

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

## Cypress Road

46 Cypress Road, Normanton, Wakefield, WF6  
1LL

Tel: 01924899072

Date of Inspection: 20 January 2014

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2014

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

<b>Respecting and involving people who use services</b>	✓	Met this standard
<b>Care and welfare of people who use services</b>	✓	Met this standard
<b>Cleanliness and infection control</b>	✓	Met this standard
<b>Management of medicines</b>	✓	Met this standard
<b>Requirements relating to workers</b>	✓	Met this standard
<b>Records</b>	✓	Met this standard

## Details about this location

Registered Provider	The Wilf Ward Family Trust
Registered Manager	Mrs. Michelle Goodall
Overview of the service	Cypress Road is registered to provide respite accommodation and personal care for up to four people who have a learning disability. Accommodation is provided in a purpose built four bedroom bungalow with en-suite facilities and communal lounge and dining areas.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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## Summary of this inspection

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### Why we carried out this inspection

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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.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 20 January 2014, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members and talked with staff.

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### What people told us and what we found

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We found Cypress road to be a welcoming and friendly service. Due to difficulties with verbal communication, we were only able to speak with one of the four guests who was staying at the service. They said that they liked coming to stay there and enjoyed listening to music. We observed staff and saw that they treated guests with respect, dignity and appeared to have a good understanding of their needs.

One relative, we spoke with after our visit described Cypress Road as, " Absolutely fantastic, I've met everyone and I can't say a bad word". Another relative told us about the commitment of the staff and said, "They're very much into what the person wants, they work very well as a team and it gives me confidence that they all get on."

We found that support plans were detailed and up to date. When we spoke with staff we found that they were clear about what was included in the plans and had involved guests in the planning of their care.

We looked at processes for administering medication and saw that systems were in place and staff were trained. We examined the recruitment process for the service and found that staff had undergone required checks before they started work and were trained and supported appropriately by senior staff to undertake their work.

We found that Cypress Road was clean and measures had been taken to ensure that risks of infection had been reduced.

Processes for maintaining records were in place and all records were up to date.

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

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## More information about the provider

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

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

## Our judgements for each standard inspected

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

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

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### Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected. People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

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### Reasons for our judgement

On the day of our inspection, four guests were staying at Cypress Road for a short break. Three people had difficulties with verbal communication and we spoke with one person who said that they enjoyed their visits and liked to listen to music. Following our visit we contacted two family members of people who regularly used the service to gain their views. One relative told us, "They know everything about her, they're out of this world. They involve you in planning."

We spent time in the communal dining room and lounge and observed positive interactions between staff and people using the service. We saw staff treating each person with dignity and respect and we observed staff actively involved people in decisions about what to eat for their evening meal and the activities that they wanted to take part in. We observed that guests appeared to be relaxed, calm and comfortable, listening to music and enjoying sensory lighting in the lounge area. Other guests were enjoying watching and listening to a music video and playing with small toys. This meant that the individual preferences of people using the service were taken into account by staff.

We talked with five staff who all demonstrated that they had a good understanding of the needs of each person and how they used different non verbal communication to indicate their preferences. Staff spoke positively and knowledgeably about guests who stayed at Cypress Road and had a sense of pride and commitment in their work. This meant that guests who visited Cypress Road were treated with respect by staff who understood their needs.

The atmosphere at Cypress Road was welcoming, well maintained and homely. Staff prepared rooms for guests and we saw that where possible, people were allocated rooms which were familiar to them from previous visits. They were decorated in different colours with matching bedding and curtains and photographs of guests were put on the doors of the rooms. Tele-care technology was used to provide alerts to staff about the needs of people staying at the service in a way which was less intrusive. A range of different

monitors were available to meet individual needs and we were told by staff that this was particularly effective at night. This meant that people were supported to be safe and to feel at home in a familiar environment.

We asked about the initial assessment process and the manager explained that some guests made a transition from support services provided for younger adults to Cypress Road which was a service for people who are over eighteen years of age. The manager and senior staff visited people at home and in other services and planned the transition to the new service. This was achieved with close communication with family members and involved a gradual introduction by visiting for tea and staying one night before a longer stay was planned. This meant that people using the service were introduced slowly which ensured that they were happy with the support provided and had time to make adjustments and staff had time to understand how they preferred care to be provided.

