

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

Manton Hall

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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
Safeguarding people who use services from abuse	✘	Action needed
Cleanliness and infection control	✘	Action needed
Management of medicines	✔	Met this standard
Supporting workers	✘	Action needed
Assessing and monitoring the quality of service provision	✘	Action needed

Details about this location

Registered Provider	Foundation Care (Norwich) Limited
Registered Manager	Mrs Jackie Groom
Overview of the service	Manton Hall is a care home without nursing. The service can accommodate a maximum of 31 older persons.
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 24 April 2014, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with staff, talked with other authorities and were accompanied by a specialist advisor.

What people told us and what we found

At our inspection we asked five questions; is the service caring? Is the service responsive? Is the service safe? Is the service effective? Is the service well led?

Below is a summary of what we found. The summary is based on our observations during the inspection, speaking with people using the service, their relatives, the staff supporting them and from looking at records.

Is the service safe?

We observed that people were treated kindly and respectfully by staff. Staff were attentive to people's needs and offered people choice. People we spoke with felt safe. Staff knew how to report suspected abuse and who to report to. Some staff were unsure about how to recognise the signs of abuse. There were times when there no staff in attendance in the lounge area. Some people were dependent on staff to meet their needs and ensure their safety because of physical or cognitive disability.

There was an annual programme of audits to monitor the quality of service provision. Staff were not involved with or aware of the audits undertaken.

There was limited evidence available to demonstrate that learning from incidents / investigations took place and appropriate changes were implemented. This increases the risk of harm to people and fails to ensure that lessons are learned from mistakes.

People were not always cared for in a clean and hygienic environment. There were not enough domestic staff on duty to clean all areas of the home on a daily basis. We found significant breaches to the expected standard for infection prevention and control.

Staffing numbers were not always sufficient to meet people's needs or keep them safe. One person told us they had to wait for staff to attend to them at certain times of the day.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. This means that when people have their liberty deprived in order to keep them safe, this was only done following a best interest assessment carried out by the local authority DoLS team. At the time of our visit there were two people using the service who required a DoLS authorisation. However, the actions staff should take to manage the deprivation in the least restrictive way was not recorded in one person's care plan.

People were not fully protected from the risks of receiving care that was inappropriate or unsafe. Staff had not carried out risk assessments for three people who had recently moved in.

Is the service effective?

People's health and care needs were assessed before they moved in, but care plans for three people who had recently moved in had not been completed. Some care plans had not been reviewed regularly. Care plans were therefore not able to support staff consistently to meet people's needs.

Staff had not received all the appropriate training they required to meet people's needs or to keep them safe.

Is the service caring?

People were supported by kind and attentive staff. We saw that care staff showed patience and gave encouragement when supporting people. Some staff members told us that they did not always have the time to spend with people because they were so busy.

People's preferences, interests, aspirations and diverse needs had not always been recorded. Because of this care and support could not always be provided in accordance with people's wishes.

Is the service responsive?

People had been supported to maintain relationships with their friends and relatives.

People knew how to make a complaint if they were unhappy. People told us that staff would listen to them and take appropriate action.

An activities organiser had recently been appointed. We were told that the activities organiser would be responsible for arranging monthly residents meetings so that people could provide feedback about their experience of care, treatment and support.

Is the service well-led?

The service had a quality assurance system, records seen by us showed that not all of the shortfalls identified had been addressed. The system did not systematically ensure that staff were able to provide feedback to their managers, so their knowledge and experience was not being properly taken into account.

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 07 June 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.

Care and treatment was not always planned and delivered in a way that was intended to ensure people's safety and welfare.

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 looked at care records for four people who used the service. Three of the four people had recently moved into Manton Hall. We saw that care plans and risk assessments had not been fully completed for the three people who had recently moved in. This was despite them being in the home for more than 10 days. As a result there was a reasonably foreseeable risk that people's needs may not be fully met and people would not be protected from risk.

