

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

Rushall Care Centre

204 Lichfield Road, Rushall, Walsall, WS4 1SA

Tel: 01922635328

Date of Inspection: 05 June 2014

Date of Publication: July 2014

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

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Meeting nutritional needs	✓ Met this standard
Requirements relating to workers	✗ Action needed
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Four Seasons (Evedale) Limited
Registered Manager	Mrs Emma Hall
Overview of the service	Rushall Care Centre is a nursing home which is registered to provide both nursing and personal care for up to 34 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

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
<hr/>	
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	6
<hr/>	
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
Requirements relating to workers	14
Assessing and monitoring the quality of service provision	16
<hr/>	
Information primarily for the provider:	
Action we have told the provider to take	18
<hr/>	
About CQC Inspections	19
<hr/>	
How we define our judgements	20
<hr/>	
Glossary of terms we use in this report	22
<hr/>	
Contact us	24

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 5 June 2014, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members, talked with staff, reviewed information sent to us by other authorities and talked with other authorities.

What people told us and what we found

On the day of our inspection we met with the manager and the regional manager. The manager had been in post for four weeks, having transferred from another of the provider's homes.

In this report the name of the last registered manager appears. They were not in post and not managing the regulatory activities at this service at the time of this inspection. Their name appears because they were still the registered manager on our register at the time of the inspection.

They told us the home had gone through a period of change since the last inspection. A number of safeguarding investigations had taken place in the last quarter of 2013, which led to staff and management changes. They told us the management team had previously been 'fire fighting' and working to build a new culture at the home. They told us they had been working closely with staff to make necessary improvements. They told us they were working to embed new ways of working to include staff having greater accountability for the work that they undertook.

Previously, we completed an inspection in June 2013, where we found the provider was not meeting requirements for outcome 1: Respecting and involving people who use services.

After the last 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 improvements in respecting and involving people who use services. Where there were shortfalls in this area, the manager told us they had

identified these issues and they would provide additional training for staff.

Below is a summary of what we found. The summary is based on our observations during the inspection. At the time of our inspection 17 people lived there. We spoke with three people who used the service and two visiting relatives. We completed two informal observation exercises to help us understand the experience of people who could not talk with us directly. If you want to see the evidence supporting our summary please read our full report.

Is the service safe?

People told us that staff met their care and support needs. We found that the provider had suspended some staff where there were allegations relating to their conduct and care delivery. We received information from the provider to advise us of the measures they had taken in light of safeguarding allegations reported to them. We found that the provider had not consistently updated staff checks to ensure staff were fit for their role.

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. The manager told us they had identified a need to review mental capacity assessments for people who used the service in line with new legislation. They told us they were looking at local training resources available to ensure staff had updated training in this area.

We saw that risk management plans were not up-to-date in the care plans we looked at. We saw that progress notes for each person had been updated to ensure that people's current needs and risks were recorded. The manager had identified the need to ensure updates to general care plans were made as soon as possible.

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. This was intended to ensure that people's individual care needs and wishes were known and planned for as part of their care service.

People had access to a range of health care professionals who visited the home. People told us that staff helped them to access support services when needed. One person told us: "They are in tune with [my relative's] needs. They keep me informed about doctor's visits".

Is the service caring?

We asked people who used the service for their opinions about the staff that supported them. One person told us: "[My relative] always looks nice and clean. The staff are gregarious and have a smile on their face" and another person told us: "I love it here I can do anything I want as long as I have my [walking] frame".

People said their preferences, interests and diverse needs were respected and care and support had been provided in accordance with people's wishes. We could not consistently find records which documented people's likes and dislikes in the care plans that we looked

at.

People we spoke with told us that they felt their privacy and dignity were always respected by care staff. From our observations and discussions with the manager we saw evidence of good practice in this area. We found there were some areas where improvements were needed to ensure people's dignity and privacy were routinely respected.

Is the service responsive?

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.

We saw that people received surveys every year to give feedback about the care and support they received. We saw that meetings had recently been set up to enable the manager to get feedback from people who used the service, their relatives and staff. We did not have enough evidence that the service was responsive to people's requests and needs as this had been set up a few weeks before the inspection.

Is the service well-led?

We found that the service had a quality assurance system in place to ensure the quality of the service continuously improved. We found that where issues had been identified it was not always clear when shortfalls would be addressed.

Staff told us they felt supported by the new manager and had effective working relationships with their team.

We have asked the provider to tell us what they are going to do to make the necessary improvements in relation to staff requirements.

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 14 August 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 ✓ Met this standard

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 meeting this standard.

People's privacy, dignity and independence were respected.

Reasons for our judgement

At our last inspection in June 2013, we found the registered person had not consistently respected and involved people who use services.

The provider sent us an action plan. This told us what improvements the provider would make to respecting people who use services.