We reviewed four support plans and found that they contained detailed information about people's likes, dislikes and preferences. We observed that each person had different preferences for how they spent their time during their break and in advance of each visit, staff contacted the family of each guest to find out if there were any changes to their needs and discussed what activities or outings they would enjoy during their visit. A template was provided which included pictures of different activities which meant that people could make a selection in advance of their visit and preparations were made by staff.

We saw that people who had visited Cypress Road the previous weekend had been shopping and to the cinema. Following the visit, family members were given a summary of what their relative had done each day, where they had been and photographs were included. Staff explained that guests treated their break at Cypress Road as a holiday and some people enjoyed seeing staff and other guests who they had got to know over time. This meant that the experience of staying at Cypress Road was tailored to meet individual needs in line with their support plan.

We talked with staff about the different ways that they ensured that each guest was supported to make choices. The staff we spoke with, explained that all aspects of care were led by the support planning process which described what people's needs and preferences were. Staff told us that for some guests who had limited verbal communication, staff looked for subtle signs that they were either enjoying a particular food or activity and that they relied on non verbal signs which they grew to understand. We saw examples of non verbal communication was recorded in the person's support plan.

Staff explained that they checked out information with family members who would make suggestions, confirm that the guest enjoyed a particular activity or a way of doing something. One relative we spoke with told us, "She doesn't like loud voices, she panics; they do their hardest to match her with quieter people, they really go out of their way to match them up." This meant that the provider focused on the individual needs of the person and used their skills and experience to build a picture of the best ways to provide care and support for each guest.

Staff explained that each visit was co-ordinated to ensure that visits were planned so that people could be with friends. Physical compatibility was taken into consideration to ensure that there was a balance of guests who were either mobile or who used a wheelchair. This meant that the mix of different physical, social and emotional needs of people staying at Cypress Road was carefully considered to ensure that staff were able to maximise the benefits of the visit and offer appropriate support.

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

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**Our judgement**

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The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

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**Reasons for our judgement**

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During our visit we reviewed four support plans and saw that care and treatment was delivered in a way that ensured people's safety and welfare. The records of care that we looked at contained detailed information about the person, their life story, interests and preferences. There were detailed risk assessments for nutrition, medication, mobility, personal care and communication. Some of the support plans we looked at contained new assessment and care planning documentation which was being introduced to the service. We discussed these changes with the manager who explained that the style of the documentation was intended to be more person centred and provided greater opportunities for more involvement from the people using the service and their families to record likes and dislikes and changing preferences. This meant that the provider was committed to finding ways to improve the care planning process and recording of the plans.

We saw that there was a pre-call system prior to the visit to check out any changes in the physical or emotional needs of the person and these had been completed for all guests who arrived on the day of the inspection. The support plans were updated as required and risk assessments updated appropriately.

During the visit, we observed positive interactions between guests and staff members. We saw that care was provided in line with the individual care and support plans and was appropriate to the needs of each individual person. Staff demonstrated that they understood the needs of guests and we observed that they communicated and responded in different ways with each guest. Staff were able to describe the different likes and dislikes of people using the service and ways in which they responded were clearly specified in the support plans. This meant that care was delivered in a personalised way and adapted to meet individual needs.

We discussed with the manager ways in which the service supports guests and their families. She provided an example where concerns had been raised by the service about the care of one guest when she was in the community. As a result of the intervention of the manager and support of other professional colleagues, a plan of care and support had been successfully put in place to ensure that appropriate care was provided and their relatives were supported in the process.



Relatives we spoke with told us that they and their loved ones were involved in the planning of their visit and the choices about the activities they do whilst staying at Cypress Road. One relative said, "Every time she has respite, she comes back happy, I always know what she's done, they take her bowling, shopping and help her with independent living skills." We saw copies of the 'My Stay' letters home which detailed all activities throughout the visit. This meant that guests were involved with their plan of care and were able to choose activities that they preferred.

Another relative told us that her daughter preferred to have personal care provided by a female carer. I did ask if male carers would be washing her and they told me that out of respect, male carers wouldn't be showering or providing personal care." This meant that guests had a choice about the gender of their care giver.

The manager explained that the home operated a compatibility policy which meant that they aimed to provide care for guests with similar interests and needs at the same time. This was applied to guests who for example had a preference for music and were happier when the atmosphere was noisier whilst other guests preferred to be quieter and found noisy activity disturbing. We were told that some guests have challenging behaviour which is managed in accordance with the agreed support plan and their visits are carefully planned to ensure that they will be compatible with the needs of other guests during their stay.

