

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

## Averlea Residential Home

Fore Street, Polgooth, St Austell, PL26 7BP

Tel: 0172666892

Date of Inspection: 24 January 2013

Date of Publication: May 2013

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

<b>Respecting and involving people who use services</b>	✘	Action needed
<b>Care and welfare of people who use services</b>	✔	Met this standard
<b>Safeguarding people who use services from abuse</b>	✔	Met this standard
<b>Management of medicines</b>	✔	Met this standard
<b>Staffing</b>	✘	Enforcement action taken
<b>Supporting workers</b>	✔	Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✘	Action needed

## Details about this location

Registered Provider	Mr & Mrs D Evely
Registered Manager	Mrs. Beverley Easdon
Overview of the service	Averlea is a residential care home. The home predominately cares for people who have a dementia. The home can accommodate up to 14 people.
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
<hr/>	
<b>Summary of this inspection:</b>	
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	4
More information about the provider	5
<hr/>	
<b>Our judgements for each standard inspected:</b>	
Respecting and involving people who use services	6
Care and welfare of people who use services	9
Safeguarding people who use services from abuse	11
Management of medicines	13
Staffing	15
Supporting workers	17
Assessing and monitoring the quality of service provision	18
<hr/>	
<b>Information primarily for the provider:</b>	
Action we have told the provider to take	20
Enforcement action we have taken	21
<hr/>	
<b>About CQC Inspections</b>	22
<hr/>	
<b>How we define our judgements</b>	23
<hr/>	
<b>Glossary of terms we use in this report</b>	25
<hr/>	
<b>Contact us</b>	27

## Summary of this inspection

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### Why we carried out this inspection

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

This was an unannounced inspection.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 24 January 2013, observed how people were being cared for and talked with people who use the service. We talked with staff.

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### What people told us and what we found

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We saw that staff showed, through their actions, conversations and during discussions with us empathy and understanding towards the people they cared for.

We saw that people were given some information and made choices about how and where they spent their day and the food they ate. However, not everybody was aware of the food planned for the day or the alternatives if they did not like the planned meal.

People's privacy and dignity was not always respected. For example locks were yet to be fitted to all bedroom doors. Toiletries and continence pads were left in communal areas which did not respect people's belongings.

Medication was administered and managed safely by the staff, although some gaps in recording were observed.

Staff had received training to enable them to meet the care needs of people who used the service. People told us they were satisfied with the care they received. We observed activities taking place in the home and found that these were not tailored to promote the inclusion of people with dementia care needs.

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

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### What we have told the provider to do

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We have asked the provider to send us a report by 20 March 2013, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

We have taken enforcement action against Averlea Residential Home to protect the health, safety and welfare of people using this service.

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

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

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### **More information about the provider**

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

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

## Our judgements for each standard inspected

**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

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### Our judgement

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The provider was not meeting this standard.

People's dignity and independence were not always respected. People's views and experiences were not consistently taken into account in the way the service was provided and delivered in relation to their care.

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

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### Reasons for our judgement

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When we had previously inspected Averlea Residential Home in January and October 2012 there had been concerns identified about how the home respected and involved people.

On 11 December 2012 the registered manager and provider submitted an action plan to the Care Quality Commission which outlined how they were going to make improvements.

People who lived at Averlea had previously told us they did not know what they were having for lunch. They also told us they were not told nor were they given any choices about what they would like for lunch.

During our inspection of Averlea on 24 January 2013 we observed that menu boards were displayed, and a variety of options were on offer for people. However, the menu board may not have been in a suitable format for everyone to be able to understand. The menu was written in chalk on a blackboard, some of the writing was faint making it difficult to read in parts and some people with dementia may not recollect the written word. We spoke to six people who used the service and three said they knew what was for lunch and if they did not like the menu choices they would be able to ask for an alternative. Three people did not know what their options for lunch were but again told us they would ask for an alternative if they did not like the planned meal. They added that the food was very nice and had never had to ask for an alternative. We were told by one person that there was not always a choice for lunch but the tea time menu always had alternatives.