At this inspection we discussed this with the manager. They told us that since the last inspection, a member of staff had been selected as the dignity champion for the home. We saw that information resources to raise awareness of dignity issues were displayed within the home. This meant that people living at the home, staff and visitors were made aware of the need to maintain people's privacy, dignity and independence at all times.

One relative told us: "They try to make it home from home. They put [my relative's] tapes on in the evening. We can visit any time".

One person told us: "[My relative] visits on a Sunday and shares a meal with me".

We saw staff ask people if they wanted their nails cut and painted as this was on the activity list for the day we visited. One person said: "I just want them filing". We saw that this was done and staff massaged hand cream into their hands. The person said: "I am enjoying this".

Another person told us: "I love it here. I can do anything I want. As long as I have my frame, I am fine. I like to stay around here. I don't want for anything. I've been out to the shops and the arboretum with staff. I like to dance. I get up and use my frame. I've always loved dancing" and: "I get on with all the staff. They always speak with me and call me by my name".

We saw that all staff had completed equality and diversity training. We saw good examples of how staff promoted peoples' dignity during the course of our inspection. We saw some examples of where practice could be improved.

We discussed this with the manager and regional manager. The manager told us they had observed similar examples of where staff practice could be improved. They told us they 'walked the floor' every day to observe care delivery and discussed areas for improvement with individual staff. They told us they would organise 'resident experience' training for all staff. This training supports staff to raise their own awareness of how their practice might impact on people who receive care. We will check this at our next inspection.

We completed two informal observations during the course of the inspection. This helped us to better understand the experience of people who could not talk directly with us. We observed people living in the home and how staff interacted with them in the morning in the lounge area and at lunchtime.

We observed that staff had positive, warm relationships with people living at the home. We saw that staff checked whether people liked their meals and whether they wanted more food and drink. During our observations we found that staff talked with people about what was happening in the community and local events.

As part of our observations we checked how people were supported to eat meals in their rooms where they were unable to get out of bed. We saw one person who was lying in bed being assisted to eat by a member of staff. The member of staff was standing above the person with a plate of hot food. Some of the food fell on the person's serviette and then the serviette was pressed into the person's neck. This practice posed a safety risk to the person and did not respect their dignity. The manager told us they had also observed this on the day of our inspection and had spoken with staff about this.

We saw that one member of staff put a serviette around someone to protect their clothes. We found that the person was not asked whether they were happy for this to be placed around them.

We found that some staff referred to people as 'darling' and 'sweetheart'. We were also referred to in this way during the course of our inspection. The manager told us that where people were happy to be referred to in this way, it was recorded in their care plan. We did not see evidence of this in the care plans that we looked at.

During our tour of the home, we found that the door to one person's room had been left open. We saw a continence pad on the chair in direct view of visitors passing via the communal corridor. We found that this did not respect the person's dignity or privacy.

The manager told us that they were aware of the need to raise awareness of professionalism with the staff team. They told us that they discussed this topic regularly in staff meetings and supervisions. This was confirmed in the staff meeting minutes that we looked at. We found that improvements had been made to ensure respect for people who used services. We found that the manager was aware that further improvements were required in some areas. We will check this at our next inspection.

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

At this inspection we looked at three care plans. We found that they contained detailed information on people's health, welfare and social care needs.

A relative told us: "[My relative] always looks nice and clean and looks good. The staff are gregarious and have a smile on their face" and: "The staff really encourage [my relative] to do what they can". Another relative told us: "I am happy. The staff are very good. They are mindful of people. They are in tune with [my relative's] needs. They keep me informed about doctor's visits. They were responsive when [my relative] had a fall".

We were told the provider planned to change the format of care plans. Changes were required to make care plans easier to follow and to ensure all details were included in them. We were told that care plans needed to be rewritten using the new format. The provider may find it useful to note that there was no written information to confirm when this would be undertaken. We will check this at our next inspection.

We found that people's care plans had not been consistently reviewed on a monthly basis in line with the home's internal policy. The manager told us and we saw that they were aware of this issue and had taken steps to address this. The manager told us and we saw that care plans had been reviewed for May 2014 in the progress note section of people's care plans. The information had not been transferred into the main body of the report. We saw that the plans of care we looked at contained up-to-date information on people's care needs to ensure that people received appropriate and safe care.

The care records 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 in accordance with people's wishes or when people's needs changed.

The manager told us about a new wound management process used at the home. This was implemented due to previous concerns raised and set up to improve care delivery in this area. The new process included a wound analysis form. We saw that staff recorded the date and type of wound, the location of wound and treatment required. This also included dates when information was referred to the tissue viability nurse for further

assessment. The manager told us they reviewed this process every week to ensure that staff were responsive to people's needs. In addition the manager told us they observed wound care management in practice to ensure staff followed correct protocols.

