Inspection Report

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

Stanbridge House

Standbridge House, 54-58 Kings Road, Lancing, BN15 8DY

Tel: 01903753059

Date of Inspection: 26 February 2013

Date of Publication: March 2013

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

Respecting and involving people who use services	✓ Met this standard
Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Meeting nutritional needs	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Management of medicines	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Staffing	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard
Complaints	✓ Met this standard

Details about this location

Registered Provider	Ms Kim Sanders
Overview of the service	Stanbridge House is a privately owned care home and registered to provide accommodation for up to 27 people. The home is situated in a quiet residential area of Lancing and approximately one mile from the town centre. All but one of the rooms are single occupancy and could provide a double for a married couple if required.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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'.

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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 February 2013, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members, talked with staff and received feedback from people using comment cards.

What people told us and what we found

We spoke with six people, one visitor, three visiting health professionals and five members of staff. People told us that they were well cared for and that they knew who to raise any concerns with. They felt the staff were attentive and responded well to their needs but at the same time maintained their independence. They told us that the staff treated them with respect and nothing was too much trouble.

People were able to make choices about the support they needed and their privacy and dignity were respected and promoted. Consent to care and treatment was recorded appropriately. People experienced care, treatment and support that met their needs and protected their rights. They were protected from the risks of inadequate nutrition and dehydration. People were cared for by staff who were well informed about what constitutes abuse and how to report any concerns. Staff administering medicines were appropriately trained.

The service had effective recruitment and selection processes in place, with enough staff to care for people. People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard. The provider had an effective system to regularly assess and monitor the quality of service that people received. There was an effective complaints system available. People had their comments and complaints listened to and acted on, without the fear that they would be discriminated against for making a complaint.

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

Respecting and involving people who use services ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care. People were able to make choices about the support they needed and their privacy and dignity was respected and promoted where appropriate.

Reasons for our judgement

People who used the service understood the care and treatment choices available to them. We observed care being provided to people who lived at the service at different stages of the day. We were able to speak with six people who all told us that they had made a number of choices about their care provision. One person told us that they liked to have their breakfast in their room. They said the staff knew what they liked and would bring it to them each morning. They could stay in their room as long as they wished but often liked to have lunch and support with other people in the dining room. People confirmed that the staff would help them when they needed it. The staff we spoke with said that they would offer help to people and respected their decisions if they refused any help.

We were told by staff that people could choose what time they got up in the morning and although the records could not confirm this, we saw people remained in their rooms in the morning when we were being shown around the home. We spoke to six people during our visit who told us that they could go to their rooms when they wanted to. They told us they were very happy with the home, the support and care that they received from the staff. We observed the kitchen assistant speaking to people during the morning and discussing people's food choices for supper and explaining the menu for lunch time. The cook told us that they would do this on a daily basis and if anyone did not like the menu for lunch they could choose something else. The cook kept a record of people's food likes and dislikes in the kitchen so would know what people may choose as an alternative.

People expressed their views and were involved in making decisions about their care and treatment. We found that a system was in place to consult with people about their care. The deputy manager or senior carer reviewed the care plans with people on a regular basis either monthly or as required. However, not all care plans had been signed by people. Staff told us that not everyone wanted to be involved but they endeavoured to discuss any changes with people when needed. We looked at records for four people living in the home and found that there was a good care planning process in place. They

clearly identified a range of choices made by people with some signatures from them around consent issues. There was a clear record of how each person wished to be addressed which was used throughout the care plans.

People's diversity, values and human rights were respected. We saw staff treating people with respect and also considered their privacy and dignity. We observed staff knocking on bedroom and toilet doors before entering the rooms; this included the domestic staff and kitchen assistant. Staff spoke to people in a calm manner, knowing how to respond to different people's needs. People told us that they received the help that they needed. We saw that care plans included information about what people could do for themselves to remain independent but also how staff should support them. People told us that staff provided the care needed politely and checked what was wanted. This meant that people made day to day decisions about the care they received and they told us they felt respected.

Consent to care and treatment ✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. People's consent to care and treatment was recorded appropriately.

