitable emergency equipment in place to deal with medical emergencies which could reasonably be expected to arise. Staff spoken to were knowledgeable about what to do in an emergency and how to use the equipment provided. We were told the service had an evacuation plan in case of emergency. However, this plan could not be easily found on the day of the inspection. Whilst staff who were in employment for a long period were knowledgeable about what to do in an emergency, new members of staff spoken to were not all fully aware of the procedure to follow in case the building had to be evacuated in an emergency. The provider might wish to note that the

service emergency evacuation plan and procedure should be easily available to all staff. A member of staff produced the emergency plan at the end of the inspection.

Meeting nutritional needs ✓ Met this standard

Food and drink should meet people's individual dietary needs

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

People were supported to be able to eat and drink sufficient amounts to meet their needs.

Three of the people we spoke with told us they were able to make choices about their meals. They told us they could have a cooked breakfast at the weekend if they wanted and breakfast was available to suit people's waking up times. People told us there were set times for other meals with hot and cold drinks provided during the day. They said hot drinks were also available during the night if they could not settle. One person said, "The food is very nice and nicely cooked. It is well done. They know what I like and do not like". Another person said, "I get enough food". A relative of one person told us, "The food is very good here. I have often sat in the dining room with my X during the lunch time and observed the presentation and amount of food served . My X always say the food is lovely". This meant the provider ensured suitable food and drink were provided to suit people's needs

We observed in the living room that the displayed menu for the day did not offer any choice for the mid-day meal. We saw the menu had been hand written in ordinary letters which might not be large enough for people who might have had poor eye sight. This meant that people might not be able to see the menu. We observed the lunchtime meal and saw that people were offered a choice of fishcake or fried fish. This showed people were able to make choices in their meals.

The cook told us, "People were provided with two hot meals each day at lunch and at supper time. Weekday breakfast is usually cereal, toast or sandwiches depending on people's choice, plus morning snack and afternoon tea. Hot or cold drinks were always available at other times. People are offered a cooked breakfast or cereal or porridge at the weekends". We reviewed the cook's four week rolling menu and saw that the menu reflected what we had been told by the cook. We observed that the cook had prepared a choice of main meal for people on the day. We discussed the actual food which had been prepared with the menu in the lounge with the cook who told us, "We always serve fish on a Friday. It is customary to serve fish on Fridays in this country and also people of the Roman Catholic faith have fish on a Friday. Maybe, that is why the person who wrote the menu had not written fish cakes and or fried fish in batter on the menu". This meant the provider ensured people's diversity and human rights as related to nutrition were

maintained.

The cook was knowledgeable about people's food likes and dislikes, their portion requirement, type of diet and whether or not the person required assistance with their food. The cook told us, "Special diets such as diabetic, soft, and liquidised diets are prepared for our residents". We observed there were two sittings at lunch time. We were told by a member of staff, "This allowed people to enjoy their meal which was seen as a social occasion by the more active and able people, and for staff to spend uninterrupted time with those people who needed more support and help with their meal". We saw in the care records we reviewed that the service used the Malnutrition Universal Screening Tool (MUST) to develop a nutritional care plan for those people who were assessed as needing specific nutritional support. This meant the provider ensured people were supported to meet their eating and drinking needs with sensitivity and respect for their dignity and ability.

We saw that dairy products were stored separately from meat products. The cook told us, "We purchased frozen food stuff on a weekly basis and fresh fruit and vegetables were delivered every 2-3 days".There were ample amount of fresh fruit and vegetables available. We observed they had a good variety of fruit juices. dried and tinned food in stock. Random samples of food inspected were found to be within their use-by-date.

This meant the service had a choice of suitable food and hydration in sufficient quantities to meet people's needs.

Cleanliness and infection control ✓ Met this standard

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.