People had their needs assessed before moving in but this information had not been used to formulate a plan of care. One person who had recently moved in had dementia and associated cognitive impairment. We saw that some information had been collected about their social, cultural needs and preferences. Records stated that this person liked a daily bath and liked to be active. The support plan stated that this person could manage their washing and dressing activities independently.

We looked at daily records of care and support provided and saw that this person had not been offered a bath and had washed and dressed themselves without any staff assistance. We could not find any evidence of staff checking that this person could manage their own hygiene needs. Staff had not checked the person's skin or assessed their risk of developing pressure ulcers. This is despite the care plan for skin integrity stating that staff must 'report any changes'.

There was nothing in the care plan to state how this person could remain active during their stay. Staff told us that they had recently found out the person enjoyed cleaning. They told us they planned to facilitate this activity for this person. This was not recorded in their

care plan.

We saw that the risk assessment for malnutrition had not been completed nor had the person's weight been recorded. Daily records stated that this person had refused their tea time meal for six days. Because there was no record of the person weight on admission it was not possible to know if they were losing weight or becoming malnourished.

A falls risk assessment had been completed and a score of two (medium risk) had been recorded. The support plan for mobility stated 'I may lose my balance so ensure support is offered'. It did not state how the support should be offered. Staff told us that this person had been found halfway up the stairs unsupervised and frequently asked to go home. The care plan and risk assessment did not sufficiently manage risk of this person falling or of leaving the home. We saw that the lounge area was not supervised by staff at all times. Some people were dependent because of physical or cognitive disability and therefore there was a significant degree of risk of people not having their needs met or remaining safe.

The Deprivation of Liberty Safeguards (DoLS) were only used when it was considered to be in the person's best interest. This meant that when a person had to have their liberty deprived in order to keep them safe, this was only done following a best interest decision carried out by an authorised person from the local authority DoLS team. However, the care plan for one person who had a DoLS in place did not contain information for staff about how they should manage the deprivation of liberty. For example if a person had a DoLS in place because they were not safe to leave the home unsupervised, care plans and risk assessments must clearly state how staff should manage this in the least restrictive way.

We spoke with three people who used the service. All were complementary about the care and support they received and told us they liked the staff. One person said "The staff are excellent, there is not one of them I don't like. They are very understanding". One person told us they sometimes had to wait for staff to attend to them because they were so busy.

We saw that staff interacted with people who used the service in a positive and respectful way. People were offered choice and staff worked flexibly so that they could accommodate people's preferences. For example we saw that some people preferred to have their meal in the lounge or in their own room rather than go to the dining room. We saw in care records that some people chose to go to bed very late and get up later in the morning. Staff respected and accommodated these choices.

We looked at staffing numbers and skill mix and spoke with the manager about this. Because of the rural location of the service the provider had experienced difficulty recruiting suitable staff. The manager told us they recognised that more staff were required on each shift and that the recruitment drive was ongoing.

Staff told us there were not enough staff on each shift to properly meet people's needs or keep them safe. There were usually four care staff on duty each morning, a senior, the deputy manager and the registered manager. However, the senior carer, the deputy manager and the registered manager did not routinely assist people with their personal hygiene needs. This meant that there were only four staff members to meet the personal hygiene needs of 27 people.

Many people had high dependency needs because of physical and or cognitive disability. There were only two care staff on duty at night. One person often became disorientated

and went into others people's rooms during the day and night. Night time care staff were also expected to carry out cleaning duties. It was difficult to see how this could be achieved while also meeting people's needs and keeping them safe.

We looked at records of accidents and incidents and saw that there had been eight unwitnessed falls recorded for March 2014. We were concerned that the high number of unwitnessed fall was a result of insufficient staffing levels.

One person had been allocated 10 hours a day of one to one care when they were out of their room. This meant this person required a member of staff to be with them when they were not in bed in order to ensure their safety. Some of the one to one hours were delivered by the activities organiser. This meant that during this time the activities organiser was not available to other people who used the service. We also saw that this person was spending a lot of time in bed during the day. The manager told us that this was because the person was often tired. This person was not receiving the allocated 10 hours a day and this may have been because there not enough staff on duty to achieve this.