During our inspection we observed a member of care staff supporting a person to eat their lunch. The interaction observed between the staff member and the person who lived at

Averlea was supportive and inclusive. The staff member prompted the person in a gentle but encouraging manner. We also observed a staff member asking a person, "Are you ready for your medication?" This showed the staff member was involving the person in their care and enabling them to make decisions for themselves.

People told us they chose where to eat their meals and we observed most people sat in the dining room. Others chose to eat in their rooms or in the lounge. One person told us they liked to sit next to their friend at the dining room table and we observed staff supported this to happen.

We spoke with the registered manager about whether people had been consulted about the planning of the homes menu and whether they had been able to make suggestions relating to their own likes and dislikes. In respect of this, the registered manager provided us with a copy of a document called "this is me". The document was being used to gather information about what peoples preferences were. We were told that the menu had been created using the information which had been gathered.

The registered manager also informed us resident meetings were going to be taking place from 31 January 2013. We were told that these monthly meetings were going to be another opportunity for the menu to be discussed as well as other aspects such as social activities, and people's views and opinions.

People who used the service told us they had choice regarding how they spent their day, the time they got up and went to bed and the activities they participated in. One person said "I usually get up at 8am but today had a lay in as did not have a very good night". Another person told us the staff came and asked them each evening if they were ready to go to bed and depending on whether they had a visitor or were watching a programme on the television they chose the time they went to bed.

When we had previously inspected Averlea we found that locks were not fitted to bathroom and/or toilet doors. Locks ensure peoples privacy and dignity is respected. During this inspection, we found that locks had been fitted to the bathroom and toilets doors. The registered manager told us that new locks had been ordered and would be fitted to the upstairs bedroom doors on their arrival.

During this inspection we observed there were toiletries in the bathroom. It was not clear who these belonged to or who used them. Therefore, there was a risk that people's personal effects could be used by others or that staff could use toiletries that were not the person's preferred choice.

We also saw clean incontinence pads in two toilets, again it was not clear who these belonged to or why they were there. This did not ensure people's dignity was fully respected.

We observed people's privacy and dignity was promoted when they received medical attention, as during our inspection one person was assisted to their room when their GP visited.

Our previous inspections of Averlea raised concerns in that there were no measures in place to capture views and opinions of people who suffered with dementia as staff told us that they had no way of knowing. During our inspection, we spoke with staff about dementia care and support for people. Staff told us a recent training course had provided them with a further understanding and knowledge about how to support people with

dementia. We saw training certificates to confirm staff attendance.

We observed one person assisting to fold the homes laundry and another person laying biscuits out for people to enjoy with their afternoon drinks. This demonstrated people were encouraged to participate in 'their' home, and promoted peoples continued independence.

We visited people in their bedrooms and saw the rooms were personalised and homely. People told us they were encouraged to bring in their own possessions to furnish their bedroom.

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

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**Our judgement**

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The provider was meeting this standard.

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

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**Reasons for our judgement**

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When we had previously inspected Averlea Residential Home in January and October 2012 there had been concerns identified about how people who used the service were supported with their care and welfare.

On 11 December 2012 the registered manager and registered provider submitted an action plan to the Care Quality Commission which outlined how they were going to make improvements.

When we inspected Averlea in October 2012, we raised concerns about the quality of dementia care being provided. We found organised activities were "child like" and may not have been suitable for older people. For example we saw colouring pictures from childrens colouring books and jigsaws with pictures that were appropriate for children.

On 24 January 2013 we saw the home had reviewed and developed the care documentation and care staff had been provided with additional training regarding meeting the care needs of people with dementia. The provider may like to note the activities coordinator had not attended this training. We saw new activities equipment had been purchased such as age appropriate jig saws and skittles. During the afternoon, we observed the activities taking place. There were two games of bingo organised, one using a standard bingo game and one using newly purchased equipment, intended for the purpose of reminiscence work. Little encouragement was given to people to join in with the game and no reminiscing took place. This did not show that activities taking place in the home on the day of our inspection, were tailored to promote the inclusion of people with dementia care needs.