We asked about activities within Cypress Road and we saw that in addition to music, films and sensory equipment, the manager and staff had raised funds to build a summer house. This was fitted with heating, lighting, soft seating and music and was used by guests as an additional space where they could relax just outside the building in the garden area. We saw details of the opening of the summerhouse which involved members of the local community and we were told by staff that it had provided an opportunity for neighbours and friends and family living near to Cypress Road to be involved with supporting the service and better understand the care and support provided. This demonstrated that staff were committed to improving the care and support options for people who came to stay at Cypress Road.

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

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**Our judgement**

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The provider was meeting this standard.

The risk of infection was reduced because there were clear procedures in place to assess and manage activities throughout the service. Staff were trained and there was equipment to support them in providing care for guests who visited the service.

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**Reasons for our judgement**

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We looked at policies and procedures for infection control, talked with staff and examined the building. When we arrived at Cypress Road, we observed that all four bedrooms and ensuite bathrooms had been prepared for guests who were due to arrive in the afternoon. We saw that each room had been deep cleaned in accordance with the policies and procedures for the service. All surfaces and equipment had been cleaned using approved cleaning materials. We saw that the process for this was clearly written down in a step by step action plan and once completed, it was recorded and signed. This meant that the risk of infection was reduced because the provider took steps to ensure all areas had been cleaned.

We observed that there were clear procedures for handwashing which were displayed in all areas of the home. Antiseptic gel was available in all bathrooms and the kitchen. We saw that there were adequate supplies protective equipment for staff to use when providing personal care for guests staying at Cypress Road. This included disposable gloves and bags. Staff we spoke with throughout the inspection, were able to explain the procedure for disposal of waste including incontinence pads. This meant that staff had access to appropriate equipment and clear guidelines about how to maintain hygiene by effective handwashing and disposal of waste.

We looked at training records and saw that staff had undertaken required training in infection control procedures which we noted were regularly updated. This meant that the provider ensured that staff had the knowledge and skills to undertake care and support of guests staying at Cypress Road whilst reducing the likelihood of the spread of infection. Training was available and regular updates were provided.

We spent time in the communal areas of Cypress Road including the lounge and dining room and found that they were clean and well maintained. The home had recently undergone some redecoration and appeared to be clean, fresh and homely.

We asked staff about the procedures for preparing meals and they were able to describe how they prepared food, tested the temperature and stored food safely. We saw that there was a clear procedure in place for cleaning the kitchen and food preparation area which

was undertaken by waking night staff. All completed procedures had been recorded, signed and dated and night staff had undertaken training in food hygiene and preparation. This meant that food was prepared by trained staff who managed the risk of infection by following handwashing and food hygiene procedures and used equipment which was cleaned daily.

We looked at the laundry room and found that it was well organised with clear instructions for the use of products and care of clothes. The door was kept locked at all times to ensure that only staff entered the room. The manager explained that staff tried to ensure that guests went home with clothes which had been washed and ironed. This meant that any soiled linen was handled by staff who were trained in infection control procedures, used appropriate products and aimed to ensure that any clothes leaving the service had been washed.

During the visit we spent time with a member of staff who shared a lead responsibility for health and safety at Cypress Road. We were told that staff undertook shared lead responsibilities on a rotation basis. We observed her checking the temperature of the water in all bathrooms. This was recorded and any issues identified were written in the communications book for reporting and action. We saw that a food probe had been found broken, this had been recorded and had been replaced. This meant that staff had the opportunity to develop specialist knowledge in key areas such as health and safety and infection control and were accountable for the monitoring and recording of issues on a regular basis.

We discussed with the manager the process for managing and controlling infection. She described the procedures clearly and how the home supported and proactively managed the care of people who had infections of any kind. We looked at risk assessments and care plans which provided full details of how a person was cared for and supported in a way which protected the person, other guests and staff and reduced the risk of any spread of infection.

These measures which were put in place by the provider ensured that the risk of infection was reduced.

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

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## **Our judgement**

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The provider was meeting this standard.

Medicines were managed, stored and administered according to clear policies and procedures by staff who had received appropriate and regular training. Risk of drug errors was reduced because staff followed clear protocols.