Reasons for our judgement

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. We spoke with six people who lived in the home. We found they all had the capacity to make decisions and were able to communicate them effectively to staff. They told us they had discussed their care plans and that staff always checked they were happy to receive care before it was delivered.

The staff we spoke with were clear they could not force people to receive care and described actions they would take if a person refused help. For example, one member of staff told us they would discuss the reasons and offer to return later. During our visit we heard staff check with people and obtaining their consent before proceeding with a task. For example we heard a staff member ask one person "Would you like me to walk you back to your room?" This showed consent was sought from people before care was delivered.

We looked at two records of decisions made by doctors about resuscitation. We saw that discussions had taken place with people about the decision not to resuscitate them. We saw that each person had been consulted about this decision and they had signed the appropriate form along with the GP. The manager had clearly labelled each care file that indicated this decision had been made. There was also a record of this decision on people's medication administration sheet. This meant that such decisions were only made where necessary and with the full knowledge and understanding of those affected.

We looked at three care plans and associated risk assessments. We saw these had each been signed by the person and their key worker. We also looked at people's Medicine Administration Records (MAR) sheets and observed part of the medication round the day of our visit. Staff asked people if they wanted their pain medication before dispensing it even though it had been prescribed four times a day. There were also clear records of when it had been refused. This showed that records had been made of times when people had declined and people's wishes had been respected

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.

People experienced care, treatment and support that met their needs and protected their rights. People's support needs were assessed and planned and there were arrangements in place to deal with foreseeable and unforeseeable emergencies.

Reasons for our judgement

People's needs were assessed, care and treatment was planned and delivered in line with their individual care plan. We looked at four care plans and associated documentation. These had been completed by the manager or the deputy who assessed people before they came to the home. They told us that before a person moved into the home, they were invited to visit, where an assessment of their abilities and needs was undertaken. The plans identified individual care needs and risk assessments. Each detailed the support which was needed to ensure people's health and social care needs could be met. We saw that some of the assessments had been signed by people using the service. This meant that consultation with people was repeated where appropriate as their needs changed.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. All care plans were being consistently reviewed and some were due to be reviewed within the next month. The care plans were supported by a daily records system which also included doctors' and other professionals' notes. We spoke with six people living in the home who informed us that they felt that their health, care and social needs were being met by the staff. One person told us about some of their health needs and how they were being supported by the staff. They told us that the staff were able to call their GP when they needed them before their health problem got worse, "the staff seem to know when I am not well". People we spoke with told us that they wanted to be as independent as possible but could call on the staff if they wanted to. We spoke with three community nurses who were visiting the home at the time of our visit. They told us that they had no complaints about the home and that the staff were very helpful. They said the staff would contact them quickly if there was a problem..

We observed that staff were available when people needed them with a staff presence in the communal areas throughout the time we were at the home. Staff had time to spend talking with people who received assistance at a pace suitable for them. We observed during lunch time that people's needs were being met..

There were arrangements in place to deal with foreseeable emergencies, such as an environmental risk assessment to evacuate the building in the event of fire. This gave instruction about what should be done in the event of an emergency and where to take

people. It included contact details of all key people who would be required to ensure people's care and welfare needs could continue to be met in the event of an emergency. We also saw on each person's care file which people were to be resuscitated in the event of an emergency. There were clear records in the files about what this meant and for people where this decision had been discussed. This meant staff would recognise when a person becomes seriously ill and required treatment immediately and respond to meet their needs.

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. The staff involved in the food preparation were aware of people's likes and dislikes and produced food that facilitated a healthy balanced diet.

Reasons for our judgement

People were given a choice of suitable nutritious food and drink, in sufficient quantities to meet their needs. We observed the lunchtime meal being prepared by the home's cook and spoke with six people about the quality of food served. Each person told us that the food "was really good" and "there was plenty of variety". All the people who lived in the home were independent in being able to take food and drinks. We observed that the staff interacted well with people and assisted people only when they needed it. People were supported throughout the meal and this was carried out in a respectful manner. Where assistance was not required staff were seen around the dining area observing people and ensuring they had enough to drink.