We looked at wound care plans for three people who used the service. We found information on specific skin cleansers required to treat people's wounds and equipment needed to reduce pressure to the wound. We found that photographs had been taken of people's wounds to monitor any changes to the wound area. We saw that the frequency of wound dressing and repositioning requirements for each person was clearly recorded in their care plan.

We asked a member of staff to tell us about the individual needs of one person who used the service. They were able to give us a detailed overview of the person's needs to include wound care management. This meant that care plans contained up-to-date information on people's care needs to ensure that people received appropriate and safe care.

Staff and the manager told us that activities at the home were due to change. The manager told us they were purchasing sensory materials and activity resources. This would ensure that people with dementia and sensory impairments could better engage with activities and enjoy social stimulation. We will check 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

We found that people were protected from the risk of inadequate nutrition and hydration.

One relative told us: "The food here is amazing. I don't know how they do it. If something's not on the menu, they will make it. They are very accommodating" and: "Drinks are always in reach and squash is topped up throughout the day. There is always tea and coffee being made" and: "[My relative] has a diabetic diet and their diet is well controlled".

During a tour of the premises we found that snacks were available for people who used the service. Snacks we saw included crisps, fruit, cakes and chocolate bars. A jug of juice and glasses were available in the lounge.

We saw there was a menu displayed on each table in the dining room with food choices for that day. The cook and staff told us that the activity co-ordinator was in the process of taking photos of all the meals served so people could see the food to help them make a decision about what they wanted to eat. We will check this at our next inspection.

We talked to the cook to understand how they were informed about people's individual dietary requirements. We saw a list in the kitchen which documented people's specific requirements to include food allergies and medical conditions. This meant that people were provided with a choice of suitable and nutritious food and drink.

The cook told us: "We are involved in conversations with the speech and language therapist. We have input into their assessments, as we know what people like to eat and what their favourite foods are. For example one person has a semi-solid diet and loves ham sandwiches. We spoke with the speech and language therapist and they advised us to dice the ham and cut off the crusts, so they could still have this" and: "We try and make things to. We make a special scone for people who are on a soft diet. People love it".

We looked at nutritional assessments for three people who used the service. We found that people's weights were reviewed every month. We saw that staff had completed an oral assessment of people's needs and interventions required. For one person we saw they had been prescribed food supplements after a referral to the dietician. This was up-to-date in the care plans we looked at. The provider may find it useful to note that in the care plans we looked at people's food likes and dislikes were not consistently recorded in people's care plans.

On the day of our inspection, we saw staff supporting people to drink. Staff sat next to people and spoke with them whilst supporting them to have their drinks. We saw staff offer drinks to people throughout the day. Staff always gave people a choice of hot and cold drinks and sugar or no sugar.

We completed an informal observation at lunchtime where we found people were supported to eat their meals. We found that staff used appropriate pacing to ensure that people were supported to eat at a pace that suited them. We saw that some people had a pureed meal in line with their individual nutritional needs.

One relative told us: "[My relative] eats extremely well. They like huge meals and [staff] ask me about their preferences". This meant that people were supported to be able to eat and drink sufficient amounts to meet their needs.

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

Our judgement

The provider was not meeting this standard.

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

Appropriate checks were not consistently reviewed for staff.

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 looked at three staff records on the day of our inspection. We saw evidence that checks had been made to ensure people recruited were of good character. We found that checks were not consistently reviewed in the staff files we looked at.

All of the staff files we looked at contained two references for each member of staff, which was intended to ensure that people recruited were of good character.

Providers must ensure that staff are suitable to work with vulnerable adults. One check used to be called the criminal records bureau check (CRB) and was changed to the disclosure and barring service (DBS) check.

In the staff files we looked at we saw that the provider completed DBS checks for these staff members before they started working in line with legislation.

In one of the staff records we looked at we saw the DBS check had not been reviewed since October 2004. There was no evidence that the staff member had signed a self-disclosure form to demonstrate that they had no criminal convictions since the last DBS was completed. In a second file we found that a self-disclosure form had been completed in November 2013. For a third person a new DBS had been obtained subsequent to safeguarding concerns about their conduct.

We could not find an internal policy which identified how frequently staff DBS checks should be carried out by the provider to ensure people were of good character. The policy stated that 'the frequency of renewal will be at the company's discretion or as required by regulation'.

We saw that the provider had undertaken specific DBS checks for staff after safeguarding investigations into allegations of staff misconduct. We saw that risk assessments had been put in place subsequent to checks undertaken. We found that DBS checks had not been

routinely reviewed for all staff.

The manager told us they had reviewed all staff records since they had started in role. They told us they would use this to inform how to develop staff and inform performance management if appropriate. They told us that as part of recent staff disciplinary investigations, individual staff had been set outcomes they needed to achieve to improve their job performance. This was confirmed in the staff records we looked at. The manager told us they would regularly review the performance of staff against set outcomes to ensure that they were fit for their role. We will check this at our next inspection.