We observed the service appeared very clean throughout. There was an unpleasant odour in the hallway off the lounge. In discussion with various care staff and senior member of staff, none of them seemed able to detect this odour. One visitor to the home commented, "The whiff in the hall is becoming less noticeable". We saw in the Monthly Management Report that the provider had been made aware of this odour and they were working to get rid of it. We saw hand sanitizers were evident throughout the service for the use of people who used the service, staff and visitors to the service. Throughout the day of the inspection we observed that cleaning of rooms and common areas took place by staff employed to maintain the cleanliness of the home.

We observed care staff used personal protective items such as disposable gloves and aprons and individual Antimicrobial hand gels. We observed domestic staff performing their tasks and noticed they too wore gloves and aprons. We saw their cleaning trolleys were suitably stocked; including recipients for soiled materials separate from used materials. We saw liquid soap and paper towels available in bathrooms and toilets. We observed the bathrooms and toilets were clean. We saw that the laundry area had been fitted with specific washing machines that reduced the likelihood of cross infection. Staff told us they had received training in infection control and knew how to manage soiled material safely. For example, the laundry staff told us, "I always wear my long gloves to handle soiled linen when loading the washing machine". This meant the provider had ensured appropriate provisions were made to prevent the spread of infection.

People who used the service told us the service was generally clean and tidy. They told us, there was enough domestic staff employed to do the cleaning and they had their bedrooms cleaned daily. One person told us, "The place is always very clean". Another person said, "My room and everywhere else are cleaned regularly". One relative told us, "The home is always clean whenever I visit. I noticed that about seven thirty in the evenings the domestic staff deep clean the carpets". This meant that the provider had ensured that all parts of the premises from which it provides care were suitable for the purpose, kept clean and maintained to a clean standard.

A senior member of staff told us, "There is an identified lead infection control person for the company and we have a named lead infection control nurse for the service, who is responsible for maintaining infection control in the service". The senior member of staff was able to discuss infection control matters relating to the service, based on the published Department of Health (DoH) guidelines and the service's current infection control policy. This meant the provider had ensured there were identified persons responsible for the organisation's infection prevention and control management.

A senior member of staff told us the service used a company experienced in management and disposal of clinical waste for their clinical waste disposal.

A member of staff said, "People experience care provided in a safe, clean, comfortable environment". We observed the service had policies on infection control which were followed in practice. For example, we saw staff wore aprons and gloves when giving personal care to people. We also observed staff using the hand gel at regular intervals. A senior member of staff told us the service worked well with other agencies such as Environmental Health and worked in accordance with local policies. This meant the provider ensured effective systems had been in place to prevent and control the risks of the spread of health care infection.

Management of medicines ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

Medicines were prescribed and given to people appropriately.

We observed that medicines were administered by a registered nurse (RN) who used a hand held computer. We were provided with a display of how the hand held unit functioned, informed it was linked to both the person's GP and the pharmacy from which the service received their medicines. The member of staff told us, "This new way of administering medicines to people diagnosed with dementia leans heavily on 'shifting towards a positive culture of care' and is much safer as it is impossible to make any mistakes as the computer would not allow you to give the medicine". This meant the provider ensured processes were in place to reduce or remove the chances of errors occurring.

We observed that the 8am medicines were being administered at 10am. We asked the RN why people were having their medicines so late. We were told one person who used the service had a medical emergency earlier on in the morning which the RN had to deal with. We were told there was only one RN on duty. This meant that on the morning of the inspection, people had not received their medicines on time. The provider might wish to note that people should have their medication at the time they are due.

We saw that the hand held computer displayed a recent colour photograph of the person whom the RN selected to be able to see what medicines they were due. We were told this ensured staff administered medicine to the correct person. The staff member who administered the medicines told us, "All RNs have their own personal password which they need to access this computer before they can administer medication. Also there is always a record on the system of which RN did the medicine on any particular day". We were told that the service kept a paper copy of people's medication record just in case the system should fail. We observed medicines were kept in a locked medicine trolley during the medicine round. A senior member of staff told us all controlled drugs (CD) were kept securely in the control drug cabinet, inside a hanging drug cabinet in a secured room in line with the Medicines Act 1968, the Safer Management of Control Drugs Regulation 2006.Staff spoken to told us they knew how to manage CD.

