

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

## Abbey Lodge Residential Home

91 Seabrook Road, Hythe, CT21 5QP

Tel: 01303265175

Date of Inspection: 09 June 2014

Date of Publication: July 2014

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

<b>Care and welfare of people who use services</b>	✘	Action needed
<b>Management of medicines</b>	✘	Action needed
<b>Staffing</b>	✔	Met this standard
<b>Supporting workers</b>	✔	Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✘	Action needed

## Details about this location

Registered Provider	Abbey Lodge (Residential Home) Limited
Registered Manager	Mrs Elizabeth Bown
Overview of the service	Abbey Lodge is registered to provide accommodation and personal care for up to 25 older people.
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

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### Why we carried out this inspection

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This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 9 June 2014, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members and talked with staff.

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### What people told us and what we found

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At the time of the inspection there were 21 people living at the service. We met and talked with seven people living at Abbey Lodge, five members of staff, and one visiting professional. We also spoke with two relatives by telephone after the inspection. The registered manager was present throughout the inspection and assisted us with providing documentation for us to view. We looked at people's care plans and other records relating to the management of the service.

We set out to answer our five questions:

- Is the service safe?
- Is the service effective?
- Is the service caring?
- Is the service responsive?
- Is the service well led?

Is the service safe?

People we spoke with told us they felt safe living in the home and the staff supported them well.

Risks associated with people's care delivery were identified during assessments, but not all risks had sufficient guidance for staff to follow, to make sure they took a consistent approach to reduce the risks, so that people remained safe. We spoke with staff who were aware of how to minimise risk and support people safely, but not all the details were included in the risk assessments.

Although there were systems in place to record accidents and incidents, these were not being analysed by the service to make sure that staff learnt from events to identify trends or patterns, so that risks would be minimised.

People received their medication on time; however medicines which were not required were not being stored, or returned to the pharmacy in line with recommended guidance.

People were being cared for by trained and sufficient staff to make sure people were safe and receiving the care they needed. We found that the induction training programme was not being provided in line with government guidelines, to make sure staff competencies were being assessed. Staff were not receiving yearly appraisals to make sure any training and development needs were discussed and recorded.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLs), which applies to care homes. No Deprivation of Liberty Safeguards applications had needed to be submitted, but policies and procedures were in place should the need arise. Relevant staff had been trained to understand when an application should be made, and how to submit one.

Is the service effective?

People told us that they were very happy with the care that had been delivered and their care needs were fully met.

Although the care plans lacked some individual details of people's personal routines, staff knew the people well and demonstrated they knew how to care for the people in line with their preferences and choices. However there was no evidence to show that people using the service, or their relatives and representatives had been involved in their care planning. Care plans had been regularly reviewed by the registered manager, but people using the service had not been involved in this process.

People told us that they received appropriate support from health care professionals when required and they also gave examples of how well they were looked after by the staff when they were feeling unwell.

The staff were very complimentary about the support they received from the registered manager. We saw that meetings had taken place between individual staff members and the registered manager. Staff told us they were able to discuss issues with the registered manager at these meetings, or at any time they had a concern.

Is the service caring?

People using the service spoke positively about the staff and felt that staff were kind and respectful. They told us that there were some activities they enjoyed, but would prefer more. The registered manager was aware of this issue and had just appointed a new activities co-ordinator.

People told us that the staff were always around when they needed them. We saw that staff interacted well with people and they knew how to relate to them and how to communicate in a caring and respectful way. People living in the home made positive comments about the staff, with remarks, such as: "Yes I am treated with respect; it is very pleasant and restful here". "The staff are respectful, absolutely marvellous". "The staff are kind".

Relatives told us they were satisfied with the service being provided. They said: My relative is very well looked after". "Any problems we would go to the manager and she would listen to our concerns, the care is good".

Is the service responsive?

People told us that they were happy with the service. It was clear from observations and from speaking with staff that they had a good understanding of the people's care and support needs.

We found that the staff listened to people, and took appropriate action to support them in their daily routines. We saw staff respond promptly to people's requests, for example making drinks or escorting them to the dining room for lunch.

