

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

The Dovecote Residential Care Home

69 Bagshaw Street, Pleasley, Mansfield, NG19
7SA

Tel: 07740304829

Date of Inspection: 13 August 2014

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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	✘	Action needed
Meeting nutritional needs	✘	Action needed
Safeguarding people who use services from abuse	✘	Action needed
Staffing	✘	Action needed
Assessing and monitoring the quality of service provision	✘	Action needed
Complaints	✘	Action needed

Details about this location

Registered Provider	IBC Quality Solutions Ltd
Registered Manager	Mrs Michele Lovock White
Overview of the service	The Dovecote Residential Care Home is run and managed by IBC Quality Solutions Ltd. The service is registered to provide accommodation for up to 18 persons who require nursing or personal care.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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 13 August 2014, observed how people were being cared for and talked with people who use the service. We talked with staff.

What people told us and what we found

The inspection team who carried out this inspection consisted of three inspectors to answer five key questions; is the service safe, effective, caring, responsive and well-led?

Below is a summary of what we found. The summary describes what we observed, the records we looked at and what people using the service, their relatives and the staff told us.

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

Prior to our inspection we reviewed all the information we had received from the provider. We used a number of different methods to help us understand the experiences of people. We spoke with six people who used the service, members of the management team and two staff. We also looked at some of the records held at the home, which included people's support care plans. We also observed the support people received from staff.

There was a registered manager who was available throughout our inspection

Is the service safe?

On the day of our inspection people told us they felt safe and felt the staff would always promote their health and wellbeing.

Members of staff told us they felt they could report any concerns or suspicion of abuse to the management team. They were able to give a good account of the actions they would take if they suspected abuse was happening.

Staff told us they would always support a person if they wished to make a complaint or report a concern and all felt that the registered manager would listen and address any complaints effectively.

We found that some staff training designed to aid staff in promoting people's safety such as managing challenging behaviour and epilepsy awareness was out of date. We also

found that a system to identify the member of staff who could be called upon to administer first aid in an emergency situation had not been followed. These issues could compromise the staff's ability to respond to people's needs appropriately, which could compromise their safety if left unaddressed.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLs) and to report on what we find. We found that one person had a DoLs order in place. The registered manager also told us that they were in the process of facilitating stage two mental capacity assessments for all of the people who were residing at the home with the assistance of representatives from social services. This is to ensure that each person's rights are protected and care is provided in people's best interests.

The provider made us aware of an episode of financial abuse in July 2014 which was identified through their internal audit of people's financial records. Following the identification of the financial irregularities we found the provider had referred these issues to the appropriate local authority's safeguarding adult's team. The police had initiated an investigation into this matter and the provider was awaiting the outcome of the investigation. The provider had reimbursed people's money as required and they were liaising with the local authority to amend their policies and procedures. We will continue to monitor this element of service provision to ensure the required improvements are made.

We saw that an on-call rota system was in place to ensure a member of the management team would be available at all times should staff require guidance in an emergency situation.

Is the service effective?

Whilst we found that the staff we spoke with had a good understanding of people's individual preferences in relation to care delivery, people's care plans required further developments as they did not, in all instances, provide sufficient information to inform all staff.

We found that some risks had been identified and assessed in relation to aspects of people's care and support but not all. For example, the lack of a care plan to manage a person's susceptibility to pressure ulcer formation and the lack of detail in another person's care plan relating to management of diabetes.

Is the service caring?

Throughout the day of our inspection we observed staff asking people to make informed choices in relation to their food preferences and what activities they wanted to take part in.

We found staff responded to people in a caring and respectful manner. We saw there were staff available to give assistance where needed and supported people's independence at all times.

Is the service responsive?

We found people were asked about their opinion of service provision within residents' meetings. We also established that resident's questionnaires would be distributed to people in September 2014. The registered manager told us the results of the consultation process would be made available to people residing at the home and their relatives.

We were informed by the manager that two informal complaints had been made since the home was registered in December 2013. We were not able to review the management of the complaints therefore we could not determine if they had been investigated and responded to appropriately.

Is the service well-led?

Whilst staff said they felt the manager had improved the quality of the service provision they also felt that an increased managerial presence would enhance the quality of service provision. They believed the increased presence would allow the registered manager to monitor the quality of the service more closely which they felt could have benefited the service.

We established, through an examination of records and conversations with the registered manager, that further developments were required to ensure a robust auditing system was in place to fully assess and monitor the quality of service provision. The manager told us they had designated this responsibly to an alternative member of staff but on reflection they were not confident that auditing process had been performed effectively.

