

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

Bartholamew Lodge Nursing Home Limited

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Date of Inspection: 12 May 2014

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

Care and welfare of people who use services	✘	Action needed
Meeting nutritional needs	✘	Action needed
Safeguarding people who use services from abuse	✔	Met this standard
Requirements relating to workers	✔	Met this standard
Assessing and monitoring the quality of service provision	✘	Action needed

Details about this location

Registered Provider	Bartholamew Lodge Nursing Home Limited
Overview of the service	Care home providing accommodation, nursing and personal care to a maximum of 30 older people.
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 12 May 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. We reviewed information sent to us by commissioners of services and talked with commissioners of services.

What people told us and what we found

Over the last few months Sandwell local authority and Clinical Commissioning Group (CCG) who monitor and fund the majority of adult social care services had concerns regarding the care and welfare of some people who lived there. The concerns included, a sudden death of a person who lived there, care planning, record keeping and some issues regarding the management of medication. As a result the provider agreed to a voluntary suspension of new placements. The local authority then determined a gradual improvement had been made and agreed that the provider could partially lift their suspension to allow one new admission every two weeks to the home. The CCG suspended their intermediate care contract.

At the time of our inspection 18 people lived at the home (although as one person was away on holiday so only 17 people were actually there). During our inspection we spoke with seven of those people, six relatives, six staff, the manager, and the registered provider. All of the people who lived there and their relatives were very positive about the home and the services provided. One relative said, "It is excellent. Much better than the last place they were in". Another relative told us, "I have no concerns at all. It is a very good place". One person who lived there said, "I like living here. I give it nine or 10 out of 10". A second person told us, "Oh it is wonderful here". We randomly looked at recently completed surveys that had been sent by the provider to people who lived there, relatives, external health care professionals and staff.

We set out to answer our five questions; Is the service caring? Is the service responsive? Is the service safe? Is the service effective? Is the service well led? Below is a summary of what we found. The summary is based on our observations during the inspection, discussions with people who lived at the home, their relatives, the staff supporting them, and by looking at records. If you wish to see the evidence supporting our summary please read the full report.

Is the service safe?

All people we asked told us they felt safe. All people and relatives that we asked told us that they had not seen anything of concern. One person told us, "The staff are not rough or unkind". One relative said, "A member of our family visits every day. Nothing like that has happened".

Staff we spoke with knew of Deprivation of Liberty Safeguard (DoLS) processes. DoLS is a legal framework that may need to be applied to people in care settings who lack capacity and may need to be deprived of their liberty in their own best interests to protect them from harm and/or injury.

We found that people's risks and needs had been assessed. However, instructions in care plans regarding the frequency of the checking of people's wellbeing were not always followed by staff.

The management of day to day risks and safety should be improved upon. Those include systems to prevent dehydration and malnutrition.

We have asked the provider to tell us what they are going to do to meet the requirements of the law in relation to keeping people safe.

Is the service effective?

Systems regarding menu planning and meal variety were effective. All people we spoke with told us that the meals were good. One person said, "I love the food here".

Most of the non-compliance we determined had already been raised with the provider by external care agencies. (Non-compliance is when the provider does not meet the requirements of the law or there are shortfalls in care delivery or practice). Although the provider had made some changes we still found non-compliance in day to day basic practice. This did not give assurance that the provider was adequately effective.

People's health and care needs were assessed but they were not always included in detail in their care plans. For example, staff practice for one person did not reflect the instructions in their care plan. When we asked staff to clarify what was required we were given different views. This meant that care plans were not able to consistently support staff to meet people's needs.

We found that day to day activity provision was not adequate to meet people's needs. One person said, "There is not much to do".

We have asked the provider to tell us what they are going to do to meet the requirements of the law in relation to care planning to ensuring that the service is effective.

Is the service caring?

We determined that staff showed people respect and promoted their dignity. We saw that staff showed patience when supporting people.

All of the people and their relatives were very complimentary about the staff. They described them as being, "Caring", and "Kind". One person who lived there said, "I like all the staff. They are very kind and friendly". A relative told us, "I cannot fault the staff here.