We observed that when people were in their rooms and pressed the call bell staff responded quickly. People told us that the staff were responsive at night time and they did not have to wait too long before they (the staff) answered the call bell.

People told us and we observed staff knocking on doors to maintain people's privacy. Staff gave examples of how they made sure the curtains were closed and left people in the bathroom until they are called. People could lock their bedroom doors if they wished, and there were places available where they could meet friends and relatives in private. Staff understood their responsibilities and they ensured that people's privacy and dignity was respected. One person said: "They definitely respect my privacy and dignity".

Is the service well-led?

Quality assurance processes were in place. Staff told us they were clear about their roles and responsibilities and that they felt supported by the management team. They told us the management team were very approachable.

Systems were in place to ask people who used the service, relatives and staff for their views about the service as surveys had recently been sent to ask them for their views. This meant that people were being given the opportunity to have their say about the quality of services being provided.

The service had systems in place to provide on-going monitoring of the care being provided. This included care plan reviews, the management of medication and checks for the environment. However we cannot be assured that these were effective as the shortfalls found during this inspection had not been identified and acted upon.

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

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## **What we have told the provider to do**

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We have asked the provider to send us a report by 17 July 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.

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## More information about the provider

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

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

## Our judgements for each standard inspected

### 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

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### Our judgement

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The provider was not meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare, however, there was a lack of detail in the care plans and risk assessments to make sure people's needs were fully met.

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.

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### Reasons for our judgement

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People's needs were assessed and care and treatment was planned, however care records were not sufficiently detailed to fully guide staff and they did not accurately reflect people's full care needs.

We looked at six care plans. We saw that peoples' needs were assessed and care and treatment was planned. However there was a lack of detail in care plans with regard to people's choices, preferences, personal routines and support for them to remain independent. For example, we saw that the routines for personal care were recorded, but did not always show how people were being supported to remain as independent as possible. One care plan stated "XXX enjoys a shower on a regular basis and requires assistance from one carer to wash". There was no information to say what "assistance" meant to the person or what they could do for themselves. This meant that not all of the care plans were personalised to make sure staff were aware of individual needs and preferences.

People using the service told us that they had lots of choice about what they did, for example when they got up and went to bed. Others said they were supported with their independence, but this was not recorded in their care plans. One person said: "I am fiercely independent and staff respect this". People also said there was always a choice of food and we observed staff asking people if they preferred coffee or tea.

There were a lack of guidelines and details for staff to follow to manage risks, including supporting people with any challenging behaviour. We saw that in one care plan behavioural charts had been completed and there were some guidelines for staff to follow to minimise the risk. However there were no incident forms completed for the registered

manager to be able to monitor for trends and patterns to further reduce the risks. There was no written guidance of how the staff should be supporting this person to prevent these incidents, or how to prevent and manage problem behaviour. Staff were able to tell us how they supported people with their behaviour, however we could not be assured that this was done consistently and safely.

We found that risks were not being fully assessed to make sure people's mobility was being managed safely. For example, we found that everyone had a falls risk assessment in place, which scored individual risk. We saw that one person had fallen and the care plan stated "lost balance and fell - not using zimmer frame". There were no guidelines for staff, to show them how to minimise the risk of this person falling and what they should do to make sure they were as safe as possible.

This meant that individual risks to people using the service had not been fully assessed, to make sure the care and support was safe and appropriate to each person's needs.

We saw that people's medical conditions, such as diabetes were recorded in the care plans. Staff told us how they monitored people's blood sugar Levels, to make sure they were receiving the appropriate support in line with their dietary needs. A health care professional told us how staff had suggested that one person should have their meals at different times to coincide with their medication, which improved the stability of their blood sugar levels. However care plans did not have any guidance in relation to the symptoms of a person being unwell due to their diabetes and what action staff should take including calling health professionals. .

People maintained good physical and mental health because the service worked closely with health and social care professionals. People were supported to attend appointments and the service made referrals for extra support when needed, to ensure that people could access specialist health care, including the district nurses, the mental health team, dentists and opticians. Each appointment or visit was recorded in the person's care plan with the action taken by the professional, or advice to the service about the person's on going care. One person said: "They get the doctor for you quickly if you are unwell". A health care professional said: "The staff are very helpful". "They listen to our advice and take action". "The staff are aware of people's conditions and report any concerns promptly". This meant that the people were supported to receive appropriate health care and treatment.