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## **Reasons for our judgement**

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During the inspection, we spent time observing staff who were checking in medication which had been brought to Cypress Road by guests. We looked at the procedures, individual records and discussed the medication which had been prescribed for three different guests. The staff member we spoke with explained the procedure for booking in the medication and told us that this was either undertaken by two members of staff or one staff member and subsequently checked by a second member of staff later in the shift. This meant that the risk of errors was reduced as two staff members checked the medication.

Staff checked that all medication that was brought in corresponded with the list of medication provided by the family, labels were scrutinised and quantities were recorded. We saw that each guest had an individual file which was colour-coded to indicate that the person had an allergy. This meant that steps had been taken to provide alerts for staff to any products or food that people were allergic to and could be easily seen by the colour of the file.

Staff explained that all medication was audited each night to ensure that the dosage given throughout the day was correct. This meant that any errors were quickly noted and action could be taken. Staff were able to describe the procedure for reporting and recording a drug error and the action that they would take.

Staff explained in detail what each person's medication was for and what the likely side effects could be. Staff had undertaken training in medication and spoke confidently about the different groups of medicines. We were told that staff responsible for administering medication received updating training every six months. This meant that staff were trained and received updates to ensure that any changes in medication were understood.

We looked at support plans and medical administration records (MAR sheets) and saw that several people who stayed at Cypress Road were peg fed which means that they had special liquid food which was administered at specific times through a tube. Staff explained the procedure for this and were able to describe exactly what they did to ensure that people were supported to have the feed at specific times. Staff had received training in the

administration of peg feeds. We observed from a support plan that if a person required any change to the peg feed, this had to be agreed with the dietician who would make a formal change to the protocol. This meant that staff worked with other health professionals to ensure that any changes were agreed, recorded and implemented.

In a different support plan we observed in the medication section that a change made to the number of puffs from an inhaler for one guest had been clearly recorded and signed. This meant that changes to medication were discussed with the guest, their family and where appropriate GP or other health professional and recorded on the support plan.

We asked about self medication and were told that there were currently no guests who visit Cypress Road who administer their own medication. We asked about medication which was taken when required, otherwise known as PRN medication and were told of some examples of drugs used if people experienced a seizure. We saw that this medication was controlled and kept in a locked cabinet within the medicine store. This meant that medicines were securely stored in accordance with the policies and procedures of the provider.

## Requirements relating to workers

✓ Met this standard

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

### Our judgement

The provider was meeting this standard.

The provider had a clear recruitment policy, undertook required checks and provided appropriate induction training to ensure that staff employed by the service had the required skills to undertake their role.

### Reasons for our judgement

We reviewed three staff files and saw evidence that recruitment procedures were followed. When we spoke with the manager and deputy manager they confirmed that two references were requested. We saw from records that staff appointed did not commence employment until the Disclosure and Barring Service certificate (DBS) has been received by the company which provided records of any criminal convictions. Certificates were held by staff and a copy of the certificate was scanned and stored on line by the provider's head office. This meant that the provider was following procedures and taking steps to ensure that required checks were carried out before employing staff.

We talked with the team about recruitment and the process of attracting staff to the available roles within the service. The senior staff member on duty explained that the service had recently held a recruitment campaign in the local area to attract potential applicants which had also provided an opportunity to talk to the public about the role of the home and what the work involved. This meant that the provider was exploring different ways of attracting potential employees within the local community to maximise the opportunity to employ appropriate staff.

We talked with the manager about the requirements for a support worker role at Cypress Road and she explained that they looked for people who had key values including respect for people, an ability to listen and commitment to personalisation which means focusing on the individual needs of people using the service. People applying for roles within Cypress Road were also tested for literacy and numeracy skills as they were required to write reports and handle money. We were told that shortlisted applicants were shown around the home by guests and spent time talking with them. This meant that people who use the service were involved in the recruitment and selection process.

We talked with the manager about induction training for new staff and were told that staff undertook their mandatory training in areas such as manual handling, safeguarding and infection control within a few weeks of commencing employment. This was booked in advance so that new staff could attend training as soon as possible. Staff we spoke with told us that they had an opportunity to shadow experienced staff and support was provided by the senior on duty and the manager. We saw details of the induction training

programme in one of the files that we reviewed. This meant that new staff were supported to gain the required skills to undertake their role and supervision was provided to ensure that their progress and development was monitored.