They are very kind and considerate".

We found that the provider had adequate processes and systems in place to meet the requirements of the law in relation to ensure that the service was caring.

Is the service responsive?

People who lived there and their relatives had been given the opportunity to complete satisfaction surveys. The provider told us that they were in the process of analysing the surveys and would take action and make changes where there was a need. This showed that the provider was willing to listen to the views of the people who lived there, and their relatives, to improve the overall service provision.

The provider told us that improvements had been made since external health care professionals had raised issues. Those external health care professionals had confirmed some improvements. However, our observations and the evidence that we gathered showed that staff did not always perform to the standard that was required regarding the following of instructions in care plans.

We have asked the provider to tell us what they are going to do to meet the requirements of the law and the improvements they will make to ensuring that the service is responsive.

Is the service well-led?

At the time of our inspection there was no manager registered with us. It is a requirement in law that the home should have a registered manager. The manager told us that they had made an application to register. The registration of the manager would give people who lived there greater assurance that the service provided would be consistent and well led.

Documents that we looked at and our observations confirmed that records were not all completed adequately to evidence sufficient food and fluid intake to prevent ill health. This showed that staff had not undertaken tasks as they should have done and did not give assurance that the service was well led.

We have asked the provider to tell us what they are going to do to meet the requirements of the law and the improvements they will make in relation to the management of staff and quality assurance processes to demonstrate a well led service.

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 04 July 2014, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

We have referred our findings to Sandwell Clinical Commissioning Group and Local Authority: Commissioning. We will check to make sure that action is taken to meet the essential standards.

Where providers are not meeting essential standards, we have a range of enforcement

powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

More information about the provider

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

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

Our judgements for each standard inspected

Care and welfare of people who use services

✘ Action needed

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

Our judgement

The provider was not meeting this standard.

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

We have judged that this has a 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

All of the people and their relatives we spoke with told us that the staff were respectful and polite. One person told us, "The staff are very polite. They always cover me up when I have my wash". One relative said, "All of the staff are helpful and polite. They make me feel very welcome when I visit". People and relatives that we spoke with told us that bedrooms were for single occupancy only. This meant that people had a private space where they received their personal care and could spend time alone if they had wanted to. This showed that staff had taken into account people's wishes, had been respectful to people, and promoted their privacy.

We saw that people who lived there wore clothing that was appropriate for their age, gender and the weather. People told us that staff had encouraged them to select what they wanted to wear each day. One person told us, "I always wear what I want to wear". We saw that one person wore a bracelet. They said, "I like to wear this". This meant that staff had known that it was important to people to look their best and they had supported them to do that.

Records we looked at highlighted that people had been asked about their preferred daily routines. One person said, "I always go to bed when I want to". Another person said, "Staff always ask me if I want to get up. They don't tell me I have to get up". This meant that staff took into account people's preferences and ensured their choices were respected.

None of the relatives or people we spoke with told us that they had concerns regarding care, welfare or safety. One person said, "They look after us well". A relative told us, "They are very well looked after. They have improved since they came in here. I am pleased". We looked at 16 questionnaires that had recently been completed by relatives. They all confirmed satisfaction with the care provided. The majority also confirmed that they were

informed by staff if there were changes in their family member's condition. This showed that the people who lived there and their relatives were satisfied with the care provided.

The CCG informed us of concerns about medication management and safety, particularly regarding the accurate confirmation of dosages of medication prescribed to 'thin' the blood. We found that the provider had listened to the concerns and had taken some action to prevent errors. We saw that a protocol had been introduced for staff to follow to confirm what the correct dose for that medication should be. A nurse talked us through the process that they had to follow and showed us documentary evidence that the checking of dosages was undertaken with the prescriber. This meant that since the protocol had been introduced, and staff had followed the guidance, the risk of ill health to the people who had been prescribed that medication had been reduced.

We saw that people had check-ups with the dentist and optician. All people we spoke with told us that the staff would call the doctor if they were not feeling well. Records that we looked at confirmed this. This meant that people's primary health needs were checked so that potential conditions could be identified and treated.

