

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

C & V Orchard Residential Limited

1-2 Station Street, Darlaston, Wednesbury, WS10
8BG

Tel: 01215264895

Date of Inspection: 19 May 2014

Date of Publication: June
2014

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

Respecting and involving people who use services	✘	Action needed
Care and welfare of people who use services	✔	Met this standard
Meeting nutritional needs	✔	Met this standard
Safety and suitability of premises	✘	Action needed
Supporting workers	✔	Met this standard
Assessing and monitoring the quality of service provision	✔	Met this standard
Records	✔	Met this standard

Details about this location

Registered Provider	C & V Residential Limited
Registered Manager	Mrs Yvonne Ireland
Overview of the service	C & V Orchard Residential Limited is a residential care home registered to provide accommodation for up to 32 older people, some of whom have dementia or a mental health disorder.
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'.

	Page
Summary of this inspection:	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
What we have told the provider to do	6
More information about the provider	7
Our judgements for each standard inspected:	
Respecting and involving people who use services	8
Care and welfare of people who use services	10
Meeting nutritional needs	12
Safety and suitability of premises	13
Supporting workers	14
Assessing and monitoring the quality of service provision	16
Records	18
Information primarily for the provider:	
Action we have told the provider to take	20
About CQC Inspections	22
How we define our judgements	23
Glossary of terms we use in this report	25
Contact us	27

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 19 May 2014, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members and talked with staff.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

What people told us and what we found

On the day of our inspection we met with the acting manager, the registered manager from the provider's other home and the home owner. We were told that the registered manager for the home had been absent from work for over a year. The provider told us they were unclear whether the registered manager would return to post. We saw that they were following procedures to resolve this situation.

We were told about interim management plans in place. We saw that the acting manager was at the home from Monday to Friday. We were told that a registered manager from another home attended twice weekly. The owner of the home told us they attended regularly to ensure that the acting manager received the necessary support to perform their role.

Previously, we completed an inspection in November 2013, where we found the provider was not meeting requirements for outcome 5: Meeting nutritional needs and outcome 21: records.

We completed a follow up inspection in March 2014, where we found the provider was not meeting requirements for outcome 5: meeting nutritional needs and outcome 16: Assessing and monitoring the quality of service provision. We found the provider was also not meeting requirements for outcome 21: records. We issued a warning notice due to previous concerns in this area and the potential negative impact on people who used the service. We found that improvements were needed in these areas.

After the inspection, the provider sent us an action plan. This told us the action the provider would take to make the necessary improvements and by what date.

At this inspection we checked whether required improvements had been made since the

last inspection. We also completed a combined scheduled inspection and looked at other essential standards of care.

We found that the provider had made the necessary improvements with respect to meeting people's nutritional needs.

We found that improvements had been made to audits identified at the last visit.

We found that the provider had made improvements to record keeping at the home and had met the requirements of the warning notice.

Below is a summary of what we found. The summary is based on our observations during the inspection. We spoke with five people who used the service and three visiting relatives involved with their care and a visiting professional. If you want to see the evidence supporting our summary please read our full report.

Is the service safe?

All of the people we spoke with told us they felt safe. We found that safeguarding procedures were in place at the home to safeguard vulnerable people.

We found that policies and procedures in relation to the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS) were in place. This is legislation that makes provision relating to persons who lack capacity, and how decisions should be made in their best interests when they do so. At the time of our inspection no applications had needed to be made.

We saw that risk management plans were up-to-date and staff said they received updates when people's needs changed. People were not put at unnecessary risk. Policies and procedures were in place to make sure staff had information they needed so that unsafe practice was identified and people were protected.

We found that the home could benefit from a scheme of refurbishment. We found that repairs were required to floors and carpets which could present a safety risk to people who lived in the home. We found that these shortfalls had not been recorded in the home's maintenance audits.

Is the service effective?

We found that people had an individual care plan which set out their care needs. Assessments included people's needs for any equipment, mobility aids and specialist dietary requirements.