People were positive about the activities that took place in the home. One person enjoyed playing board games and having their nails painted by the care staff. They said "the care workers are lovely, they spend time with me here [in the person's bedroom] chatting, pampering me or playing a game as I don't like going to the lounge".

Since our inspection in October 2012, the registered manager had introduced a new document called "this is me". This enabled staff to gather information about a person's past, as well as their likes and dislikes. This information is useful for tailoring care to the

needs of the individual, as well as understanding that a person's past is significant of who they are today.

We observed care staff, to be kind and caring. They gave people time and spoke with people in an adult to adult manner. One person told us "I am well looked after, the staff are lovely, kind and helpful and I could not fault anyone or anything". Another person said "I am very well looked after and the staff are so helpful"

We also observed the coloured plastic drinking cups previously used by people, which appeared as suitable for children, had been replaced with an age appropriate alternative.

We looked at three care plans and found they made reference to a person's health and social care needs and provided staff with information on the action they had to take to meet the person's identified care needs. Care plans are essential to plan and review the specific care needs of a person. They are a tool used to inform and direct staff about a person and their individual care needs. The provider may like to note that we noted one care plan did not provide detailed information about the person's care needs. For example the care plan advised the person needed assistance to maintain their personal hygiene and promote their continence. The care plan did not specify what assistance was needed, how the person's independence could be promoted or what help they needed with managing their continence, for example which continence pads were needed and when or support they needed in using the toilet.

One person we spoke with was aware of their care plan which had been discussed with them by a member of staff. Another person we spoke with was not aware of their care plan but said their relative "dealt with things like that".

We saw risk assessments were in place regarding moving and handling, falls and environmental risks. Risk assessments are a tool to identify any hazards and the action that staff must take to reduce the risk from the hazard. Specific equipment that people required to assist with moving and handling was identified within the risk assessment. The provider may like to note that we observed one member of staff assisting one person to go to the lounge in a wheelchair that did not have foot plates attached. This did not ensure the safety of the person as there was a risk of trauma to the person's feet when not using the equipment appropriately or safely.

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

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## **Our judgement**

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The provider was meeting this standard.

People who used 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.

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## **Reasons for our judgement**

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When we had previously inspected Averlea Residential Home in January and October 2012 there had been concerns identified about how the people who used the service were safeguarded from abuse. These concerns related to a lack of staff training and lack of understanding of the safeguarding policies and procedures.

On 11 December 2012 the registered manager and registered provider submitted an action plan to the Care Quality Commission which outlined how they were going to make improvements.

During our inspection on 24 January 2013, we found that Averlea had a safeguarding policy and procedure in place. The policy made reference to the local social services guidance called the Alerters Guide. This highlighted the policy had been individualised and was specific to the county and reflected the local multi agency policies and procedures.

We observed that people who used the service had access to information on how to report any concerns they had regarding abuse. This was provided in poster form and displayed in the dining room and included the telephone numbers for Adult Care Services (ACS) and the police.

People we spoke with during our inspection said they felt safe and well looked after at Averlea. One person said if they had any concerns they would discuss them with the staff. They added they always felt listened to and if a concern needed to be raised were confident action would be taken. Another person said "I am perfectly happy here but if I had any problems the staff would sort them out".

We asked two members of staff if they knew what to do should they witness an incident, or suspect, that a person who lived in the home was being mistreated, abused or neglected. Both staff told us that they would speak directly to the registered manager. Both staff members were aware that they could contact social services if they did not receive an appropriate response from the registered manager.

The registered manager informed us a training course in the safeguarding of vulnerable adults had been booked for 13 February 2013, and all staff would be attending.

The registered manager told us that to ensure staff had an ongoing understanding of safeguarding; she was going to be introducing questions about safeguarding within staff supervision. Supervision is a vital tool used between an employer and an employee to capture working practices. It is an opportunity to discuss ongoing training and development.