Overall, we found that people's needs were assessed. However, care plans did not always provide current information to promote staff understanding of how to care for people. For example, one person's care plan did not capture their respiratory condition that had been documented during their assessment of need process. Another person's care plan highlighted that the person required a special cushion to sit on to prevent sore skin. We observed that person for over an hour. We saw that they were not sitting on the special cushion as indicated in their care plan. We asked staff about this and their answers were not consistent as to whether the person did or did not need to sit on a special cushion. One person who lived there had recently had a fall which resulted in a poor outcome. We saw that risk assessments, and care plans had been put into place to prevent falls and other untoward incidents occurring. However, for two people their care plans were not being followed. Though care plans instructed staff to check people every hour records made by night staff highlighted that on at least two occasions those people were checked every two hours not hourly. This meant that people's needs and risks were not being addressed or met as the instructions in their care plans stated which potentially placed them at risk of accidents and sore skin.

No activity coordinator was employed at the home. We were told by the manager and the provider that it was the care staffs responsibility to ensure that activities were offered. Records showed that people had engaged in some activities which included skittles, darts and snakes and ladders. During the morning of our inspection a number of people participated in a game of bingo and enjoyed that. We saw that they were alert, smiling and laughing during the game. We found that special occasions were celebrated. One person told us, "It was my birthday yesterday. We had a lovely party tea. I really enjoyed it". However, overall we found that day to day activity provision was lacking which did not promote people's wellbeing. Throughout our inspection we saw that a number of people were sitting in their chairs and many of them were asleep. We saw that where staff did engage with people for a short time (usually to offer a drink) people responded positively, they woke up and smiled. However, once the short interaction ended they quickly went back to sleep. We witnessed little action during the afternoon from staff to encourage engagement, stimulation and ultimately the wellbeing of the people in their care. One person said, "It is boring here sometimes. We have nothing to do". A number of questionnaires completed by the people who lived there and their relatives highlighted that improvement was needed concerning activity provision. We saw that inadequate activity

provision had been identified by the provider previously. Staff meeting minutes that we looked at showed that the issue of providing adequate activities had been raised at the beginning of April 2014. Our findings however, showed that the inadequacy continued.

Food and drink should meet people's individual dietary needs

Our judgement

The provider was not meeting this standard.

People were not always protected from the risks of inadequate nutrition and dehydration.

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

Reasons for our judgement

We saw a certificate that confirmed that the local environmental health department had awarded the highest score for food hygiene processes during their last assessment. We saw that any allergies that people suffered from were determined and recorded. This meant that some systems were in place regarding food hygiene and the prevention of adverse reactions which reduced risks to people's health and wellbeing. However, we identified that for some staff, including the cook, food hygiene training was in need of an update. We spoke with the provider about this who told us that they would secure the training as a matter of urgency.

We looked at food stocks and found that they were varied and plentiful. We spoke with the cook who gave us a good account of how they dealt with special dietary needs which included, diabetic diets and food to boost calorie intake to prevent weight loss. All people we spoke with told us that the food was good. One person said, "I love the food". Another person said, "Oh the food is always good here". Five of the five questionnaires recently completed by people who lived there confirmed that they were satisfied with the choice of meals and the meals. Staff we spoke with and records we looked at both confirmed that people's dietary likes and dislikes had been identified. One person said, "The staff know what we like and do not like to eat". This meant that the provider had taken action to determine people's personal preferences regarding the meals offered to promote good nutritional health.

We identified that only one person needed full assistance with eating and drinking. We observed the breakfast and lunch meal times and saw that staff supported that person appropriately. During the breakfast mealtime we saw that people were given food options. One person said, "We are given choices everyday". One person had cereal with prunes. We saw that they enjoyed that. Another person had porridge followed by toast, egg and tomatoes. They said, "It is really lovely". We observed that staff gave people hot and cold drink choices during the day and encouraged people to drink regularly to prevent them from becoming dehydrated. This showed that the provider had taken some action to ensure that people had what they liked to eat and drink to promote their enjoyment and good health.