People had access to a range of health care professionals some of whom visited the home. People told us that staff referred them to GPs when they needed it. One person told us: "When I need a doctor they [staff] are straight on to it".

This meant that people were sure that their individual care needs and wishes were known and planned for and that they had the equipment they needed to meet their individual needs.

Is the service caring?

We spoke with five people who used the service and three relatives of people who were not able to speak directly to us. We asked them for their opinions about the staff that supported them. One person told us: "The girls are very nice" and another person told us: "They are very good people. Some lack a little patience".

People's preferences, interests and diverse needs had been recorded and care and support had been provided in accordance with people's wishes.

Not all of the people we spoke with told us that they felt their rights, privacy and dignity were always respected by care staff.

Is the service responsive?

People knew how to make a complaint if they were unhappy. We looked at examples of investigations which had been completed in line with the complaints policy. We saw that complaints were investigated and action taken as necessary. We found that systems were in place to make sure that the managers and staff learned from complaints. This reduces the risks to people and helps the service to continually improve.

People who used the service and their relatives told us they could talk to management about any concerns they had and they would be dealt with. People received surveys every three months to give feedback to the service about care they received. We saw and were told by people who used the service, that where shortfalls or concerns were raised, they were dealt with by the home.

We found from discussions with a visiting district nurse and with the managers, that there was a need for improved communication to ensure that managers captured concerns and acted on information to improve the quality of service provided.

Is the service well-led?

We found that the service had a quality assurance system in place. We found that in some areas improvements were needed to ensure the quality of the service continuously improved.

We saw that people's personal care records, and other records kept in the home, were accurate, complete and fit for purpose.

We have asked the provider to tell us what they are going to do to make the necessary improvements in relation to consideration and respect for people who use the service and the safety and suitability of premises.

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 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.

More information about the provider

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

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

Our judgements for each standard inspected

Respecting and involving people who use services × Action needed

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

Our judgement

The provider was not meeting this standard.

People's privacy, dignity and independence were not consistently respected.

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

During our inspection we completed an observation of care delivery at lunchtime. This is known as a Short Observation Framework for Inspections (SOFI). We observed people being supported to eat their lunch in the main dining room. We saw that one person became very distressed. We saw a member of staff take them to a quiet area to calm them down. We discussed this with the manager. They told us the person was moving to a more suitable service due to a change in their mental health needs.

We saw staff talking warmly with people. We saw there were menus on the tables to enable people to see what was available to eat. We were told people were asked for their food preferences at the start of the day. We saw that some people needed reminding of what was available to eat. Staff supported them to choose what they wanted to eat.

During our visit we spoke with five people who lived at the home, three visiting relatives and a district nurse. We asked people whether staff were respectful towards them and maintained their dignity.

One person told us: "They are quite alright. They are good and respectful. They knock on the door before coming in".

Another person told us: "They are very good staff. They have got the human touch. The food is good. We get a choice and say what [meals] we want at the start of the day".

We spoke to one person who told us that the priest regularly came to the home to accommodate their religious preferences.

One member of staff told us they would benefit from further training in dignity awareness.

Another member of staff told us: "I did dignity awareness training as part of my NVQ

training. I haven't done the training here".

We spoke with three members of staff and asked them whether they had concerns about how staff spoke with people at the home. They told us they had not observed any concerns.

One person told us about someone who lived in the home, who came into their room regularly. This person had dementia. They told us that during the day they did not mind this but that at night they found this did not meet their needs for privacy. They told us they would call for night staff who would come to their room and resolve the situation.

We spoke with one relative who told us they had observed that sometimes when staff transferred people into the communal lounge in wheelchairs, people were left in the wheelchairs for at least ten minutes before being supported into chairs. They told us they observed that people appeared uncomfortable and agitated when left in their wheelchairs. We did not observe this practice during our inspection.

We saw in most people's care plans that people's preferences for staff gender was recorded and they had given consent to be involved in care plan assessments and reviews. In one care plan the person's preferences had not been recorded. The person had been at the home since March 2014. The manager had told us that the person's family needed to be contacted as the person could not independently state their preferences.

