

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

Chelston Park Nursing and Residential Home - Chelston Gardens Dementia Nursing Home

West Buckland Road, Wellington, TA21 9PH

Tel: 01823667066

Date of Inspection: 17 September 2014

Date of Publication: October 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	✓	Met this standard
Safeguarding people who use services from abuse	✓	Met this standard
Cleanliness and infection control	✓	Met this standard
Assessing and monitoring the quality of service provision	✓	Met this standard
Records	✗	Action needed

Details about this location

Registered Provider	Chelston Park Nursing & Residential Home Limited
Registered Manager	Mrs Joanne Girdler
Overview of the service	Chelston Park Nursing and Residential Home and Chelston Gardens Dementia Nursing Home are registered to provide accommodation for 86 people who require nursing and personal care. The home is situated in Wellington, Somerset.
Type of service	Care home service with nursing
Regulated activities	Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury



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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 17 September 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, talked with staff and reviewed information given to us by the provider.

What people told us and what we found

Two adult social care inspectors carried out this inspection. We considered all the evidence we had gathered under the outcomes we inspected.

We used the information to answer the five questions we always ask:

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

This is a summary of what we found:

Is the service safe?

Staff ensured people received safe and effective care which was in accordance with people's individual needs. However people's care plans were not always reflective of people's assessed needs. This could place people at risk of receiving unsafe or inappropriate care if they were cared for by staff who did not know them well.

Care plans included a range of individual risk assessments and agreed actions for managing these risks. These included reducing the risk of falls, skin damage and malnutrition.

The people we spoke with told us they felt safe at the home and they commented on the kindness of the staff. Comments included "I feel very safe here" and "I have no concerns at all. If I did, I would tell someone." A visitor told us "I have never seen anything but kindness. The staff treat people so well."



The provider had a range of policies and procedures in place to protect the people who lived in the home. The staff we spoke with had a good understanding about how to report any concerns.

Visitors were only able to access the home when they were let in by staff and all visitors were required to sign a visitor's book when they arrived and left the home. This helped to provide a safe environment for people who used the service.

People were cared for in a clean, hygienic environment. The systems in place to reduce the risk and spread of infection were effective. We saw that all areas of the home were clean and there were no offensive odours.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The manager had followed appropriate procedures where concerns about some people's safety had been identified and certain restrictions were needed to reduce risks to these people.

Is the service effective?

The service was effective. People told us that they were happy with the care they received and felt their needs had been met. It was clear from what we saw and from speaking with staff that they understood people's care and support needs and that they knew them well.

Staff knew how to ensure that people's rights were respected. They demonstrated a very good understanding of how to support people to make decisions. They knew the procedures to follow where an individual lacked the capacity to consent to their care and treatment. Procedures were in place which meant that decisions about the care and support people received would be made in their best interests.

People enjoyed a range of activities which included in- house activities, trips out and visiting entertainers. . The people we spoke with told us they enjoyed the activities. Comments included "It's very good. There is always something or other going on. I especially enjoy the music sessions" and "I do enjoy the trips out. We went to the garden centre recently."

People said they were provided with a choice of meals and drinks; they liked the food served in the home. People were able to choose where to eat their meals. Some people used adapted cutlery to enable them to eat independently. Where people require help to eat their meal they were well supported by a member of staff.

Is the service caring?

People told us staff were kind and caring. We observed staff interacted and supported people in a gentle and professional manner. People appeared comfortable with the staff who supported them.

The people we spoke with were complimentary about the care they received and of the staff who supported them. Comments included "I am very happy here. The staff are nice and everything I do is my choice." We met with three visitors. They were positive about the care and support their relatives received. They made the following comments "It's lovely here. I don't know how they do it. I visit regularly and my X is certainly well cared for" and "the carers really do care. You can see it in their eyes. I am very pleased with the care."

Is the service responsive?

People received care that was responsive to their individual needs. People's health care needs had been monitored and appropriately responded to. Information about people's health needs and contact with health and social care professionals had been recorded. We were informed that the service received good support from health care professionals and there were no problems obtaining their input for people when required.