We found that the auditing process had not ensured the staff training matrix was up to date as it did not reflect the training status of all the staff employed at the home. We also found the auditing processes had not identified that staff supervisions were inconsistent.

We found it difficult to determine if people had received additional funding for one to one support as records were not maintained to demonstrate how the commissioned additional support hours were provided. We also found that staff were not clear on what constituted one to one support and how it was to be recorded.

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

What we have told the provider to do

We have asked the provider to send us a report by 01 November 2014, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

More information about the provider

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

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

Our judgements for each standard inspected

Care and welfare of people who use services

✘ Action needed

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

Our judgement

The provider was not meeting this standard.

Further developments were required to ensure care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

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

Reasons for our judgement

We spoke with six people to establish their views on the quality of service provision. They all said they felt safe at the home. One person said, "No one hurts anyone here." People also told us they liked the staff and they received the support they needed. They told us they trusted the staff and knew them all by name.

We observed that the interactions between the staff and people who used the service were caring and considerate. When people asked for something staff were quick to respond. We also found staff to be supportive and respected people's decisions. This observation was confirmed by a person as they said a definite, "yes" when we asked if staff showed them respect when they helped them with personal care.

We asked staff to comment on the quality of service provision. None of the staff spoken with had any concerns about the quality of the care provided. One member of staff told us, "The care is one thing we do very well. We have a very experienced staff team and this shows." Another member of staff said, "We provide very good care."

We found that systems were in place to assess people's holistic needs. This aided the management team in the development of plans which highlighted how people's needs and aspirations were to be met by the staff employed at the home.

We also found there was a key worker system in place. People told us their key workers spoke to them on a regular basis to establish if their needs were being met. This was confirmed by a member of staff who told us, "Some people are very involved. Key workers sit with the person and discuss their needs." Another person told us they discussed their support plan with the staff and their parents who visited them on a regular basis.

We found that people's support plans were undergoing a review process which aimed to make them easy to follow, and to ensure they were person centred. We asked staff if they thought the support plans were effective in highlighting people's needs. They told us the documentation had improved significantly and they were always available should they be needed for reference. They also told us people were involved in differing degrees in the development of their plans according to their abilities and whether they wanted to be.

All the staff we spoke with said they believed people had their care discussed with them and gave their consent. They said this was on an on-going basis because they talked with people about their support at the time they were providing it and made sure the person was in agreement. For example, when giving someone their medication they always made sure the person knew what they were having and why. We observed this happening in practice. Also, when providing personal care, staff told us they always checked with the person first if they wanted them to help them.

The provider may find it useful to note that whilst people told us they felt involved in planning their support package and were aware that their support plans were in the office, we found they, or their advocate, had not been encouraged to sign the documentation to show they were in agreement with them.

We found that further developments were required to ensure care could be delivered in line with people's individual plans. The documentation did not, in all instances, provide sufficient information to inform staff. For example, we found a person who had a history of pressure ulcer formation did not have an assessment in place to demonstrate they were at risk. We also found that a plan had not been produced to guide staff on the action they needed to take in minimising the risk of pressure ulcer formation.

We also found that plans relating to the management of a person's diabetes required additional information as they would not have provided staff with sufficient guidance on how to assist the person if they experienced a hypoglycaemic or hyperglycaemic (high or low blood sugar levels) episode as a result of their diabetes.

We discussed these areas of concern with the registered manager on the day of our inspection. They agreed that the shortfalls in the quality of people's plans, if left unaddressed, could potentially impact on the health and wellbeing of those people using the service.

Records showed that people were supported to access treatment from their local general practitioner, and also received interventions from psychiatrists, speech and language therapists, occupational therapists, dentists and opticians. People's support plans also contained a 'NHS traffic light system'. The documentation was designed to ensure that should a person be admitted into a hospital environment, sufficient information would be available to the hospital staff so people's individual needs could be highlighted. One person told us, "The staff help me when I go to hospital. I'm going for an eye test at hospital soon."

People told us they had been provided with the opportunity to go to Blackpool on holiday. They told us they went for five nights and were supported by two staff. They said that the staff were very good at helping them and they had a good time. We also found that most people were going on a trip to Skegness the week after our inspection. We found that people had the opportunity to attend a day centre two days a week. We also found that people could attend a weekly disco within the local community.