We found that generally where concerns had been identified regarding weight loss referrals had been made to appropriate healthcare professionals. However, we found that the recommendations that were made by the healthcare professionals were not always followed. A recommendation had been made for one person to be offered snacks between meals. Records for that person showed that overall their food intake was minimal and did not confirm that snacks had been offered and taken, or offered and refused. The day before our inspection records made highlighted that the person only had a limited amount of food at lunch time and then nothing until the next morning. This placed them at continued risk of weight loss. Staff we spoke with could not confirm that additional food and snacks had been offered. This meant that staff had not followed recommendations made to prevent risks to that person's health.

Fluid intake records had been commenced for a number of people who were at risk of dehydration. During lunch time we identified that the fluid chart had been completed for one person before they had drunk their drink. The provider confirmed that was not the process staff should follow. They told us that records should only be made when the person had actually consumed their drink. If the person did not take their drink, the record would not be accurate, so would not serve its purpose to demonstrate whether or not people had taken sufficient fluids to prevent dehydration. This meant that the tool being used (fluid intake record) could potentially place people at greater risk of dehydration as it would show that people had taken fluid that they may not have done.

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

We identified that not all staff had received DoLS training. We spoke with the provider about this who gave their assurance that they would secure the training. However, all of the staff we spoke with knew of the Deprivation of Liberty Safeguard (DoLS) processes. All staff we spoke with told us that they were not aware that any restrictions had been placed on the people they cared for. They told us that if they felt there was a need, or they were concerned regarding a DoLS issue, a report to the relevant local authority safeguarding team would be made. The manager told us that no applications had been made to the local authority as there was no need. They told us that they knew of the processes to make an application if one was needed in the future. This showed that systems were in place to prevent unnecessary restrictions being imposed on people.

Staff records that we sampled and staff we spoke with confirmed that the majority of staff had received training in how to safeguard vulnerable adults from abuse and harm. This was either through reading literature during their induction or formal training. All staff we spoke with knew how to report abuse appropriately to ensure people's safety and wellbeing. One member of staff said, "If I had any concerns I would report it. I would follow it up to make sure that it was dealt with". All of the people we spoke with and their relatives told us that they did not have any concerns. One person said, "The staff are all very kind and gentle". A relative told us, "I have never seen anything of concern here". Nothing like that at all, I have no concerns". This showed that systems in place, and the behaviour of staff, gave people who used the service and their relative's assurance that abuse would not be tolerated.

Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

We looked at the recruitment records for three members of staff who worked there. These showed that before the member of staff started to work they completed an application form and attended an interview to ensure they were suitable to work with the people who lived there. Written references were requested and we saw that these were available as well as proof of the person's identity. All managers and staff spoken with told us that before a member of staff started working there the appropriate checks were completed. This included a Disclosure and Barring Service (DBS) check to ensure that the member of staff was not barred from working with vulnerable adults because of their criminal record or an incidence of abuse. However, the DBS documents that we saw did not confirm that staff had been declared clear to start work. Management making a record on the DBS report to prove that it had been seen, and that the staff member had been declared as safe to work, would give the people who lived there greater assurance that they would not be at risk of harm from potentially unsuitable staff.

We saw completed documents to confirm that induction programmes had been worked through by staff on commencement of their employment. This included looking at policies and care plans to prepare staff for their role. One person said, "The staff look after me well". This showed that processes were in place for new staff so that they were given some knowledge of what would be expected of them when they started working with the people who lived there.

Assessing and monitoring the quality of service provision

✘ Action needed

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

Our judgement

The provider was not meeting this standard.

The provider's systems to assess and monitor the quality of service that people receive were not fully effective.

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

As with our previous inspections all of the people who lived there and their relatives were very complimentary about the staff who provided their care and the service provided. One person told us, "I like it here and I like the staff". Another person said, "I cannot say anything bad about this place". This showed that people were satisfied with the overall service provided.

We found that processes were in place to enable the people who lived there and their relatives to give their views on the service provided. Questionnaires had recently been completed by people and their relatives and the provider had started to analyse those. We saw records to confirm and people we spoke with told us that meetings were held every few months so that they could tell the provider what was good about the service and where they felt that changes were needed.