Staff had a very good knowledge of people's healthcare needs and were able to tell us about how they monitored and treated individual needs.

One person told us "I saw the doctor recently because I had a pain. I told the nurse and she arranged for the doctor to see me the same day." Another person told us "If I needed a doctor; all I have to do is tell the nurse and they will make the arrangements."

The care records we read showed that staff responded promptly to any concerns about people's health or well-being. We also saw they implemented recommendations made by health care professionals. For example, one person had been seen by a speech and language therapist (SLT) after they had experienced difficulties in swallowing and had lost weight. We saw the SLT team had recommended a diet which should be 'mashed' to a certain consistency. We observed this person being assisted with their lunch and saw they had been provided with a meal in accordance with the recommendations made.

We saw people had access to a call bell so they could summon staff assistance when needed. During our visit we observed staff responded promptly for any requests for assistance. People told us staff did not keep them waiting too long when they used their call bell. Comments included "I sometimes need to use my bell at night. The staff are very good and come quite quickly" and "If I ring my bell, the staff are there."

Is the service well led?

There was a registered manager in post. A registered manager is a person who has been registered by the Care Quality Commission to manage the service and shares the legal responsibility for meeting the requirements of the law with the provider.

There were systems in place which monitored and improved the quality of the service provided. Regular internal audits had been carried out which monitored the health and safety of people. Internal audits included checks on the home's fire systems, environment, care planning, reducing the risk of falls and the management of people's medicines.

The provider may find it useful to note that the current systems for auditing people's care plans did not identify that staff had not always created a care plan to reflect changes in people's needs or following recommendations by health care professionals. We discussed our findings with the manager and quality manager at the time of our inspection.

Risks to people were assessed and reviewed. If risks could be reduced then appropriate measures were taken. If any incidents or near misses occurred they were reviewed to see if any lessons could be learnt or trends identified.

The home was accredited to the 'National Gold Standard Framework.' This is a comprehensive quality assurance system which enables care homes to provide quality care to people nearing the end of their life. Many cards praised the staff for the care their



relatives had received at the end of their life. Relatives had also shared their positive experiences through our on line 'Share Your Experience' survey.

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 29 October 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

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

We met with people who lived in Chelston Park and Chelston Gardens. Not everyone was able to engage in conversations with us however, we spent time observing how staff interacted with people and we spoke with staff about the experiences of the people they supported. When we visited 29 people lived in Chelston Park and there were 50 people in Chelston Gardens.

Staff interactions were kind and professional. The atmosphere in both units was relaxed and welcoming. The staff we spoke with were very knowledgeable about the needs and preferences of the people they supported. We saw people received care and support in accordance with their assessed needs. Examples included supporting people to eat their meals, pressure area care and the management of oral hygiene.

The people we spoke with were complimentary about the care they received and of the staff who supported them. Comments included "I am very happy here. The staff are nice and everything I do is my choice" and "It's very good here really. The staff are helpful. I have a care plan; I know that and my keyworker makes sure I'm happy with everything."

We met with three visitors. They were positive about the care and support their relatives received. They told us "It's lovely here. I don't know how they do it. I visit regularly and my X is certainly well cared for" and "the carers really do care. You can see it in their eyes. I am very pleased with the care."

We sat in on staff handovers in two units. We saw that all staff who arrived for duty attended the handover. This provided staff with up to date and clear information about the health and well-being of the people at the home. The staff we spoke with told us "the handovers are really good. They give you up to date information about the residents which is so important especially when you have had a few days off" and "we always have a handover before we start. They tell you the important information you need to know about people."

We saw people had access to a range of healthcare professionals. The manager and staff spoken with told us they received "very good" support from local GP's and other health and social care professionals. One person told us "I saw the doctor recently because I had a pain. I told the nurse and she arranged for the doctor to see me the same day." Another person told us "If I needed a doctor; all I have to do is tell the nurse and they will make the arrangements."