We found that further developments were required in relation to the provision of social activities within the home environment. A designated activities coordinator was not employed at the home. Whilst staff told us they could utilize an activities room, and a sensory room, they also said that the activities were provided on an ad-hoc basis, depending on whether staff were available. They felt that the provision of social activities had been compromised due to their conflicting work commitments.

Food and drink should meet people's individual dietary needs

Our judgement

The provider was not meeting this standard.

The registered person had not always ensured that people received a choice of suitable and nutritious food in sufficient quantities to meet their needs and preferences.

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

Reasons for our judgement

We received conflicting information from people about the quality and quantity of food provided. One person told us, "I like all the food here, but I would like to go out for a meal sometimes."

Another person told us they had been provided with the opportunity to discuss the type of food they preferred when they attended a residents' meeting. They also told us that they felt this information had not been taken into consideration by the management team. They told us, "We had a meeting to discuss what we wanted on the menu, but we don't like the value brand and that's what the managers always order on line." This person told us, "They don't give us proper joints and no fresh food – only frozen." They went on to tell us that they had recently had pork chops for lunch and said, "They were awful."

This information was confirmed by another person who told us about the pork chops. They said, "They were hard to cut and didn't taste nice." This person also said they made a complaint to staff about the food, but they didn't think the member of staff informed the registered manager.

Whilst we saw that one person received support from a member of staff to go to a local shop to buy food and drink for their lunch, a second person said that there were limited snacks available. We saw there were some apples for eating at lunch times and a staff member we spoke with told us there had been some bananas at the weekend, but they always got eaten first.

We ask staff to comment on the quality of food provided. Once again we received conflicting information on this subject. One member of staff told us that whilst the food was purchased from a supermarket's basic range they felt people enjoyed it and did have plenty to eat and drink. They also demonstrated to us that a plentiful supply of fresh fruit and vegetables was available.

Another member of staff told us they had recently purchased frozen sausages with their own money as there were none available and sausages were on the menu for tea. They

told us they were not bothered about claiming for them as they were bargain sausages and were only 99p a pack. They also told us they hadn't told the registered manager anything about the "food situation" and the lack of sausages.

A member of staff showed us a frozen rolled chicken joint which had been purchased for Sunday lunch. The member of staff told us people had chicken most days. We saw the chicken was also from a value range. The chicken joint contained pork, sage and onion stuffing and appeared to have more stuffing than chicken. The staff member also said that the only fresh joint of meat they sometimes had was beef and people enjoyed that.

A member of staff told us there were restrictions with regard to food. They told us people were not involved in shopping and the quality of the food purchased was not particularly good. They said, "The management do all the shopping without service users having any input. They have weekly meetings where food is discussed but their requests are not addressed."

We discussed these issues with the registered manager. They told us that they were aware that staff were not always adhering to the planned menu. They also believed the quality of the food was wholesome and nutritious.

The registered manager told us they would be addressing the concerns of the staff at the next staff meeting. They also told us they would ensure that people residing at the home would be provided with the opportunity to evaluate the quality of the food within a residents' consultation process which had recently been initiated. They also told us that should the consultation process identify any concerns they would be addressed as a matter of priority.

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

Our judgement

The provider was not meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had not taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

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

Reasons for our judgement

On the day of our inspection people told us they were safe and felt the staff would always promote their health and wellbeing.

Members of staff told us they felt they could report any concerns or suspicion of abuse to the management team. They also said they would have no hesitation in initiating the organisations' whistle blowing policy. We also found that staff spoken with were able to give a good account of the actions they would take if they suspected abuse was happening.

We found that some staff training designed to aid staff in promoting peoples safety such as managing challenging behaviour and epilepsy awareness was out of date. We also found that a system to identify the member of staff who could be called upon to administer first aid in an emergency situation had not been followed. Therefore, we could not be confident that staff would be able to respond to people's needs appropriately.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLs) which applies to care homes. We found that one person had a DoLs order in place. The registered manager also told us that they were in the process of facilitating stage two mental capacity assessments for all of the people who were residing at the home with the assistance of representatives for social services.

Staff told us they did not have access to people's money. They told us that should they require any money for a person they would put in a request on a person's behalf and any money provided was signed for and receipts obtained. If a person needed money at short notice, staff would either provide it and claim it back or contact the registered manager.

The provider made us aware of an incident of financial irregularities in July 2014. This was identified by the provider following their internal audit of people's financial records. Following the identification of the financial irregularities we found the provider had referred

these issues to the appropriate local authority's safeguarding team and the police had initiated an investigation which was on-going.