One person had a very low body weight. Staff had previously consulted the persons GP about this but the persons weight had not been checked for some time. Therefore staff had not taken appropriate action to monitor the progress or effectiveness of the care provided. We did see that staff assisted people with their meals in a caring and sensitive way. We saw that people who were reluctant to eat were offered very small plate of food to encourage appetite. We saw that staff were providing high calorie milk shakes to people at risk of malnutrition.

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

Our judgement

The provider was not meeting this standard.

People who used the service were not always 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

We spoke with three people who used the service. They told us they felt safe and would feel comfortable raising any concerns with staff.

We spoke with staff about safeguarding people from abuse. Some staff told us they had not received any training. However when we spoke with the registered manager they showed us evidence that all staff had watched a DVD about safeguarding people from abuse when they first commenced working at Manton Hall. Staff we spoke with were not entirely clear about how to recognise the signs of abuse. They were clear about whom to report suspected abuse to and this included reporting to other authorities such as the local authority safeguarding team and the CQC.

Some people displayed behaviour which presented a risk to themselves or to others because of their cognitive impairment. Staff we spoke with had not received training about conflict resolution. One person who used the service often became disorientated and went into other people's private rooms. One person who used the service told us that this did sometimes occur and they were not concerned about it.

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

Our judgement

The provider was not meeting this standard.

People were not protected from the risk of infection because appropriate guidance had not been followed.

People were not always cared for in a clean, hygienic environment.

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 spoke with three people who use the service. They told us they were satisfied with the cleanliness of the home. One person told us their room was not cleaned every day. They told us they had initially been concerned about this when they first moved in but were now happy with this arrangement.

We spoke with staff about the training they had received regarding infection prevention and control (IPC). IPC training was delivered via a DVD followed by a questionnaire. Some staff we spoke with told us they had not received infection control training. However the registered manager showed us evidence that all staff had watched the infection control DVD when they first commenced working at Manton Hall. We asked the registered manager how they ensured the DVD provided staff with knowledge that was up to date. The registered manager could not provide assurance that this training provided staff with infection IPC guidance that was in line with current guidelines.

Staff we spoke with were only superficially aware of the procedures and action to be taken in the event of diarrhoea and vomiting. Not all staff were bare below the elbows and some wore jewellery and nail varnish. This is an unacceptable IPC risk.

The provider had recently appointed a staff member to become an IPC champion. This staff member had attended a care home link day run by the senior IPC community nurse.

We carried out a tour of the premises. The environment looked homely, pleasant and attractive. We were shown a number of new en-suite bedrooms, which were of a very high standard. There were no offensive smells, except a faint smell of urine in the reception area. Picture frames throughout the home were dusty. The main entrance and corridors were light and bright, flooring in the communal areas was clean.

There was one shower room and one bathroom, and a number of bedrooms had en-suite showers and toilets. The shower room was being used as a storeroom for bath seats,

wheelchairs, patient hoists etc. People's toiletries including a used toothbrush, deodorant, a person's prescribed body wash and supplies were stored on a shelf in the shower room. Equipment should be stored in a clean store room and not in a communal shower room. The over-toilet seat was stained, and a dirty commode, tipped over to check underneath, resulted in brown stained rusty fluid draining from the commode. In addition the shower curtain was stained.

The bathroom was less cluttered. However the over-toilet seat was stained, and there were three 'sponges' and a bar of soap which needed to be removed. The provider must ensure that all staff are aware that communal toiletries are not acceptable.

Showers in the private rooms we visited, had dirty drains with hair around the outlets. In one shower room there were three plastic basins. Two were heavily stained. In another en-suite bathroom we visited the toilet was stained, the shower seat was stained underneath, the floor was stained around the toilet, the shower rail was dusty, the shower drain stained, the floor was dusty, and there was no shower curtain.