People were provided with a choice of suitable and nutritious food and drink. The cook showed us their plan for meal times which was a set menu each week and covered a six week period. We were told that each morning the kitchen assistant would go round with hot drinks and inform people of the hot meal for that day. If people did not like what was on offer then they could choose something else. People were also asked what they would like for 'supper time'. We observed that one person was provided with an alternative supper of their choice. People we spoke with told us that they could choose alternative meals if they wished but one person commented "the food is always good here- often we don't need to". The cook told us that they would use alternative menus for people who were diabetic or vegetarian if needed, but they did not have anyone with those needs when we visited.

We spoke with five people after their meal and all were complimentary about the food. There was no daily menu displayed in the dining room but the cook was considering how they could display it for people as a reminder. The lunchtime meal was not rushed and we observed that one person who came into the room later than others was served their meal. The meals were served directly from a heated trolley and the temperatures checked which ensured the hot meals were served at the correct temperature.

The cook told us that people's food choices were discussed on admission and they kept a record in the kitchen. The cook told us that they would discuss with people their individual dietary needs and the care staff would involve people's families if they were unable to participate due to their communication difficulties. This meant that they provided choices to people of food and drink that would meet their needs and was nutritionally balanced.

Staff told us that there was a menu that was rotated on a six weekly basis; this meant that people were offered a variety of meals to meet their needs. Swallowing risks were identified and appropriately recorded. Special diets such as soft and pureed meals were available to people as needed. Equipment such as plate guards and adapted cutlery were available to support and maintain people's independence at mealtimes. Throughout the day we observed that hot and cold fluids were available to people. We saw that people were offered choices of drinks.

Safeguarding people who use services from abuse ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People who used 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. They were cared for by staff who were well informed as to what constitutes abuse and how to report any concerns.

Reasons for our judgement

People who used 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. We spoke with six people who lived at the home and all said they were happy living there. They told us they felt happy, secure and well looked after by the staff and would feel comfortable raising or reporting any concerns they had to a member of staff. They had confidence their concerns would be sorted out if they did so. The manager provided us with training records which showed staff within the home had received training on safeguarding vulnerable adults. We saw training attendance certificates in three of the staffs' personal files. The registered manager kept a record of training dates so that they could ensure staff attended relevant updates.

We spoke with three staff who had a clear understanding of what constitutes abuse and the procedure they should follow if they suspected abuse may have occurred. We saw that the home had their policy and local authority contact details available for all staff to access if needed. The provider had taken steps to minimise the risk of abuse occurring by ensuring that all staff understood the safeguarding processes that were relevant to them.

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. Staff administering medicines were appropriately trained.

Reasons for our judgement

Appropriate arrangements were in place in relation to obtaining medicine. We found that the home had policies and procedures in place to support the safe custody, recording and administration of medication. We looked at records for all people living at the home and found evidence of good record keeping and procedures for obtaining medications for people. All medications were checked on delivery to the home and a record made on the medication administration records (MAR) sheet. Any concerns were notified to the dispensing pharmacy as necessary and a record made.

There were sufficient arrangements in place in relation to the recording of medicines that were classed as 'homely' medicines. For example cough linctus or Vick sinus rub were used if people requested it. These were recorded in people's care files. We asked the assistant manager how they checked these did not interact with people's prescribed medications. We were told that they always looked and read the instructions attached. If they were concerned they contacted the person's GP. We looked at ten people's MAR charts. We found them to be well maintained and no omissions or gaps in records.

Medicines were safely administered. We looked at the MAR sheets of twelve people who lived in the home and found that all administration had been signed for as required. Any refusals or non administrations were also duly recorded with the correct coding for the system used. We saw medicines being administered correctly to people in the home and staff ensured they had been taken by the person before signing the record sheets as per their procedure. External medicines such as eye drops and eye ointments were also administered in the correct way by staff. Staff washed their hands and wore gloves to administer people's eye care. The meant that people received their medicines at the times they needed them and in a safe way reducing the risk of cross infection occurring.