On the day of our inspection we discussed the management of people's finances with the provider and the registered manager. It was established that the provider had reimbursed people's money as required. They were also liaising with the local authority to amend their policies and procedures to ensure they were robust in promoting people's financial security. We will continue to monitor this element of service provision to ensure the required improvements are made.

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

Our judgement

The provider was not meeting this standard.

Systems required improvements to show there were enough qualified, skilled and experienced staff to meet people's needs and to show how the additional support hours were used to enhance people's life experiences.

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

Reasons for our judgement

On the day of our inspection we observed staff interacting with people in a kind, relaxed and considerate manner which promoted people's wellbeing and independence.

Staff told us that on occasions they did not have sufficient time to fully support people with their assessed needs and said that people's social activities could be compromised as a result of the staffing levels. They also told us some people were in receipt of additional funding from the local authority to provide them with one to one support hours to engage in their positive activities.

We found it difficult to determine if people had received the additional interventions. The staff rota did not highlight when the additional support had been provided and the type of support provided. Furthermore records were not maintained to demonstrate how the additional support hours were used to enhance people's life experiences. We also found that staff were not clear on what constituted one to one support and how it was to be recorded.

We discussed these areas of concern with the registered manager on the day of our inspection. They agreed that this area of service provision required clarification. They told us they had recently discussed this issue with the local authority and were working with them to develop a system which would clearly show how and when additional support had been provided and the value of the support.

Records showed that staff had been provided with the opportunity to participate in training events pertinent to their roles and responsibilities in the home. The training records showed that some training in topics such as epilepsy awareness, the management of aggressive behaviour, principles of working with people with a learning disability, dementia awareness and first aid were out of date for some staff. This could compromise people's safety if left unattended.

The provider may find it useful to note that whilst staff said they felt supported by the management team and felt valued and listened to they also told us they had not received regular supervisions to provide them with the opportunity to discuss work practice. We discussed this issue with the registered manager who told us the newly recruited team leader would be addressing this issue as a matter of priority.

Assessing and monitoring the quality of service provision

✘ Action needed

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was not meeting this standard.

Improvements were required to ensure the provider had an effective system to regularly assess and monitor the quality of service that people received.

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

Reasons for our judgement

We found a record was kept of accidents and incidents. The provider may find it useful to note that the registered manager told us they had designated the monitoring of these incidents to an alternative member of staff. They told us that on reflection they were not confident that these incidents had been monitored effectively. Therefore they had made the decision to monitor any accidents and incidents themselves to ensure actions could be initiated to minimise similar incidents happening again.

We saw evidence that the home had an emergency evacuation plan for all of the people residing there. This meant that a process was in place to ensure that people could be evacuated from the home in the event of an emergency. We also saw that a service continuity plan was in place which provided staff with guidance on what actions would be required in the event of an emergency such as a loss of electricity or gas supply.

We established through an examination of records and conversations with the registered manager that further developments were required to ensure a robust system was in place to fully assess and monitor the quality of service provision.

Whilst people were asked for their opinion of service provision within residents' meetings we established that formal questionnaires had not been distributed to people or their relatives. Therefore it would be difficult for the provider to determine if their aims and objectives were being achieved since they had taken over the running of the home in December 2013. We asked the registered manager how they intended to address this shortfall. We were told that questionnaires would be distributed in September 2014 and the results of the consultation process would be made available to people residing at the home and their relatives. The registered manager confirmed at a later date that the consultation process had been started.

Although we established that people's care planning documentation had recently undergone a review process it had not ensured that people's holistic needs had been fully

addressed. We found that some risks had been identified and assessed in relation to aspects of people's care and support but not all.

We found that the auditing process had not ensured the staff training matrix was up to date as it did not reflect the training status of all the staff employed at the home. We also found auditing processes had not identified the inconsistent staff supervision which would make it difficult for the provider to show that the staff training needs were being discussed and met.

We found the registered manager of the service only attended the location for two days per week. Whilst staff felt confident in the registered manager's abilities they also felt that an increased managerial presence would enhance the quality of service provision. This was because they believed their increased presence would enable the registered manager to monitor the quality of the service more closely.

The staff spoken with said they believed the service provided was good and was improving all the time. They said they felt confident in discussing any elements of service provision with the registered manager. They also said they were happy about the recent appointment of a team leader who would be taking on additional managerial responsibilities.

We discussed our concerns with the registered manager. They told us they had designated auditing responsibilities to an alternative member of staff. They said on reflection they were not confident that systems within the home were being monitored effectively and agreed that the current processes required improvement. They told us they had made the decision to undertake the role themselves following our inspection. They also told us that they intended to increase their presence at the home and also confirmed the management structure within the home would be amended as a matter of priority.

