

Review of compliance

Hallaton Manor Limited Hallaton Manor	
Region:	East Midlands
Location address:	Hallaton Manor, Cranoe Road, Hallaton, Market Harborough, LE16 8TZ
Type of service:	Social Care Organisation.
Date the review was completed:	March 2011
Overview of the service:	Hallaton Manor is a care home providing personal care and accommodation for up to 41 residents ranging from older people, to those with mental health problems, dementia and past or present alcohol dependency,

Summary of our findings for the essential standards of quality and safety

What we found overall

We found that Hallaton Manor was meeting all the essential standards of quality and safety we reviewed.

The summary below describes why we carried out the review, what we found and any action required.

Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on the 21 February 2011, observed how people were being cared for, talked to people who use services, talked to staff, checked the provider's records, and looked at records of people who use services.

What people told us

People told us that staff treated them with respect and maintained their privacy and dignity at all times. We observed staff interacting with people living at Hallaton Manor in a kind, helpful and respectful manner.

Relatives spoken with told us that communication between them and staff was good and they were appropriately involved in decisions about care, treatment and support. People told us they enjoyed the food provided, one person told us they did not but were hoping the new cook who had recently been employed would lead to improvements.

People told us they had access to all required healthcare services.

People told us that the home was kept clean and fresh.

People told us that staff managed their medication in a safe and efficient manner.

People told us that that staff were competent and did their jobs effectively and efficiently.

What we found about the standards we reviewed and how well Hallaton Manor was meeting them

Outcome 1: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

We found that people living at Hallaton Manor were treated with respect and that their preferences were taken into account about the care and treatment they received.

- Overall, we found that Hallaton Manor was meeting this essential standard.

Outcome 2: Before people are given any examination, care, treatment or support, they should be asked if they agree to it

People have their rights respected and consent is sought before procedures are carried out.

- Overall, we found that Hallaton Manor was meeting this essential standard.

Outcome 4: People should get safe and appropriate care that meets their needs and supports their rights

People receive the appropriate care and support that meets their individual needs.

- Overall, we found that Hallaton Manor was meeting this essential standard.

Outcome 5: Food and drink should meet people's individual dietary needs

Risk of poor nutrition is reduced and people are encouraged and supported to receive adequate nutrition and hydration.

- Overall, we found that Hallaton Manor was meeting this essential standard.

Outcome 6: People should get safe and coordinated care when they move between different services

People who use the service receive coordinated care where another provider is involved, or when they are moved between services.

Overall, we found that Hallaton manor was meeting this essential standard.

Outcome 7: People should be protected from abuse and staff should respect their human rights

The risk of abuse is minimised by policies and procedures in place.

Overall, we found that Hallaton Manor was meeting this essential standard.

Outcome 8: People should be cared for in a clean environment and protected from the risk of infection

The environment was clean and fresh and the risk of cross infection minimised.

Overall, we found that Hallaton Manor was meeting this essential standard.

Outcome 9: People should be given the medicines they need when they need them, and in a safe way

Medicines are managed in a safe and efficient way.

Overall, we found that Hallaton Manor was meeting this essential standard.

Outcome 10: People should be cared for in safe and accessible surroundings that support their health and welfare

Hallaton Manor provides a safe, accessible and comfortable environment.

Overall, we found that Hallaton Manor was meeting this essential standard.

Outcome 11: People should be safe from harm from unsafe or unsuitable equipment

Appropriate, well maintained equipment is available in order to meet peoples needs.

Overall, we found that Hallaton Manor was meeting this essential standard.

Outcome 12: People should be cared for by staff who are properly qualified and able to do their job

Staff were competent and had received the training they required.

Overall, we found that Hallaton Manor was meeting this essential standard.

Outcome 13: There should be enough members of staff to keep people safe and meet their health and welfare needs

Staff numbers were sufficient to meet people's needs.

Overall, we found that Hallaton Manor was meeting this essential standard.

Outcome 14: Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Staff received the training and support they needed to do their jobs and meet people's needs.

Overall, we found that Hallaton Manor was meeting this essential standard.

Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Appropriate systems were in place for assessing and monitoring the quality of the service and facilities provided.

Overall, we found that Hallaton Manor was meeting this essential standard.

Outcome 17: People should have their complaints listened to and acted on properly

People feel confident their complaints will be listened to and appropriate action taken.

Overall, we found that Hallaton Manor was meeting this essential standard.

Outcome 21: People's personal records, including medical records, should be accurate and kept safe and confidential

People who use the service had records in place that were fit for purpose, held securely and which remained confidential.

Overall, we found that Hallaton Manor was meeting this essential standard.

What we found
for each essential standard of quality
and safety we reviewed

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

A **minor concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard.

A **moderate concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard and there is an impact on their health and wellbeing because of this.

A **major concern** means that people who use services are not experiencing the outcomes relating to this essential standard and are not protected from unsafe or inappropriate care, treatment and support.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary improvements are made. Where there are a number of concerns, we may look at them together to decide the level of action to take.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*.

Outcome 1: Respecting and involving people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

- Understand the care, treatment and support choices available to them.
- Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
- Have their privacy, dignity and independence respected.
- Have their views and experiences taken into account in the way the service is provided and delivered.

What we found

Our judgement

The provider is compliant with outcome 1: Respecting and involving people who use services

Our findings

What people who use the service experienced and told us
People using the service told us that staff treated them with respect and maintained their privacy and dignity at all times. We observed staff interacting with people living at Hallaton Manor in a kind, helpful and respectful manner.

It was evident that people living at Hallaton Manor were enabled to express their views where they were able to. During the inspection, we observed that people were comfortable expressing their views, wishes and feeling to staff and to the management team. Relatives spoken with told us that communication between them and staff was good and they were appropriately involved in decisions about care, treatment and support.