The care records we read showed that staff responded promptly to any concerns about people's health or well-being. We also saw they implemented recommendations made by health care professionals. For example, one person had been seen by a speech and language therapist (SLT) after they had experienced difficulties in swallowing and had lost weight. We saw the SLT team had recommended a diet which should be 'mashed' to a certain consistency. We observed this person being assisted with their lunch and saw they had been provided with a meal in accordance with the recommendations made.

Another person had been seen by health care professional who had recommended an oral hygiene management program. We asked staff about this and they were able to describe the support this person required. This was in accordance with the recommendations which had been made.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. When looking at people's files we saw that risk assessments were carried out for each person. The risk assessments showed what actions care workers should take to minimise the risks and how to support the person. For example, where a person was at risk of falling, the use of equipment was indicated. We saw the recommended equipment was available for care workers to assist that person as well as a special pressure pad to indicate the person's movement at night. Where equipment such as bed rails were required we saw that bed bumpers were provided.

We saw people had access to a call bell so they could summon staff assistance when needed. During our visit we observed staff responded promptly for any requests for assistance. People told us staff did not keep them waiting too long when they used their call bell. Comments included "I sometimes need to use my bell at night. The staff are very good and come quite quickly" and "If I ring my bell, the staff are there."

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The manager had followed appropriate procedures where concerns about some people's safety had been identified and certain restrictions were needed to reduce risks to these people. They had informed us of the DoLS applications which had been submitted to the local authority and records showed that appropriate professionals had been involved in the decision making process. This meant that people's rights were protected and decisions had been made in the person's best interests.

People were provided with opportunities for social stimulation. There was an activity calendar indicating the activities for the coming week. These were varied and included trips out and visiting entertainers. The people we spoke with told us they enjoyed the activities. Comments included "It's very good. There is always something or other going on. I especially enjoy the music sessions" and "I do enjoy the trips out. We went to the garden centre recently." When we visited we observed people at Chelston Gardens enjoying a cooking session with an activity coordinator. A visitor told us a guitarist had played for people earlier that day. They said "the residents had a great time and some



were even dancing."

We observed lunch being served at Chelston Park. This was a pleasant and sociable experience for people. People who required staff support were assisted to eat their meal in a relaxed and unhurried manner. Adapted cutlery and crockery was available which enabled people to maintain a level of independence. People had a choice of three main meals and they were able to make their choices at the time the meal was served. Meals appeared appetising and plentiful. We asked people what they thought about the meals offered by the home. They told us "there is plenty to eat and it's very good. Very tasty" and "you don't go hungry here and there is so much to choose from."



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

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

The home had policies and procedures for recognising and reporting abuse and whistle blowing for staff. Staff confirmed that they had received up to date training in safeguarding vulnerable adults from abuse and that they were confident that any reports would be fully investigated to ensure that people were protected.

The people we spoke with told us they felt safe at the home and they commented on the kindness of the staff. Comments included "I feel very safe here" and "I have no concerns at all. If I did, I would tell someone." A visitor told us "I have never seen anything but kindness. The staff treat people so well."

We observed staff interacted and supported people in a gentle and professional manner. People appeared comfortable with the staff who supported them.

Visitors were only able to access the home when they were let in by staff and all visitors were required to sign a visitor's book when they arrived and left the home. This helped to provide a safe environment for people who used the service.



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

Our judgement

The provider was meeting this standard.

People were protected from the risk of infection because appropriate guidance had been followed.

People were cared for in a clean, hygienic environment.

Reasons for our judgement

At our last inspection conducted on 25 November 2013 we found the provider non-compliant with this outcome. We found people were not fully protected from the risk of infection because appropriate guidance had not always been followed. Some parts of the home were not completely clean or hygienic.

We made a compliance action and the provider was required to send us a plan which detailed the action they would take to achieve compliance. Following that inspection the provider sent us an action plan which stated they would achieve compliance by 28 February 2014.

During our visit we viewed all communal bathrooms, toilets, sluice areas and a number of bedrooms and en-suite toilets in both Chelston Park and Chelston Gardens. We found the standard of cleanliness to be good.