Four out of the nine people we spoke with told us they thought staff were not always respectful to them.

People told us: "A couple of the carers can be harsh in the way they speak with residents" and: "A couple of staff lack a little patience. It can take me time to get up from my seat. I know they have got a lot on. Most of them are good people. Some staff say they are coming to see me, then they don't come" and: "Most of the carers are nice. Sometimes they don't give you a chance to breathe. They are mostly polite. Some are not as pleasant as others" and: "The staff are very helpful and polite. You can have a laugh and a joke. Sometimes I have to wait. I am scared to ring the bell. Staff tell me they shan't be long. I sometimes have to wait a while for staff to come". This meant that people's diversity, values and human rights were not consistently respected.

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

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

We looked at care plans for five people who used the service. We found that the care plans contained detailed information on people's health, welfare and social care needs. We found that people had reviews every three months or when their needs changed. This was intended to ensure people's care and treatment was planned and delivered to promote their safety and welfare.

One relative of a person who used the service told us: "Staff are good with [my relative]. Staff come up to check on them".

A person who used the service told us: "When I want tea, they tap on the door and come to my room. When I need a doctor they [staff] are straight on to it".

Another person told us: "The staff are good, the food is ok. I can't complain".

The care plans we looked at had risk assessments that identified risks to people's safety. The risk assessments contained details of actions to be taken by staff to minimise risks to people. We were told and saw that risk assessments were reviewed every three months and when people's needs changed.

One member of staff told us: "I think the care plans are detailed enough. We are told about changes in people needs in shift handovers".

We saw in one care plan that someone required support to prevent pressure sores. We saw that detailed information had been provided on the particular areas of concern, the type of equipment needed and how staff should support the person to reduce risk of skin breakdown. This meant that care plans contained up-to-date information on people's care needs to ensure that people received appropriate and safe care.

We spoke to a district nurse who told us: "The staff are pretty helpful. They are keen to learn new things".

We were told about a concern that was raised with the nurse by someone who lived at the service. They told us that there had been occasions when they needed to remove dry

faecal matter as the person's personal care had not been completed by the care staff.

We discussed the district nurses comments with the managers. They told us they had not been made aware of these concerns and would ensure they were addressed. They told us they would set up regular briefing sessions with the nurses to identify any issues of concern. We will review this at our next inspection.

The care records we saw confirmed that people were registered with a GP and had access to external healthcare professionals as necessary. This meant that care and treatment was planned and delivered in a way that ensured people's safety and welfare.

Food and drink should meet people's individual dietary needs

Our judgement

The provider was meeting this standard.

People were protected from the risks of inadequate nutrition and dehydration.

Reasons for our judgement

At our previous inspections in November 2013 and March 2014 we had concerns about how people's nutritional needs were being met. We issued a compliance action to ensure that the provider made the improvements that were needed.

At our visit in March 2014, we were told that the provider had plans to introduce a new care plan format. We were told that this care plan included a summary of people's individual needs in relation to each risk assessment completed.

At this inspection we looked at three care plans where people had specific nutritional needs. We found that the care plans provided information on people food likes and dislikes and any known food allergies. Where people had been assessed by a Speech and Language Therapist the care plan contained the assessment details and a breakdown of the person's individual requirements for staff to follow.

At our last visit in March 2014, the acting manager told us and we saw that a folder had been set up which provided research and guidance on specific nutritional needs of people with different health needs. This included nutritional guidance on conditions such as diabetes and where people took warfarin medication. Guidance was also provided on fortified foods and low fat diets to support people's individual health needs. This meant that staff were given guidance to provide people with a choice of suitable and nutritious food and drink.

At this inspection people we spoke with said they liked the food. We found that the home was providing people with choice of meals and was meeting people's individual food preferences. We saw that some people had specialist nutritional needs. We found that the home was supporting people appropriately to have their meals.

People should be cared for in safe and accessible surroundings that support their health and welfare

Our judgement

The provider was not meeting this standard.