People should have their complaints listened to and acted on properly

Our judgement

The provider was not meeting this standard.

There was not an effective complaints system available and complaints people made were not responded to appropriately.

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

Reasons for our judgement

The provider had a complaints procedure on display throughout the home. It was also available in a variety of formats to ensure that people residing at the home, or those acting on their behalf, understood how to make a complaint should the need arise.

Staff told us they would always support a person if they wished to make a complaint or report a concern. They also felt that the registered manager would listen and address any complaints effectively.

We were informed by the registered manager that two informal complaints had been made since the home was registered in December 2013. We were not able to review the management of the complaints as they had not been recorded, therefore we could not determine if they had been investigated and responded to appropriately.

We discussed this issue with the registered manager. They agreed that the omission was an oversight and also agreed that further developments were required to show that all complaints, either formal or informal, were recorded effectively together with the registered manager's response to the complainant.

This section is primarily information for the provider

✘ Action we have told the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010</p> <p>Care and welfare of people who use services</p>
	<p>How the regulation was not being met:</p> <p>The registered person must take proper steps to ensure that each service user is protected against the risks of receiving care or treatment that is inappropriate or unsafe, by means of—</p> <p>(a) the carrying out of an assessment of the needs of the service user;</p> <p>and</p> <p>(b) the planning and delivery of care and, where appropriate, treatment</p> <p>in such a way as to—</p> <p>(i) meet the service user's individual needs,</p> <p>(ii) ensure the welfare and safety of the service user,</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 14 HSCA 2008 (Regulated Activities) Regulations 2010</p> <p>Meeting nutritional needs</p>
	<p>How the regulation was not being met:</p> <p>Where food and hydration are provided to service users as a component of the carrying on of the regulated activity, the registered person must ensure that service users are protected from the risks of inadequate nutrition and dehydration, by means of the provision of—</p>

This section is primarily information for the provider

	(a) a choice of suitable and nutritious food and hydration, in sufficient quantities to meet service users' needs;
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2010</p> <p>Safeguarding people who use services from abuse</p> <p>How the regulation was not being met:</p> <p>The registered person must make suitable arrangements to ensure that service users are safeguarded against the risk of abuse by means of—</p> <p>(a) taking reasonable steps to identify the possibility of abuse and prevent it before it occurs</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010</p> <p>Staffing</p> <p>How the regulation was not being met:</p> <p>In order to safeguard the health, safety and welfare of service users, the registered person must take appropriate steps to ensure that, at all times, there are sufficient numbers of suitably qualified, skilled and experienced persons employed for the purposes of carrying on the regulated activity.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010</p> <p>Assessing and monitoring the quality of service provision</p> <p>How the regulation was not being met:</p> <p>The registered person must protect service users, and others who may be at risk, against the risks of inappropriate or unsafe care and treatment, by means of the effective operation of systems designed to enable the registered person to—</p> <p>(a) regularly assess and monitor the quality of the services</p>

This section is primarily information for the provider

	provided in the carrying on of the regulated activity against the requirements set out in this part of these regulations.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 19 HSCA 2008 (Regulated Activities) Regulations 2010</p> <p>Complaints</p> <p>How the regulation was not being met:</p> <p>For the purposes of assessing, and preventing or reducing the impact of, unsafe or inappropriate care or treatment, the registered person must have an effective system in place (referred to in this regulation as "the complaints system") for identifying, receiving, handling and responding appropriately to complaints and comments made by service users, or persons acting on their behalf, in relation to the carrying on of the regulated activity.</p> <p>(2) In particular, the registered person must—</p> <p>(a) bring the complaints system to the attention of service users and persons acting on their behalf in a suitable manner and format;</p> <p>(b) provide service users and those acting on their behalf with support to bring a complaint or make a comment, where such assistance is necessary.</p>

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

The provider's report should be sent to us by 01 November 2014.

CQC should be informed when compliance actions are complete.

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

About CQC inspections

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

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

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

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

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

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

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

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

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

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

How we define our judgements

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

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

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

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

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

How we define our judgements (continued)

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

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

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

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

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

Glossary of terms we use in this report

Essential standard

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

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

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

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

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

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

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

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

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

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

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

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

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

Glossary of terms we use in this report (continued)

(Registered) Provider

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

Regulations

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

Responsive inspection

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

Routine inspection

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

Themed inspection

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

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