The Mental Capacity Act (MCA) and Deprivation of Liberty (DOLS) provide a legal framework that protects people who lack the mental ability to make decisions about their life and welfare. We saw certificates to show staff had undertaken training in this area.

On 31 January 2012 and 23 October 2012 we discussed the implications of the MCA and DOLS with the registered manager who confirmed that no-one in the home was subject to any restraint or restriction, for example, doors were not locked and people could come and go as they pleased. However, we found that the front door had a coded lock on it. During our inspection on 24 January 2013, we were told by the registered manager that since our previous inspection in October 2012, the code to the front door was available to people.

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

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## **Our judgement**

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The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

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## **Reasons for our judgement**

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When we had previously inspected Averlea Residential Home in January and October 2012 there had been concerns identified about how the people who used the service were protected from the risks associated with medicines due to poor practices when staff ordered, administered and recorded medication in the home.

On 11 December 2012 the registered manager and registered provider submitted an action plan to the Care Quality Commission which outlined how they were going to make improvements.

People we spoke with told us the staff administered their medications to them and they did not raise any concerns about this. We observed that one person had medication in their room which they confirmed they kept with them for emergency use.

A medication policy and procedure was in place which directed and informed the staff of the procedures to safely manage the medicines in the home. For example regarding ordering, checking in, storage, administering, recording, reporting errors and disposing of medication. The documents were available to staff at all times so that they could access the guidance if they had a query or concern. We identified at the last inspection that a homely remedy policy and procedure was not in place to guide and inform staff. A homely remedy is medication that can be given to people which is not formally prescribed such as pain killers and cough medicine. However, it is essential the homely remedy supply for the home is authorised by a GP as particular homely remedies may have contraindications to prescribed medication. The provider may like to note that the registered manager told us this policy was in the process of being written, but had not yet been implemented although they had discussed the issue with the GP.

Staff told us controlled drugs were held for people who used the service and we saw these were stored appropriately in a recommended style of locked medicines cupboard. We inspected the controlled drugs register and audited the medication prescribed for two people. We found the controlled drugs register was completed appropriately, was up to date and reflected the balance of medication held for each individual.

The provider may like to note that we saw topical medications, such as creams, were

stored in people's bedrooms. We observed the creams had not been consistently named or dated upon opening so staff were not aware of whose cream it was or the expiry date, which may have been a risk to people who used the service if used when they were out of date.

The home had a system in place for returning medication no longer needed by people who used the service to the pharmacy.

Medication administration record (MAR) charts were in place and signed when medication was given. We saw there were no gaps on the MAR charts we inspected. Most of the MAR sheets were printed by the community pharmacy. However, we saw some of the MAR sheets were handwritten and only had one signature to identify who had transposed the information onto the chart. The provider may like to note this did not fully protect the person who used the service from the risk of error from incorrect medication being given. We were told by the registered manager that staff were informed of the importance of this but the registered manager was not aware some had not been double signed. We saw two members of staff had signed the sheet to identify they had both listened to information which resulted in a person's warfarin dose being changed. The registered manager told us this was to reduce the risk to the person from an incorrect dose of medication. We also saw staff identified on the MAR sheet days when certain medication was not due to be administered. This reduced the error of people being given medication when it was not due.

The medication policy and procedure clearly identified that only appropriately trained staff administered the medication. We confirmed with two staff members they had received this training.

We observed staff administering the medication at lunchtime during our inspection and saw that the policy and procedure was followed and people who used the service received their medication from staff who followed a safe system.

## Staffing

✘ Enforcement action taken

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

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### Our judgement

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The provider was not meeting this standard.

Without the informal arrangements of additional staff being put into place, there were not enough qualified, skilled or experienced staff on duty to meet people's needs.

We have judged that this has a minor impact on people who use the service and have taken enforcement action against this provider. Please see the 'Enforcement action' section within this report.

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### Reasons for our judgement

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When we had previously inspected Averlea Residential Home in January and October 2012 there had been concerns identified about the numbers of staff working in the home being insufficient to meet people's care needs.