We saw that medication that could have been prescribed on an 'as required' basis was documented and prescribed either three or four times a day. For example people's pain medication. We observed one member of staff administering medications after the lunch time meal. The pain killer was offered to people that it had been prescribed for and at the correct time. However, the member of staff asked people if they wanted the medication first. Any refusals were recorded appropriately and given as intended. This meant that

people received their medication as they needed and any refusal their decision was respected by staff.

Medicines were prescribed and given to people appropriately. The home kept a record of all health professional visits to people. There was also a record of any telephone conversations made and the outcome of any changes to people's medication. We saw that any changes to people's medication was recorded and the appropriate changes made by health professions to their MAR sheet. There was a separate record of the date the change was to start and for how long. For example one person's medication needed to be stopped for three days. We saw the name of the medication and days for it to be stopped recorded and signed. The MAR sheet also recorded the dates by a cross in the correct box and for the correct number of days. We saw another example of this for another person for seven days. The provider had ensured that people's prescriptions were up to date and reviewed by the appropriate professionals.

Medicines were kept safely. The home had a medicines trolley for the day time medicines with the night time medicines stored in a locked cupboard. This cupboard also stored the excess stock that was delivered on a monthly basis. The home did not have people on 'controlled drugs' at the time of our visit. There was one person on a night medication that was locked in the cupboard but was recorded in the 'controlled drugs' log book. We looked at the medicines stored in these cupboards and found that they were clearly labelled and in date. We also saw that the home did not keep any excess stocks of people's medicines. We were told that due to restricted storage any excess was always returned to the dispensing chemist. The deputy manager also ensured that only medicines needed for people were requested from the GP on a monthly basis.

Medicines were disposed of appropriately. Any medications refused by people, dropped or not given were labelled as to date found or not given. These were stored appropriately in the home's drugs cabinet and returned to the pharmacy for disposal at the end of each month and appropriate records kept. The deputy manager told us they returned excess stock of people's medicines to the pharmacy and ensured, where possible, that the prescriptions were changed if people were prescribed too many tablets for the month.

Medicines were administered by staff who were suitably trained. The provider told us that before staff were authorised to administer medicines, they had received training and had to be assessed as competent following observation by the deputy manager. One member of staff told us this training was updated on an annual basis. We looked at the training records which confirmed training had occurred as described.

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.

People were cared for, or supported by, suitably qualified, skilled and experienced staff. The service had effective recruitment and selection processes in place.

Reasons for our judgement

There were effective recruitment and selection processes in place. The manager explained their recruitment process, which complied with current legislation about employment, equalities and human rights. Separate files were kept in the manager's office of all staff employed by the service. We looked at three staff files which documented all the relevant checks had been made prior to them starting work at the home. We saw that there was an application form, interview record and requests for references. The application forms asked potential applicants about their past experiences and whether they had cared for the client group previously. This meant that the provider was assured that the workers were suitable for their role and had the appropriate experience to meet the needs of the people the service cared for.

Suitable and appropriate checks were undertaken for successful candidates which included enhanced criminal records bureau (CRB) checks and identification checks. We saw that the selection and interview process adhered to equal opportunities. The provider was aware of the needs of people who used the service and their support needs when selecting the successful candidate.

Staffing ✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

There were enough qualified, skilled and experienced staff to meet people's needs. The provider told us that three care staff were required to cover the day shifts and the late shifts each day. Two staff were required to cover the night shift. Staff rotas we looked at showed that this policy was being followed. We observed on the day of our visit there were enough staff to support people. We asked the six people we spoke with if they felt there were enough staff to assist them and if staff responded promptly to requests for help. They all said that they had no concerns about the staff. They said there seemed to be enough staff on duty; one person commented "they respond to my request for help when I need it". The manager told us that the home was divided into three sections with one carer for each section. We spoke with three staff who told us that they felt there was enough staff on duty to meet people's needs. This meant there were sufficient staff to meet all of people's different care and welfare needs. The staff team was constant and the service did not have to rely on agency staff.

The manager told us that sickness and annual leave were usually covered by their own staff. Some staff would work additional hours and it was very rare they used agency staff. The staff we spoke with were happy to do additional hours when requested. They felt this was better for people as they knew them and people knew the staff well. They also told us that they felt they had the skills to provide the care that people needed. This meant that the service employed enough skilled staff to care for people's needs.