This meant the provider ensured people's medicines had been handled safely, securely and appropriately.

One person told us, "They medicate me always at the same time". People said they received their medicines on time and staff had explained to them why they were prescribed their medicines. We reviewed three "medication records" on the system and observed the preparation of one person's medicine from preparation to administration and found recording of medicines on the system had been entered correctly. We discussed with staff how they managed this new way of administering people's medicine. Staff told us, "This new way is much better for the person receiving their medicine. Furthermore, people get their medicines when they are supposed to have them". The staff member told us all staff who administered medicines had undertaken recent training to enable them to administer medicines safely. We saw evidence of this in the latest Monthly Management Report for the service. This meant that people had their medicines at the time they needed them from staff qualified to administer medicine and in a safe way.

A senior member of staff told us, "Records were kept of all medicines that entered, administered and left the service. This way we can keep a check on all medicines associated with the service." These records were made available for inspection. A senior member of staff told us, "All staff who administered medicines had undertaken training to enable them to give medicines safely". We were provided with the service's latest Monthly Management Report which contained records of staff training.We were told by a senior member of staff that the pharmacist involved with the company which supplied the hand held computer used in administering medicines regularly conducts training sessions with staff who administered medicines. This meant the provider ensured medicines entered, administered and left the home were handled correctly to ensure the safety of people who used the service.

Assessing and monitoring the quality of service provision ✓ Met this standard

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 meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

The provider had an effective system to regularly assess and monitor the quality of service that people received.

People who used the service told us their views were sought about the service delivery by means of residents' questionnaires and questionnaires had been sent to their relatives also. A relative told us they had been asked to complete questionnaires but had never had any results fed back to them. They said, "Recently, I have had six- monthly newsletters sent to my home informing us of changes and improvements planned for the home". A senior member of staff told us, "We are in the process of sending out this year's questionnaires. The relative's questionnaires have been posted, but client and staff have not yet received theirs". This meant the provider had processes in place to gather information from people who used the service and their relatives and to share information with people and their relatives.

We observed through case tracking the health and social care needs of people who used the service, that the service had well developed risk assessments relating to people's health, safety and lifestyles. This meant that necessary changes to the plan of care could be made if information gathered and analysed identified a risk of inappropriate care or support

We were shown a copy of the latest monthly quality audits (QA). Some QA were based on Care Quality Commission (CQC) Essential standards of quality and safety. We saw that where deficits were identified, they had drawn up a working plan to rectify this so that they would continue to be compliant with CQC regulations. For example, requirements relating to workers had been identified and we saw evidence that the registered manager had worked on this outcome to ensure compliance with CQC regulations.

We saw the registered manager had systems in place to conduct a range of monthly audits. These included Medicine; wound care; infection control;;care plan and care given audits, health and safety; staff files; manual handling and equipment; food menus; unplanned hospital transfers; night time monitoring of residents; accidents and falls.. The

company also employed a person who carried out monthly site audits to make certain the services complied with CQC regulations.This meant that people who used the service benefited from safe quality care, treatment and support due to the effective decision making and the management of risks to their health, welfare and safety.

We saw policies and procedures which related to the assessing and monitoring the quality of care provided by the service, such as complaints policy and procedure. We were told by a senior member of staff that they had not received any complaints since CQC last inspection. We spoke to a relative on the day of the inspection and they told us they knew how to make a complaint, but, has never had the need to do so. We checked the QA for complaints received in the last month and none had been recorded. We spoke with two members of staff, who demonstrated a good knowledge base of how to help people who used the service to make a complaint, and how they would complain if they saw a reason to do so. This meant the service had appropriate systems in place to effectively assess and monitor the quality of the service provided.

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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