On 11 December 2012 the registered manager and provider submitted an action plan to the Care Quality Commission which outlined how they were going to make improvements.

In October 2012, we were advised there were always two members of care staff on duty through-out the day and two waking care staff at night.

During our inspection on 24 January 2013 we observed the registered provider assisted with care and support as well as housekeeping duties. The registered manager confirmed the registered provider had started working in the home in the mornings from 8.30am, assisted at 1.00pm and in the early evening; we were also told that assistance was also provided at weekends. We were told the reason for this was because these times had been identified as being busy.

We spoke with two care staff who confirmed that the registered provider was providing this additional staffing.

We asked what the arrangements were in place for when the registered provider was unavailable. We were told that when the registered provider was unavailable the registered manager and/or the registered manager for the domiciliary agency (another service owned and operated by the registered provider) would provide support to care staff.

We reviewed the rota for the care home, and the information relating to this additional

staffing was not recorded. It is important that where additional staffing has been identified, it is recorded on the rota as this demonstrates that the care needs and dependency of people have been assessed in line with staffing ratios.

People we spoke with who used the service were satisfied with the care they received at Averlea. One person said the staff were often busy. Two people told us that when they rang the bell the staff responded promptly.

During our inspection we read two care plans which detailed that two people required the support of two members of staff. It was a concern that when staff were providing assistance on a two to one basis, this left the home with no other staff available to support the other thirteen people who lived at Averlea.

We observed one person who lived at Averlea who appeared anxious and spent most of the morning walking up and down a corridor near their bedroom. We read this person's care plan, which identified the person experienced stress and depression and required monitoring and reassurance from the staff.

During our inspection, although staff were observed to be caring and kind, we did not observe this person was always given reassurance when they walked up and down the corridor. We also saw this person on several occasions walking, on their own, without using their walking frame. We reviewed their care plan, which stated the equipment was required to be used when mobilising. However, we saw positive interaction and reassurance provided by the registered provider when she came into the home at 1pm. We observed that the person responded well to the attention and compassion being shown.

We also read in this person's care plan the person had a history of falls, was often unsteady when mobilising, required the assistance of equipment when mobilising and staff were expected to monitor the person. During our inspection we observed this person walking without the use of a frame, however, when the registered provider provided assistance at 1pm, the person was encouraged to use their frame.

We were concerned to also read in this person's care plan that they had fallen. Records clearly documented the person had called staff to request assistance but the staff were unable to provide support at that time. By the time they were able to return to the person they had suffered a fall. This raised concerns to us that there were insufficient numbers of staff employed to meet people's health and social care needs.

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

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## Our judgement

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The provider was meeting this standard.

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

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## Reasons for our judgement

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When we had previously inspected Averlea Residential Home in January and October 2012 there had been concerns identified relating to staff support and training.

On 11 December 2012 the registered manager and registered provider submitted an action plan to the Care Quality Commission which outlined how they were going to make improvements.

During our inspection on 24 January 2013, we spoke with two members of staff who worked at Averlea. Both members of staff were complementary about the registered manager and registered provider. They told us they felt supported and they could speak to them both at anytime.

We spoke with both members of staff about their training opportunities. We were told that they had recently undertaken a variety of training courses, such as dementia, and safe handling of medication. One member of staff told us that their knowledge of dementia support had improved since undertaking the course and they shared some learning examples with us.

We saw from certification in staff training files, certificates to support what we had been told. We also saw training certificates for other courses such as, health and safety, manual handling, food hygiene and first aid. It is important staff are provided with training courses which relate to their role and the people they support, as training ensures staff obtain a knowledge base which can increase competence and facilitate high standards of care.

People we spoke with who lived at Averlea were positive about the staff and the care they received.

We saw documentation which confirmed the registered manager undertook supervision with the staff who worked at Averlea. Supervision is a vital tool used between an employer and an employee to capture working practices. It is an opportunity to discuss ongoing training and development.

## Assessing and monitoring the quality of service provision

✘ Action needed

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

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### Our judgement

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The provider was not meeting this standard.