People who use the service, staff and visitors were not always protected against the risks of unsafe or unsuitable premises.

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 this inspection we completed a tour of the home and found the home to be clean. We found that the décor and quality of carpets and fittings required improvement.

We found the carpets in a number of rooms that we inspected were not fitted correctly. Some of the carpets were threadbare in parts and coming away from door edges. We looked at five rooms. In some rooms the carpet flooring was not level in places and was loose.

We found in the main lounge that new wooden flooring had been fitted. We saw that it was not level in places and there was a hole in the section near one of the doors. This could pose a trip hazard to people and did not support effective infection control measures in the home. We looked at the maintenance books and could not find any information recorded for repairs required to carpets and flooring.

We found that skirting boards, doors and walls in communal areas were chipped and scratched and could benefit from a scheme of refurbishment.

Some of the people we spoke with told us that the home looked tired and the décor needed updating. We asked to see the home's refurbishment plan to better understand how the provider had prioritised refurbishments to the home. The home owner told us they did not have a plan to demonstrate refurbishment priorities and the timescales by which work would be completed. This meant that the provider had not always taken steps to provide care in an environment that was adequately maintained.

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

People we spoke with said they had a positive relationship with the management team. They said they had no difficulties raising issues of concern with them and knew that they would be listened to.

Staff we spoke with told us they felt supported and had access to training when they needed it.

We saw that all staff completed induction training covering mandatory topics such as first aid, health and safety and safeguarding. This was confirmed in the three staff files that we looked at.

One member of staff told us: "We get regular supervision. I would like to have debriefing sessions perhaps every week. This would give us an opportunity to see how we could improve practice".

Another member of staff told us: "I would like to do palliative care training. The manager is looking into this. I have done all my mandatory training. We get memos to tell us when we need to do training. I get support when I ask for it".

We saw that staff had supervision sessions every three months. We saw that agenda items included staff training needs, discussions about care delivery and performance.

We saw evidence in the staff files that we looked at that staff had regular supervision sessions and appraisals. This meant that staff members were appropriately supported in relation to their responsibilities, to enable them to deliver support to a safe and appropriate standard.

We were told and saw that regular spot checks were completed by managers to observe care delivery by staff at the home. We saw copies of spot checks which showed us that staff were given feedback on their performance by senior staff and people who used the service. This meant that staff performance was constantly monitored to ensure appropriate standards of care were met.

We saw that the provider had a training audit in place which identified when staff needed to complete or refresh training in mandatory subjects such as safeguarding, medication management and first aid. The provider may find it useful to note that not all training courses attended by staff were collated in the audit record. We found gaps in information.

We looked at safeguarding training records for nine staff members. In four cases we found that no safeguarding training had been recorded. In three cases we found that safeguarding training had last been completed between 2008 and 2009. The acting manager told us that staff had completed training since these dates. The provider may find it useful to note that we were not able to verify this in the records we looked at. We could not be assured that staff had completed all necessary training.

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 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

At our last inspection in March 2014, we saw there were systems in place to assess and monitor the quality of care, support and treatment provided to people. In certain areas we found that improvements were required to ensure that people received a good quality service at all times.

In March 2014, we found the provider did not have an audit system in place to identify issues of concern with record keeping. The provider could not provide evidence of measures taken to improve standards in this area. This meant that the provider did not have an effective system in place to identify, assess and manage risks to the health, safety and welfare of people using the service and others.

At this inspection we found that improvements had been made. A staff member had been allocated with sole responsibility for completing records. Every week the managers completed an audit of records to ensure records were accurate and fit for purpose.

People who used the service were asked for their views about their care and treatment. We saw that people and their relatives were sent regular surveys to give feedback about the home. We saw that since April 2014, eight people had completed surveys. We found in all cases that people were happy with the quality of service at the home. This meant that people who used the service were asked for their views about their care and treatment and they were acted on.

The provider may find it useful to note that seven out of eight surveys were not dated so we were not able to verify when the surveys had been sent out or completed. The acting manager told us that they would ensure dates were added to surveys before they were sent out in future for audit purposes.