People told us they would like more activities during the day. One person told us how they liked bingo sessions, but these had not happened recently. The registered manager told us that they had just recruited an activities organiser to improve social activities. We saw that the new organiser was in the process of speaking with people to collect their views on a new activities programme. People told us that they had group activities, which were displayed on a poster in the hall way. This included exercise sessions and reminiscing.

Staff had been trained in regards to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) and were able to support people to make decisions about their daily lives. We saw that mental capacity assessments had been carried out and staff demonstrated their understanding of supporting people to make decisions about their daily life.

Some people had made advanced decisions about their care and treatment and this was recorded in their care plan. For example, we saw that "Do Not Attempt Resuscitation" (DNAR) forms were in place for one person, however, this decision had not been reviewed in line with current guidance since 2011, to make sure that this person's last wishes had

not changed.

During our inspection and observations around the home, we saw that there were suitable arrangements in place to deal with foreseeable emergencies, for example fire evacuation plans and on call manager procedures.

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

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## Our judgement

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The provider was not meeting this standard.

People were not fully protected against the risks associated with medicines because the provider did not have appropriate arrangements in place to manage medicines safely.

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.

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## Reasons for our judgement

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Not all medicines were being stored safely. For example we looked at the storage of the medicines and found that appropriate arrangements were in place for the handling of controlled drugs. However the medicine fridge was not locked to make sure the medicines were stored safely. The temperatures of the medicines fridge was checked daily to ensure it was within the recommended ranges for safe keeping of these medicines. The storage space did not have a sink for hand washing and staff accessed the bathroom next door.

The main storage area for the medicines was untidy with some medication not accounted for. For example, we saw that medicines, which should have been returned to the pharmacy over the previous two months, were not being stored appropriately and safely. We found that there were over 83 tablets, which should have been returned were stored in small plastic bags or pots labelled as 'unused', 'refused' or 'found in the home'. Forty-one of the tablets had been labelled, while 42 had not. Staff were not aware who had refused their medicine or where the other medicine had come from. Therefore we could not be sure that people using the service were receiving their medication safely, in line with current guidance the Handling of Medicines in Social Care by the Royal Pharmaceutical Society. This meant that the systems to monitor the safe management of medicines were not effective.

We saw that the last two audits had shown that the medicine returns had not been completed as the only member of staff responsible for this process had not been available to do so. The registered manager told us that another member of staff was currently being trained to cover this in times of sickness or annual leave.

People told us that they received their medicine when they needed it. They said they only had to ask if they needed pain relief. We observed the senior member of staff administering people's medicines at lunch time. This was done safely and the records were completed appropriately.

We found that the Medication Administration Records (MAR) charts had been completed

appropriately. There was a photograph of each person for identification, and this chart highlighted any known allergies. Other charts and records were included in these files, which provided confirmation of suitable practices for administration. For example, there were records for blood sugar monitoring for people prescribed insulin and instructions for patches to be administered.

Some people were able to manage some of their own medicines, such as eye drops. We saw that people's ability to manage their own eye drops had been appropriately assessed, to ensure that they were able to understand how to administer their eye drops correctly, and when to use them.

We found that there were procedures in place for checking medicines on arrival from the pharmacy. We saw that hand written entries had not been countersigned to check that they had been transcribed correctly on to the MAR charts, which is good practice. This had been highlighted in an audit in February 2014, but still had not been improved.

Concerns had been raised with the Commission that night staff were not trained to administer medication. We found that there were arrangements in place, to make sure that one member of staff on night duty was trained to administer medicines. There had been one occasion where an agency member of staff was used. However the service had made suitable arrangements to ensure that people living at the service received their evening medication safely with management back up if required. The registered manager confirmed and we saw records that staff had received medicine administration training. Staff told us that they were observed by senior staff before they were deemed competent to administer medicines safely.

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

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## **Our judgement**

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The provider was meeting this standard.