We saw that complaints process documents were available for people who lived there and their relatives to use. The complaint process documents told the people who lived there and their relatives what they should do if they were unhappy with the service provided. All people and their relatives we asked confirmed that they were aware of the complaints processes. All of the completed questionnaires we looked at also confirmed that people and their relatives knew how to make a complaint. We saw that five complaints had been made since our last inspection in October 2013. We saw that the complaints had generally been followed through and the majority had a documented outcome. This showed that complaints processes and other systems were available for people to use if they wanted to raise an issue or were not happy about something.

We saw that equipment was available to promote the independence and safety of people who lived there. A high number of people who lived there needed staff to assist them to move using a hoist. We saw that hoists were regularly checked and serviced by an engineer to ensure they were safe to use. We also saw certificates to confirm that the firefighting and gas appliances were serviced regularly to ensure that they were safe to

use and fit for purpose.

Staff told us and records we looked at confirmed that some systems were in place for monitoring purposes and to reduce risks which included falls monitoring. We saw that there had been a decrease in falls in the last two months. This meant that systems were in place to reduce falls and enhance the safety of the people who lived there.

The provider was aware that they had a legal duty to ensure that a manager was registered with us. A manager was in post and they confirmed that they had started the process to register with us.

Over the last few months Sandwell local authority and Clinical Commissioning Group (CCG) who monitor and fund the majority of adult social care services had concerns regarding the care and welfare of some people who lived there. The provider told us that they had taken notice of the concerns and had made changes and improvements which had been confirmed by the local authority and CCG. However, during our inspection we found that some shortfalls in processes and practice remained.

We found that there were some shortfalls with care plans and that staff were not always following instructions. For example, one care plan did not capture all the risks that had been identified and highlighted during their assessment of need. One care plan that we looked at gave instruction that staff were not clear about concerning a special cushion. Night staff were not always checking people at night to the frequency that was stated in their care plans. We also found that staff were not always following the instructions given by external health care professionals to reduce the risk of malnutrition. We observed a staff member completing a fluid intake chart for one person who was at risk of dehydration before they had taken their drink. This did not demonstrate that people who lived received a service that was effectively monitored or well led.

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
Treatment of disease, disorder or injury	<p>Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010</p> <p>Care and welfare of people who use services</p>
	<p>How the regulation was not being met:</p> <p>Regulation 9(1)(a)(b)(i)(ii) The registered person must take proper steps to ensure that each person is protected against the risks of receiving care or support that is inappropriate or unsafe, by means of (a) the carrying out of an assessment of the needs of the person and (b) the planning and delivery of care and, where appropriate, support in such a way as to (i) meet the person's individual needs (ii) ensure the welfare and safety of people.</p>
Regulated activity	Regulation
Treatment of disease, disorder or injury	<p>Regulation 14 HSCA 2008 (Regulated Activities) Regulations 2010</p> <p>Meeting nutritional needs</p>
	<p>How the regulation was not being met:</p> <p>Regulation 14(1)(a) The registered person must ensure that service users are protected from the risks of inadequate nutrition and dehydration.</p>
Regulated activity	Regulation

This section is primarily information for the provider

Treatment of disease, disorder or injury	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010
	Assessing and monitoring the quality of service provision How the regulation was not being met: Regulation 10(1)(a)(b) The registered person must protect people and others who may be at risk, against the risks of inappropriate or unsafe care and treatment, by means of the effective operation of systems designed to enable the registered person to (a) regularly assess and monitor the quality of the service provided in the carrying on of the regulated activity and (b) identify, assess and manage risks relating to the health, welfare and safety of people and others who may be at risk from the carrying on of the regulated activity.

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 04 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.

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

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

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

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

Glossary of terms we use in this report

Essential standard

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

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

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

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

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

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

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

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

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

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

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

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

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

Glossary of terms we use in this report (continued)

(Registered) Provider

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

Regulations

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

Responsive inspection

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

Routine inspection

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

Themed inspection

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

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