In another bedroom on the ground floor, picture frames were dusty, there was dust under the bed and the bed frame was dirty. The shower seat was rusty, the toilet seat stained, the shower drain full of hair, the towel dispenser and the shower rail were very dusty.

The laundry area had no facility to segregate clean and dirty clothing and linen. There were hand hygiene posters displayed. The staff toilet and shower room had no hand wash. Three mattresses and pillows were checked and found to be intact. However one mattress was covered with crumbs along the seams and all the bed frames we looked at were dusty.

Hoists were clean and in good condition. We were told that people had their own hoist slings and they were not used communally

We looked at the providers cleaning schedules. These schedules had superficial detail and did not include all areas in the home, frequency of cleaning, cleaning methods, or products to be used. One staff member told us that if there was a spillage they would go to the cleaning trolley and decide which product to use.

The cleaner was unsure if the level of cleaning would increase in the event of outbreaks of infection . The cleaner was also providing care to people who used the service was also required to perform kitchen duties. There was only one cleaner on duty and as a result of this and of the additional duties allocated, there was not a cleaner on duty every day. We were also told that it was not possible to clean all the rooms in one day.

The cleaner had only received unofficial training from the previous cleaner. This training had not contained specific training about action to take when people had diarrhoea and vomiting or spillages. It is imperative that cleaning staff are given training that covers their role regarding cleanliness and IPC. We saw that cleaning schedules stated that night carers were expected to complete the cleaning of the lounge and dining areas. With only two staff on night duty and 27 people using the service, it was improbable that these carers would have sufficient time to perform any cleaning, without impacting on the quality of care delivered to people at night.

We looked at the provider's infection control policy dated 2011. This policy must be

reviewed to ensure the management of inoculation injury, uniform protocol, hand washing, waste disposal and infectious diseases, management of spills including bodily fluids and deep cleaning. This is to ensure that the policy adheres to contemporary guidance and includes cleaning ,methods.

There were policies for checking water temperature, shower head descaling, water testing and Legionella checks. However recording was inconsistent. There was confirmation that external companies carried out Legionella checks and water temperature checks, however there was lack of assurance that shower heads and taps were flushed weekly and that water temperatures were recorded. Some records were kept on scrappy pieces of paper. The registered manager told us that a maintenance person had recently been recruited.

Cleaning equipment was available in the domestic cupboard. Staff we spoke with were unsure how to deal with bodily fluids in particular blood spillage, diarrhoea and vomiting. All replied that they would use hand towels to absorb the spillage and use a cleaning agent. A chlorine based spillage kit is required to mop up bodily fluid waste.

The medicine trolley was locked and secured in a cupboard, however, the bottom of the trolley was stained and sticky. The drugs fridge was clean, and daily fridge temperatures were recorded.

The kitchen was clean, organised and tidy, trolleys, shelves and equipment were clean, food was covered and dated, and fridges and the freezer were tidy. Fridge, freezer and food temperatures were recorded. There were aprons, hand wash and paper towels. The kitchen staff member's uniform was clean, neat and tidy and they were proud of the standards in the kitchen. There was a cleaning schedule, safe method completion record and staff training records.

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

We spoke with three people who used the service. All told us that their medicines were brought to them at the right time. At the time of our visit there was nobody using the service managing their own medicines. The provider may like to note that not all staff were aware of the action to take should a person who used the service wish to manage their own medicines.

We looked at medication administration records and at the storage of medicines. We saw that medication administration records were accurate and up to date. The provider may like to note that prescribed creams were not being signed for on the medication administration record nor was there any other system in place to record that the creams had been applied.

We looked at the records for controlled medicines. We saw that staff were following the correct procedures and records were accurate when checked against stock.

We found that medicines were stored safely and securely.

Only staff who had received training and were assessed as competent were responsible for managing people's medicines. However, the provider may like to note that only one member of staff had received formal medication training and this had been cascaded to other staff members.