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

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## **Reasons for our judgement**

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Concerns had been raised with the Commission that there was not enough night staff on duty to meet the needs of the people using the service. We found that the rota showed that there were consistently two members of night staff on duty and the need to use agency staff was not a regular occurrence. Each shift identified that there was a senior carer on duty who was trained and able to administer medication safely. People using the service said their needs were met during the night and when they pressed the call button staff came promptly.

We found that on the day of the inspection there were enough qualified, skilled and experienced staff to meet people's needs. People told us that staff responded to them promptly and there was always staff around to support them. They said: "This is a lovely home, I am very, very pleased with everything, and the staff are fabulous". "The staff look after me well here". Relatives told us that the staff were kind and caring.

An staffing assessment tool was based on the needs of people who used the service and showed what staffing levels were needed. The registered manager made sure that there were enough staff on duty with the right skills to meet people's assessed needs. We saw that staff were present in all communal areas and that call bells were answered promptly. The staff group was stable and there were no current vacancies, which benefited people using the service by receiving continuity of care.

Staff had a handover meeting between shifts so they were well informed about any changes or issues, such as falls or updates in care plans.

Arrangements to train and support staff were in place and staff spoke with an understanding and knowledge of people's needs. We saw that staff communicated effectively with people and gave people time and the reassurance they needed.

Staff had completed a range of training courses, including courses in subjects related to people's needs. Staff interacted with people in a positive, kind manner and respected people's wishes.

Staff told us there was always enough staff on duty. They said they enjoyed their jobs and that staff morale was good. Staff told us that the registered manager was approachable

and very supportive. Staff said: "This is a family run home; there is always enough staff on duty". "We are a good staff team; it is a good care home".

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

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## **Our judgement**

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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.

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## **Reasons for our judgement**

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Staff were receiving appropriate professional development, however this had not been linked to the annual appraisal programme.

The training matrix showed that there was an on-going training programme in place and the majority of staff had received mandatory training, such as moving and handling, infection control and fire awareness. Staff had also attended safeguarding and mental capacity training. Specialist training to meet people's individual needs, such as dementia had also been provided and staff told us that they were due to attend stroke awareness training. This meant that staff were being supported to have the skills and competencies to do their jobs well.

There was an induction training process, which included orientation of the service and various mandatory training sessions. The induction also included new staff shadowing senior staff to get to know the people using the service and their routines. However this was not linked to the Skills for Care Common Induction Standards. (Skills for Care publish guidance on recognised standards for induction in the care sector). This meant that we could not be assured that the induction training demonstrated that new staff had the required knowledge to deliver care to the appropriate standard. The registered manager told us that they would review the induction training programme in line with the Skills for Care Induction Standards.

Staff told us that they had good induction training. They said: "Yes I had a good induction and felt supported by my manager and colleagues". Another staff member said this had been their first role in caring and they felt the induction covered everything they needed to know.

We saw records of staff meetings and staff confirmed that they had individual meetings with their line manager, at which their development and quality of their work was reviewed. The majority of the staff had achieved Diploma in Health and Social Care (formerly known as National Vocational Qualification (NVQ)) Level 2 or above or were in the process of completing the award. However records showed that staff had not received an appraisal since last year. The provider might find it useful to note the lack of formal appraisals might

result in staff's development needs not being identified and achieved to make sure staff have the support and training to carry out their roles effectively.

## 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

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### Our judgement

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The provider was not meeting this standard.

The provider had systems in place to monitor the quality of service people received. However these were not always effective to make sure the service was fully compliant with the regulations.

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.

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### Reasons for our judgement

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People who used the service, their representatives and staff were asked for their views about their care and treatment and they were acted upon. People told us: "It is very quiet here most days". "I am very happy here". "I am very satisfied with the service". Relatives told us they were satisfied with the service and would not hesitate to speak with the registered manager if they had any concerns".

There were systems in place to regularly monitor the quality of the service being delivered. A survey had been sent to people using the service recently and the service was in the processing of waiting to get the results back. There was currently one returned from a relative and three from people using the service, which indicated people were satisfied with the service. We saw that relatives had written to thank the service for the care their relative received. Comments included: "We have the utmost praise for the high standard of care and genuine affection our relative received from everyone". "Thank you for the excellent and professional care given to my relative".