We found that health checks had been completed for staff before they started working at the home. We found full employment histories for staff in the records that we looked at. We could not find interview notes in the staff records we looked at. This meant that it was not clear whether staff had taken part in an interview before starting their role.

We were told that staff completed an induction training course before they started work. We were told that a recently recruited staff member had undertaken induction training to familiarise themselves with internal policies and procedures. We looked at the staff file for them and we could not find evidence that they had completed the induction training. From talking to this staff member they told us they had completed an induction course before starting their role.

They told us: "I was given an orientation to the home. I shadowed other staff. I had supervision recently and can talk to the nurse if I have any issues". We saw that the new member of staff had only received one formal supervision session since starting in role six months previously. We saw that the member of staff had not received a review of their probationary period. The manager told us they expected all new staff to receive regular supervision sessions when newly recruited to role. They acknowledged that the person required a probationary review as this was overdue.

All of the staff we spoke with told us they felt supported by the manager and could talk to them about any problems they had.

After the inspection the manager told us that according to their records 52 per cent of staff had completed national vocational qualifications in care. They told us they did not think this figure was accurate as some staff said that they had completed these qualifications, but this was not recorded. They told us they had asked all staff to bring in their certificates to demonstrate their additional qualifications in care.

All of the staff we spoke with said they had received the necessary training to support people confidently in their role. One member of staff told us: "We do a lot of e-learning. We get time to do it here and at home. I had manual handling training recently. This was really good. We have two new manual handling trainers and new equipment has just been bought". This meant that people were cared for, or supported by suitably qualified and skilled staff.

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

We saw there were systems in place to assess and monitor the quality of care, support and treatment provided to people. We found that some of these systems were informal. We found that the manager was aware of areas where improvements were needed and had started to make necessary changes.

We were told that people's care plans were reviewed every month. In the care plans we looked at we saw that people's care needs had not been reviewed every month. The manager told us that care plans were not at the standard that they wanted. They told us that some of the monthly reviews had not been consistently completed. They told us they had identified a key worker and named nurse for each person who used the service. They told us they would ensure that each staff member was accountable for specific care plan reviews. We will check this at our next inspection.

We saw that managers attended regular clinical governance meetings. We looked at the minutes of a meeting held on 28 January 2014 which identified the need for care plan improvements to be made. The provider may find it useful to note that we could not find evidence of an action plan to advise us when this issue would be addressed.

We saw that the provider had completed an infection control audit in March 2014. The provider may find it useful to note that most of the outstanding actions had not been signed off as completed in the action plan we looked at.

We saw that an annual survey was completed by the provider to get feedback from people who used the service. One person had written: "The carers and nursing staff are very good and patient. Cleanliness is especially good".

The manager told us that they had introduced resident and relative meetings and staff meetings, every three months, to ensure that information was shared with everybody about the plans for the service and to ensure that people's views were obtained. This was confirmed in the meeting minutes that we looked at. The manager told us they were going to display a 'you said, we did' board in the foyer to highlight when they were responsive to people's requests. We will check this at our next inspection.

One member of staff told us: "[The new manager] had a meeting with us. This was a special staff meeting so they could let us know what is expected from us [staff]. It made things clearer for us".

One relative who attended a relative's meeting told us: "It was brilliant. The manager really put the effort in and gave people notice. I felt listened to". One relative told us they made a request on behalf of someone who used the service and the next day it was dealt with.

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.

We found there was a system for recording when accidents and incidents occurred. We saw there was a system in place to monitor and analyse incidents to ensure that appropriate actions were taken.

We saw that the provider had training records in place which identified when staff needed to complete or refresh training in mandatory subjects such as safeguarding, medication management and first aid. The manager told us they checked training records on a weekly basis to ensure staff had completed the necessary training. We saw from the records that some staff were overdue for refresher training in manual handling. We saw that training for those staff had been arranged in June and July 2014.

We saw that the provider had been assessed by the Environmental Health Agency in December 2013 and had received the highest rating of 5. This meant that the provider ensured that the food was of a sufficient quality and the environment was safe and hygienic for people who used the service.

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 21 HSCA 2008 (Regulated Activities) Regulations 2010 Requirements relating to workers
Diagnostic and screening procedures	How the regulation was not being met: 21. The registered person had not- (a) operated effective recruitment procedures in order to ensure that no person is employed for the purposes of carrying on a regulated activity unless the person - (i) is of good character and (b) ensured that information specified in Schedule 3 is available in respect of a person employed for the purposes of carrying on a regulated activity, and such other information as is appropriate.
Treatment of disease, disorder or injury	

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 14 August 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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