We talked to the manager about the six month probationary period which is in place for all newly appointed staff. She explained that new staff start by working relief shifts to enable them to experience all aspects of the role at different times. She told us that the support worker role was not suitable for everyone and she provided an example of a recent appointment where the staff member had not been suited to the job and the contract had been terminated at the end of the probationary period. The manager had provided regular supervision sessions, the person had undertaken appropriate training and progress was recorded in line with the policy of the provider. In this way there were clear records of progress and issues which had arisen throughout the probationary period which could be evidenced. This meant that staff employed by the provider were supported and their progress monitored to ensure that they were suitable to undertake the roles and that if during the probationary period, there were any issues for the manager or employee, their employment was terminated.

The manager explained that the service aimed not to use agency staff but preferred to use relief staff who worked across other homes managed by the same provider. This meant that the service provided by staff was consistent and staff employed had received required training to provide the best possible care for guests staying at Cypress Road.

When we talked with staff they told us that they had opportunities for ongoing training which was provided to support them to manage different needs of guests staying at Cypress Road such as Alzheimer's disease, autism, epilepsy and training in managing complex behaviours. New staff were mentored by more experienced staff in addition to receiving supervision from senior staff.

All of these measures meant that the staff recruited and employed by Cypress Road were supported to provide appropriate personalised care for guests using the service.



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

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## Our judgement

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The provider was meeting this standard.

Records were maintained by staff, signed and dated. An audit process was in place to monitor the quality of records and they were stored appropriately.

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## Reasons for our judgement

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During the inspection we looked at support plans for three guests who use the service and found that all the documents were up to date. We saw that they had been signed by staff and where possible people who use the service. The provider was in the process of changing the system of care and support planning and so we were able to view records of different people at different stages of the implementation of the new care planning record. This was explained to us and we saw that each format in use was up to date and contained details of any changes to the plan of care. This meant that the provider was continually looking at ways of improving the recording processes to ensure the quality of care planning was maintained.

We discussed the processes for planning for each visit which included a pre-visit template. These had been completed in conjunction with relatives and carers to plan for the care whilst the guest was staying at Cypress Road and included information about any changes to the person's needs. Preferences about the range of activities that they would enjoy during their visit were also recorded so that the visit could be planned in advance and any staffing or transport or food preferences catered for.

During the inspection we observed staff booking medicines into the home for the visit of one guest and also looked at the medical administration records (MAR) for two other guests. We saw that the process involved a checking of all drugs, quantities and dosage brought in and details of these were signed for and counter signed by another member of staff. The process involved a twice daily audit to ensure that the correct dosages had been administered. We observed that all signatures were in place and all records dated. This process was undertaken in a locked office where the member of staff was not disturbed.

We saw records which documented daily, weekly and monthly health and safety checks around the home and observed the designated member of staff with the lead responsibility for health and safety checking the water temperatures in all bathrooms, recording and dating this. We also saw records of fire checks. Where there were any issues which required action, these were noted in a communications book which alerted the appropriate staff to address the issue. Once the issue had been actioned, this was recorded as completed and signed by the appropriate member of staff. This meant that regular checks were made throughout the home, recorded, signed for and dated before and after action



had been taken.

We reviewed three staff records and found that all information related to recruitment and the induction period was in place. Each file had records of supervision and appraisals recorded. We noted that staff worked in teams and the senior member of staff responsible for the team regularly audited the records to ensure that they were in the file and had been signed following the supervision process.

We examined records of audits which had taken place and found that senior staff from homes which were run by the same provider regularly carried out audits in relation to records, health and safety and staffing. The outcome of the audits was discussed with the manager and an action plan produced. The manager explained that this provided an opportunity to look at the processes and systems within the service with an objective pair of eyes and enabled staff to learn from each other, discuss and share good practice.

We were shown the process for storing records and saw that current records were stored appropriately in locked cupboards within the main office and the room used for storing medication. Records were archived and we observed that these were kept in data boxes which had been labelled and were stored in a locked cupboard.

This meant that the home had a clear process for storing current and past records in accordance with the data protection procedure.

## 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.

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**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.

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**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.

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**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

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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)

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### **(Registered) Provider**

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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'.

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### **Regulations**

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

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### **Responsive inspection**

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

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### **Routine inspection**

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

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### **Themed inspection**

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

## Contact us

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