The acting manager told us that they were due to introduce a competency audit tool. We saw a copy of this competency audit tool. This was designed to ensure that any staff performance issues would be audited and addressed to ensure staff performed their care role effectively. We will check this at our next inspection.

We saw evidence of a complaints policy to enable positive outcomes for people who used the service. We saw that complaints were logged and responded to appropriately. We saw that complaints were acknowledged in writing and that the provider acted in accordance with their policy to resolve them. The provider took account of complaints to improve the service.

The provider did not have a compliments book available on the day of our inspection. We saw a thank you card completed by a relative of someone who lived at the home. It read: "Thank you so much for making X's birthday so special".

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

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

Reasons for our judgement

At our inspections in November 2013 and March 2014, we saw that the home was not consistently keeping up-to-date and accurate records to demonstrate that people received appropriate care.

At the previous inspection, we saw that one person needed to change position in bed on an hourly basis to support healthy skin and reduce the risk of pressure sores. We asked the provider to show us copies of records to demonstrate how this person was being consistently supported. The provider could not provide us with this information. They told us that the records were not in chronological order and advised us it would take time to sort them out. We could not confirm that records had been consistently completed to ensure the person received appropriate care.

At this follow up inspection we looked at two care plans where people required pressure sore management. We looked at turning chart records for two people. We found that records had been accurately and consistently completed to ensure that people were turned on a regular basis to reduce the risk of skin break down.

At the inspections in November 2013 and March 2014, we saw that the home maintained records of people's food and fluid intake. Some of the records were not properly completed. This meant that the records did not provide sufficient information to demonstrate the care people received.

We asked the provider for records to show what activities people had undertaken. The provider could not provide us with these records. They told us that this was due to an incident where somebody living at the home had irretrievably damaged them.

At this inspection, we looked at food and fluid charts for two people. We found that records had been accurately and consistently completed to ensure that people's food and fluid intake was consistently monitored. We saw that activities that people had taken part in had been recorded appropriately to demonstrate that people had taken part in activities and that their preferences had been recorded.

At our last inspections in November 2013 and March 2014, we checked that the provider

was keeping records required to make sure that food and drink was stored and prepared in a safe way. We found that records for safe storage and preparation of food had not been consistently recorded or completed in line with environmental health guidelines or the provider's internal policy. This meant that food safety and hygiene could be adversely affected.

At this inspection we looked at records for safe storage of food and drink. We found that records had been accurately and consistently completed to ensure that food was safely stored.

At our last inspections in November 2013 and March 2014, the home could not provide us with records to confirm that the necessary cleaning of the kitchen and storage areas had been completed. We found that daily and weekly schedule records for the cleaning of kitchen and storage areas had not been consistently completed. The provider told us that the areas were cleaned but acknowledged that the records did not reflect this.

At this inspection we looked at records for the cleaning of the kitchen and storage areas. We found that records had been accurately and consistently completed to ensure that food was safely stored.

The acting manager told us they had implemented a new system. The senior carer was now responsible for completing records. New record books had been created to ensure that records were kept in a chronological order and were easy to access. The acting manager told us they checked the records every week to ensure they were accurate and fit for purpose.

This section is primarily information for the provider

✘ Action we have told the provider to take

Compliance actions

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2010</p> <p>Respecting and involving people who use services</p>
	<p>How the regulation was not being met:</p> <p>17. (2) For the purposes of paragraph (1), the registered person must -</p> <p>(a) treat service users with consideration and respect.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010</p> <p>Safety and suitability of premises</p>
	<p>How the regulation was not being met:</p> <p>15.(1) The registered person had not ensured service users and others have access to premises and are protected against risks associated with unsafe/unsuitable premises, by means of -</p> <p>(c) adequate maintenance.</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 17 July 2014.

This section is primarily information for the provider

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@ccq.org.uk

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

Website: www.cqc.org.uk

Copyright Copyright © (2011) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.