We found that the service had carried out audits of the medication and a quality audit of the service, and had identified areas, which required action. The audit had identified that the medicines had not been returned to the pharmacy, but did not identify that the storage of this medication was inadequate. Therefore the provider may find it useful to note that the system in place to audit the medication was not fully effective to make sure people were receiving their medicines safely.

We found that although we saw that improvements and maintenance to the service was on-going, for example, new chairs in the lounge and new pressure relieving mattresses being supplied, there was no formal development plan in place. This meant that the service was being developed to maintain a comfortable environment for people using the service, but there was no plan to indicate timescales of when the work would be completed and future business development plans.

Quality checks had been completed on things such as, fire equipment, hoists and the lifts to make sure they were fit for purpose. The fire systems used at the service were checked weekly to make sure they were working effectively. This meant that the service was being monitored to make sure people using the service were as safe as possible.

We found there was a system in place to record accidents and incidents at the service. However there was no analysis of these matters to be able to identify any patterns or trends to make changes accordingly.

We saw that one person had 20 slips/incidents since March 2014. Appropriate action had been taken to reduce the risks, such as the person had received a falls risk assessment and health care professional involvement, which resulted in a change of medicine and the installation of a pressure mat. However, there was no formal system in place to further monitor the risks to make sure the person was as safe as possible. Accident forms had been completed for all of the accident and incidents and health care professional visits were also recorded, however the level of detail was not sufficient. For example, one form stated "found on floor next to wardrobe" or "slipped off of the bed". There was no detail of what action had been taken to reduce the risk and the forms had not been signed off by the registered manager. We looked at the daily notes in the care plan on the day of one of the accidents to make sure staff would be updated with this information. We did not see that this had been recorded. However there was a body map in place showing that the person had sustained bruising. This meant that we could not be assured that the current systems in place were effective to make sure people were as safe as possible.

We saw records to show that staff were receiving supervision, but had not received an annual appraisal to make sure their development needs were discussed. Staff told us that they felt supported by the management team. Staff comments included, "This is a nice place to work, I have no worries, and I can talk to the manager". "I would recommend the home". "We get good support from the registered manager".

Records showed there was a system in place to record, investigate and resolve complaints. We saw that there had been three complaints since the last inspection, which had been resolved. People using the service told us they did not have any complaints about the service. They said: "I have no complaints, but would speak to staff if I did". "No I have never had to complain but would if I needed to".

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	<b>Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010</b> <b>Care and welfare of people who use services</b>
	<b>How the regulation was not being met:</b> The registered person had not taken steps to ensure that care records were sufficiently detailed to guide staff and they did not accurately reflect people's full care needs.  Regulation 9(1)(a)(b)(i)(ii)
Accommodation for persons who require nursing or personal care	<b>Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010</b> <b>Management of medicines</b>
	<b>How the regulation was not being met:</b> The registered person had not taken steps to ensure that there were appropriate arrangements in place for the safe keeping and disposal of medicines.  Regulation 13
Accommodation for persons who require nursing or personal	<b>Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010</b> <b>Assessing and monitoring the quality of service provision</b>

**This section is primarily information for the provider**

care	<p><b>How the regulation was not being met:</b></p> <p>The registered person had not taken steps to protect people using the service who may be at risk of inappropriate or unsafe care as the systems in place to monitor the quality of the service were not effective.</p> <p>Regulation 10(b)(c)(I)</p>
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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 17 July 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.

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

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

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

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

## Glossary of terms we use in this report

### Essential standard

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

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

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

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

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

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

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

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

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

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

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

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

### Regulated activity

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

## Glossary of terms we use in this report (continued)

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### **(Registered) Provider**

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

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### **Regulations**

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

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### **Responsive inspection**

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

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### **Routine inspection**

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

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### **Themed inspection**

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

## Contact us

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Phone: 03000 616161

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Email: [enquiries@ccq.org.uk](mailto:enquiries@ccq.org.uk)

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Write to us  
at: Care Quality Commission  
Citygate  
Gallowgate  
Newcastle upon Tyne  
NE1 4PA

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Website: [www.cqc.org.uk](http://www.cqc.org.uk)

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