Supporting workers ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

Staff received appropriate professional development. The service provided training for staff and their training needs were identified through their two monthly supervision sessions. Training such as dementia care and medicines management was provided for the staff along with fire safety, manual handling and infection control. We found that the provider and deputy manager had undertaken enhanced training in safeguarding adults and medicines management. We were told this enabled them to regularly assess and monitor other staff in the safe administration and management of medicines. One of the senior carers we spoke with told us that they had been observed and assessed to administer medicines to people in the home confirming that they were competent and confident to administer medicines to people. There was a system in place to assist staff to develop and maintain their skills.

We spoke with three members of staff who told us they were having formal supervision six to eight weekly. We were shown some records of these sessions which included observations of practice and identification of staff training needs. Certificates of all training attended by all the staff were kept in a separate file. We saw that new staff had received an induction in 2012 and other training relevant to their role. Two of the training records we viewed had been with the service for a number of years. We saw that their training files contained the training certificates demonstrating they had attended training over a number of years. Staff we spoke with said they had attended training and felt they had the skills needed to meet people's needs.

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. The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people using the service and others.

Reasons for our judgement

People who used the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. At this inspection we found there was a system established to consult people about the quality of service received from the service. Questionnaires were completed by people and their relatives on an annual basis. We saw that the returns were positive about the service and staff. People told us they felt able to talk to the staff and say what they wanted. We looked at outcomes from the resident's meetings where items were discussed. This meant that that the manager and their deputy had developed a culture of reviewing and revising the service through feedback from people.

Staff were also encouraged to give feedback to the manager and they confirmed that they were able to do this in regular staff meetings, informal discussions and individual supervision sessions. The provider had also conducted an employee satisfaction survey in 2012. The results showed that staff were happy working for the provider.

There was evidence that learning from incidents / investigations took place and appropriate changes were implemented. We were shown and saw in people's care files that some people were prone to falls. We saw that for people that had fallen there were appropriate risk assessments and care plans in place for those people to reduce the risk. Any injuries were noted and appropriate health professionals called to review them. This meant that the manager took account of accidents in the home and would take appropriate action to inform any improvements that might be needed.

The provider had an effective system to regularly assess and monitor the quality of service that people received. The manager had a system in place to audit and assess the quality of the service provided both to people and the environment they lived in. One example was a recent audit of medication that had been conducted. They were able to demonstrate that action was taken to amend records or systems to improve their effectiveness in meeting people's needs. We were also shown other audits of the environment such as monthly checks of people's rooms to ensure that any maintenance was dealt with immediately. This meant that the provider was able to identify, assess and manage risks

relating to the health, welfare and safety of people and others who maybe at risk.

Complaints ✓ Met this standard

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available. People had their comments and complaints listened to and acted on, without the fear that they would be discriminated against for making a complaint.

Reasons for our judgement

People were made aware of the complaints system. The provider had a system in place to deal with people, staff and visitors complaints. People living in the home were provided with information about how to raise any concern either written or verbal. The service had a clear and concise complaints policy which was included in information provider for people and their families when they joined the service. The manager took proactive steps to ensure people were supported to make comments or raise complaints. Staff told us that they would support people to make a formal complaint if that was what they wanted.

The service took active steps to find out whether people had any complaints by asking people specifically about any issues they had in their key worker meetings. The residents' meetings were another time where people could raise any concerns. All the people we spoke with told us they would raise with any member of staff or the manager any concerns or complaints they had.

People had their comments and complaints listened to and acted on, without the fear that they would be discriminated against for making a complaint. Three people told us that the manager was the person they would go to if they had any complaints and if the issue was not resolved they would take it to the owner. This meant that people were well informed of the complaints process and told us that if issues were raised they were normally dealt with at the time. One person gave us an example of when they had previously raised an issue with the manager and the manager had responded swiftly and effectively to deal with their issue. Staff we spoke with said people would feel comfortable and happy speaking up if they wanted to make a complaint.

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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