The provider did not have a consistent and effective system to regularly assess and monitor the quality of service that people receive.

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

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### Reasons for our judgement

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When we had previously inspected Averlea Residential Home in January and October 2012 there had been concerns identified about how the service assessed and monitored the quality of service provision.

On 11 December 2012 the registered manager and registered provider submitted an action plan to the Care Quality Commission which outlined how they were going to make improvements.

During our inspection on 24 January 2013, we found improvements had been made to involve the people who lived at Avelea in 'their home' and systems had been put into place to obtain peoples views, opinions and feedback. These systems included the commencement of 'residents meetings' which were told were planned to take place each month and the introduction of a document "this is me". The document was being used to gather information about what people's preferences were. We saw some of the completed "this is me" documents but these were not yet in place for everybody.

The service user's guide is a document which provides peoples with information about 'their home' and what people can expect. Since our previous inspection, the registered manager had updated the service user's guide to provide people with up to date and relevant information about the home and about their rights. However, the service user's guide may not have been in a suitable format for everyone who lived at Averlea.

The registered manager told us a process was in place for auditing the quality of information contained within and the completion of documentation relating to the care of people who used the service. However, we noticed gaps in some of the documentation, for example MAR sheets and care plan, as previously stated in the report. This did not evidence that the auditing system was thorough and ensured problems had been identified and appropriate action taken.

The registered manager explained the process for writing and updating the home's policies was changing. The new process would ensure policies were regularly reviewed and kept up to date with changes in legislation. This process had yet to commence. For example, it is important policies are kept update, to ensure practices are kept in line with relevant legislation or associated guidance.

We reviewed the rota for the care home, and the information relating to this additional staffing which was being provided by the registered provider was not recorded, this raised concerns that the additional staffing arrangements were 'informal' rather than 'formal'. It was not clear from the rota of the hours the registered manager was in the home or the duties that they carried out. For example, it is important that where additional staffing had been identified, it was recorded on the rota as this demonstrates that the care needs and dependency of people have been assessed in line with staffing ratios.

This section is primarily information for the provider

✕ **Action we have told the provider to take**

## Compliance actions

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<b>Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2010</b> <b>Respecting and involving people who use services</b>
	<b>How the regulation was not being met:</b> People's dignity and independence were not always respected. People's views and experiences were not consistently taken into account in the way the service was provided and delivered in relation to their care. This did not demonstrate compliance of Regulation 17(1)(a)(b)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<b>Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010</b> <b>Assessing and monitoring the quality of service provision</b>
	<b>How the regulation was not being met:</b> The provider had not consistently monitored the service to ensure the quality of service that people received. This did not ensure compliance with Regulation 10(1)(a)(b)

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

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.

This section is primarily information for the provider

**✘ Enforcement action we have taken to protect the health, safety and welfare of people using this service**

### Enforcement actions we have taken

The table below shows enforcement action we have taken because the provider was not meeting the essential standards of quality and safety (or parts of the standards) as shown below.

<b>We have served a warning notice to be met by 14 March 2013</b>	
This action has been taken in relation to:	
Regulated activity	Regulation or section of the Act
Accommodation for persons who require nursing or personal care	<b>Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010</b>
	<b>Staffing</b>
	<b>How the regulation was not being met:</b>  Without the informal arrangements of additional staff being put into place, there were not enough qualified, skilled or experienced staff on duty to meet people's needs. Therefore we were unable to be certain the previous warning notice was consistently complied with and need to reinspect to ensure ongoing compliance with Regulation 22.

For more information about the enforcement action we can take, please see our *Enforcement policy* on our website.

## About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

## How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

**✓ Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

**✗ Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

**✗ Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

## How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

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

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

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

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

## Glossary of terms we use in this report

### Essential standard

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

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

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

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

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

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

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

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

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

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

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

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

### Regulated activity

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

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

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### **(Registered) Provider**

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

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### **Regulations**

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

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### **Responsive inspection**

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

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### **Routine inspection**

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

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### **Themed inspection**

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

## Contact us

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