We spoke with staff about some of the medicines commonly used at the service. Staff had a superficial knowledge of the medicines being used but did not know what some of the commonly used medicines were used for. They did however, know how to find out and had access to this information.

Staff obtained and disposed of medicines in an appropriate way. All medicines received into the service were checked and signed for by two members of staff. The actual amount received was recorded so that an audit trail was maintained. Medicines no longer required and returned to the pharmacy were also checked and signed for by two people.

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

Our judgement

The provider was not meeting this standard.

People may not always be were for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

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 three people who used the service. They told us they liked the staff and that they were competent. One person said "The staff are excellent, there is not one of them I don't like. Another person said "They help me to be as independent as possible".

We spoke with staff about the training and support they received. There was some confusion about whether staff had received training in some areas. The registered manager showed us evidence that training had been delivered via DVD's. We looked at records of training provided to staff. The vast majority of training was delivered via DVD's. There was no date on the training DVD's we looked at. The provider told us they were approximately two years old. While DVD's are a useful training tool, they may not provide staff with the up to date information they require to meet the needs of people who used the service or keep them safe.

All staff had received induction training when they first commenced employment.

The registered manager told us that staff supervision was not up to date. The manager showed us records of 'spot checks' they had carried out to ensure that staff were adhering to the providers policies. Staff must be offered supervision opportunities where they can discuss their role and learning and development needs.

Seven of the 22 staff employed had achieved a nationally recognised qualification in care.

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

Our judgement

The provider was not meeting this standard.

The provider did not have an effective system to regularly assess and monitor the quality of service that people received.

The provider did not have an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

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 staff about how they obtained feedback from people who used the service. We were told that there had been weekly residents' meetings, but that these had stopped due to the activities co-ordinator having left. The meetings would be reinstated now that the new activities co-ordinator had commenced.

There was an annual audit plan from December 2013 to December 2014. Included in the plan was a monthly dementia audit, fluid and nutrition audit, health and safety audit, infection prevention and control audit, best practice and meaningful engagement audit, pressure area care audit, education and development audit, record-keeping, medication, deprivation of liberty safeguards, risk, food safety, and choice. The criteria for each audit appeared robust. Staff we spoke with were not involved with or aware of the audit process. It was unclear as to how the registered manager disseminated learning from audits or ensured that staff were aware of action they were required to take.

We looked at records of accidents and incidents that had occurred at the service. There were eight unwitnessed falls in March 2014. The registered manager told us they reviewed each accident/incident report. We could not see any evidence of action taken to minimise further risk

We were informed of a power failure that had resulted in the service being without electricity for three hours. Staff told us the emergency lighting at the home had failed after half an hour. This resulted in the service being without lighting. Staff only had access to one torch. Neither the provider nor the registered manager were at the service at this time. We looked at the provider's business continuity plan. We saw that instructions were available to staff about who they should contact in the case of an emergency or incident. We could not see any evidence of lessons learned, action taken or changes made to the plan to prevent this happening again.

This section is primarily information for the provider

✘ Action we have told the provider to take

Compliance actions

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services
	How the regulation was not being met: Care and treatment was not always planned and delivered in a way that was intended to ensure people's safety and welfare. Regulation 9 (1) (a) and (b)
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2010 Safeguarding people who use services from abuse
	How the regulation was not being met: People who used the service were not always 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. Regulation 11 (1) (a).
Accommodation for persons who require nursing or personal	Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010 Cleanliness and infection control

This section is primarily information for the provider

care	<p>How the regulation was not being met:</p> <p>People were not protected from the risk of infection because appropriate guidance had not been followed. People were not always cared for in a clean, hygienic environment. Regulation 12 (1) and (2)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010</p> <p>Supporting workers</p>
	<p>How the regulation was not being met:</p> <p>People may not always be were for by staff who were supported to deliver care and treatment safely and to an appropriate standard. Regulation 23. (1) (a).</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 provider did not have an effective system to regularly assess and monitor the quality of service that people received. The provider did not have an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.</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 07 June 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.

This section is primarily information for the provider

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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