Action had been taken to reduce the risk of the spread of infection. At our last inspection we found laundry bags and dirty linen bags draped over a bath. We also found hygiene wipes and clean towels had been stored close to the lavatory cistern. At this inspection clean and dirty equipment had been appropriately stored. Personal protective equipment such as disposable gloves and aprons had been stored on brackets attached to the wall and away from the toilet.

At our previous inspection we found clean laundry and hoist slings had been stored on the floor in a linen cupboard. At this inspection we found all cupboards storing linen and slings to be very tidy and we found no items had been stored on the floor.

Risks to people had been minimised as the provider had taken appropriate action to address concerns relating to the control of substances hazardous to health (CoSHH). At our last inspection we found decanted cleaning products had not been labelled with a description of the contents. At this inspection we found all cleaning products were appropriately labelled with clear information about the product. We met with a member of

domestic staff who was able to show us a file which contained information about all products in use, the risks associated with the products and action to be taken if ingested or splashed in the eyes.

There was an up to date infection control policy and staff had undertaken training in infection control and hand washing. We saw gloves and aprons being used whilst staff gave personal care. Staff we spoke with understood the importance of hand hygiene.

We saw domestic staff used a recognised colour coded cleaning system to help reduce the risk of cross infection. The domestic we spoke with told us about the training they received in infection control, moving and handling and health and safety. They kept daily records of the areas they cleaned and responded to spillages promptly. Effective signage was used to indicate wet floors and the signs were removed when the areas were safe to use again. Cleaning trolleys were kept in sight of the cleaner and were not left unattended. Cleaning cupboards were kept locked. This meant the cleaners operated in a way which ensured people's safety.

The kitchen which provided meals to both areas of the home had been inspected by the Food Standards Agency on 7 March 2014 and had received a 5 star rating, the highest standard the agency awards. This showed the kitchen staff maintained high standards of monitoring and cleanliness in the food preparation and cooking areas.



Assessing and monitoring the quality of service provision

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

The provider had systems in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

Reasons for our judgement

There were systems in place which monitored and improved the quality of the service provided. Regular internal audits had been carried out which monitored the health and safety of people. Internal audits included checks on the home's fire systems, environment, care planning, reducing the risk of falls and the management of people's medicines.

The provider may find it useful to note that the current systems for auditing people's care plans did not identify that staff had not always created a care plan to reflect changes in people's needs or following recommendations by health care professionals. We discussed our findings with the manager and quality manager at the time of our inspection.

Risks to people were assessed and reviewed. If risks could be reduced then appropriate measures were taken. If any incidents or near misses occurred they were reviewed to see if any lessons could be learnt or trends identified.

The home was accredited to the 'National Gold Standard Framework.' This is a comprehensive quality assurance system which enables care homes to provide quality care to people nearing the end of their life. Many cards praised the staff for the care their relatives had received at the end of their life. Relatives had also shared their positive experiences through our on line 'Share Your Experience' survey.

People who used the service and their representatives were asked for their views about the care, support and treatment provided. We read the completed satisfaction questionnaires following a survey in July 2014. Comments about the staff, cleanliness, care provided and the environment were positive. No action points had been raised. We saw the outcome of the survey had been discussed at a recent staff meeting.

We saw regular meetings were held for the people who lived at Chelston Park. We read the minutes of a recent meeting which demonstrated people were encouraged to express



a view about all aspects of the care they received and of life at the home. We saw people had made suggestions about future activities and menu choices. We saw that the suggestions had been discussed with appropriate staff so that suggestions could be considered.

We were informed that formal meetings were not appropriate for the people who lived at Chelston Gardens because of their dementia. We were informed that a group of people whose relatives had received care at the home, had formed a 'friends of Chelston Gardens' group. We saw they met each month and spoke with people who lived at the home, staff and relatives to seek their views. Minutes of a recent meeting showed a member of the home's management team, activities worker and catering staff attended these meetings to share information and to listen to any feedback or suggestions from the group.



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

Our judgement

The provider was not meeting this standard.

People were not protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were not always maintained.

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

At our last inspection conducted on 25 November 2013 we found the provider non-compliant with this outcome. We found gaps in information or missing information in care plans for the people who lived at Chelston Park. We made a compliance action and the provider was required to send us a plan which detailed the action they would take to achieve compliance. Following that inspection the provider sent us an action plan which stated they would achieve compliance by 28 February 2014.

During this inspection we read the care records for four people who lived at Chelston Park and four people who lived at Chelston Gardens. At our last inspection we found some assessments of needs had not been completed and some assessments required more detailed information; such as the equipment required to assist people with their individual moving and handling needs. At this inspection we found action had been taken to address this. However we found some care records did not reflect the care people actually received and in one person's records, staff had not written a care plan to address recommendations raised by a health care professional.

We discussed our findings and provided the names of the people's records we had concerns about with the manager and quality manager at the time of our inspection. Examples of what we found included the following: In one person's care records at Chelston Park, we read a letter dated 27 January 2014 from a 'senior dental officer' following an examination. The letter detailed several concerns about the individual's gums and teeth. A rigorous oral hygiene plan had been recommended to reduce the risk of further deterioration. A plan of care had not been written to reflect these needs. We spoke with staff and they knew about the oral hygiene this person required. Although this is positive and showed current staff knew about this person's needs, the lack of an appropriate care plan could place the person at risk if they were cared for by new or temporary staff.

We read the care records for another person who we had observed during the lunch time

period in Chelston Park. We saw this person required the full support of staff to eat their meal as they were unable to feed themselves. We looked at the care plan which related to 'eating and drinking.' This stated the individual was 'able to feed themselves with staff encouragement' and providing staff put the food on a spoon. We checked with the nurse on duty who confirmed the individual was unable to feed themselves and required full assistance from staff. Although this person received appropriate support from staff and staff had a good understanding of the person's needs and abilities, they could be placed at unnecessary risk because the care plan did not reflect their current needs.

In the same person's care records we read an assessment which had been completed by a speech and language therapist (SLT). This had specified the consistency of the diet the individual should be offered and informed staff to monitor the individual's food and fluid intake. We observed the person was offered the correct diet; however staff confirmed they had not been recording the amount of food and drink taken each day.

We read the care records for a person who lived at Chelston Gardens and spoke with the registered nurse about this person. They were very knowledgeable about their needs and they told us this person required their food and fluid intake to be monitored as 'there were concerns' they were not eating or drinking enough. We saw daily records of this person's intake had been maintained; however the care plan had not been updated to reflect this.

In a bedroom in Chelston Park we observed an additional mattress was in the room. We asked staff about this and they told us it was because the individual had fallen from their bed on occasions. They told us the mattress was placed on the floor next to the bed to reduce the risk of injury. When we read this person's care plan we found it had not been updated to reflect this. This could place the person at risk if they were cared for by new or temporary staff because the plan of care was not reflective of the individual's current needs.

Staff made entries in people's care records on a daily basis. We found information related to tasks performed rather than recording details about people's well-being or how they had spent their day. Examples included; 'all personal care given with their consent. Bed linen changed' and 'Breakfast given. Washed and dressed. Hoisted into chair.' This meant there was insufficient information available to review the effectiveness of a plan of care or to monitor people's well-being.

Records were securely stored and could be located promptly when needed. Each person had their own records which were kept in a locked office which only authorised staff could access.

Other records about the running of the home were held securely in the providers' office or on computer system. For example records relating to staff, finance or contracts were held in locked drawers or cabinets. The computer systems in the home had restricted access. This meant people could be assured that records which related to the management and administration of the service were held securely and only used by appropriate staff.

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 activities	Regulation
Accommodation for persons who require nursing or personal care	Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010 Records
Diagnostic and screening procedures Treatment of disease, disorder or injury	How the regulation was not being met: People were not protected from the risks of unsafe or inappropriate care and treatment because care plans were not always reflective of people's needs and did not contain sufficient information for staff as to how people's assessed needs should be met. Regulation 20(1)(a)

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 29 October 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.



Contact us

Phone: 03000 616161

Email: enquiries@cqc.org.uk

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

Website: www.cqc.org.uk

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