People are able to choose how they spend their day, what time they want to get up, what time they go to bed and which activities to participate in. One person felt that one staff member pressurised them to turn their light off by a certain time at night, the providers told us this was against their policy and procedures and would ensure this would not happen again.

People are provided with written information about facilities available and services provided. Advocacy services were being used for people who needed them.

Other evidence

Care records seen contained detailed information about individual preferences, cultural, spiritual and social needs. This means that staff are able to deliver care and support that meets individual need even where people have difficulties expressing their preferences due to cognitive or communication disability. People living at Hallaton Manor (or their relatives where applicable) are invited to contribute to the care planning process and regular reviews are held.

Where risk is identified, staff respect the right of each individual to take informed risks. Examples of health promotion advice being given and the individuals right to take risks being respected, were provided.

The providers have developed policies and procedures for staff to follow regarding the maintenance of privacy and dignity and promotion of independence, staff spoken with were aware of the policies and procedures required to maintain privacy and dignity. People living at Hallaton Manor are encouraged to maintain as much independence as possible and where they are able and willing, to participate in the day to day running of the home.

'Residents' meetings are held once a month but people can also speak with the management team whenever this is needed.

People are able to lock the doors of their private rooms.

The providers have made changes to day to day working practices in order to maximise people's potential to make choices about their day to day lives. For example, day staff do not start work until 8.30 am, this is to avoid rushing people to get up by a certain time in the morning, if people wish to get up earlier than this time they can be assisted by the night staff. A buffet style breakfast is provided (between 7am and 11.30am) so that people can go to the dining room at a time that suits them. There are two sittings available for the lunch time meal.

A new cook had recently been employed at the home, people living at Hallaton Manor were involved in the recruitment process.

Our judgement

We found that people living at Hallaton Manor were treated with respect and that their preferences were taken into account about the care and treatment they received.

Outcome 2: Consent to care and treatment

What the outcome says

This is what people who use services should expect.

People who use services:

- Where they are able, give valid consent to the examination, care, treatment and support they receive.
- Understand and know how to change any decisions about examination, care, treatment and support that has been previously agreed.
- Can be confident that their human rights are respected and taken into account.

What we found

Our judgement

The provider is compliant with outcome 2: Consent to care and treatment

Our findings

What people who use the service experienced and told us
People told us that staff carefully explained all procedures and obtained their consent before carrying out any procedure. We observed staff using a hoist to transfer a person from chair to wheelchair, staff were very reassuring and explained exactly what was going to happen and ensured the person was happy before carrying out the transfer.

People are consulted about the care and treatment they require and prefer. Where applicable, relatives are consulted on the person's behalf. People are enabled to access advocacy services where this is needed.

People who lack mental capacity only have their freedom restricted after a best interest assessment which is carried out by the Local Authorities Deprivation of Liberty Safeguarding team.

People's rights to take informed risks are respected, but this is balanced with staff offering health promotion advice and support. Appropriate referrals to other professionals such as GP's, district nurses and dieticians are made when this is

required.

Other evidence

Staff spoken with were able to describe the action they would take to ensure that peoples rights were respected and their safety promoted.

Information provided within the providers self assessment stated that -:
Externally delivered Mental Capacity and DOLS (Deprivation of Liberty Safeguards) training courses have been taken by all senior staff and this is timetabled for regular updating. A mental capacity act policy is in place and all employees must complete a questionnaire after reading it, to demonstrate that they have understood the content. Regular MCA (Mental Capacity Act 2005) training is taking place within the home which covers Best Interests, Functional Capacity Tests and the Code of Practice.

Mental capacity assessments were seen within peoples individual care records.

Our judgement

People have their rights respected and consent is sought before procedures are carried out.

Outcome 4: Care and welfare of people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

- Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

What we found

Our judgement

The provider is compliant with outcome 4: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us
People living at Hallaton Manor have their needs assessed before they move in, this ensures that the service can meet their needs met. Care plans are formulated for each assessed need and these provide clear instruction for staff to follow. Peoples individual needs, cultural and religious preferences are always taken into account. People are invited to contribute to the care planning process.

Appropriate referrals are made to other healthcare professionals when this is applicable. People told us that the GP visited the home every Friday but that they could be seen at other times if this was needed.

Risk assessments are included in the care planning process, safety is promoted while peoples rights are also respected. For example, where a person refuses personal care, staff respect the rights of this person by offering this at different times and will seek the advice of other professionals when this is needed.

Relationships between staff and people living at Hallaton Manor appeared very positive, people seemed relaxed and at ease when communicating with staff members. The deputy manager was singled out by people living at Hallaton Manor and by relatives as being particularly helpful and supportive at all times.

Other evidence

Staff members spoken with were able to explain how they met people's individual needs and managed any identified risk in the best interest of the individual.

We looked at care records and found that staff had taken appropriate action where people had become ill and required medical attention.

Care plans were reviewed and updated on at least a monthly basis.

Our judgement

People receive the appropriate care and support that meets their individual needs.

Outcome 5: Meeting nutritional needs

What the outcome says

This is what people who use services should expect.

People who use services:

- Are supported to have adequate nutrition and hydration.

What we found

Our judgement

The provider is compliant with outcome 5: Meeting nutritional needs

Our findings

What people who use the service experienced and told us
People have their nutritional needs assessed and people who are at risk of malnutrition are identified and appropriate action taken to reduce this risk. Where a risk was identified, a care plan for this was put in place to manage the risk and promote nutrition and/or hydration. People had their weight monitored on at least a monthly basis.

Meal times were flexible in order to meet peoples needs. Choice was offered at every meal time. People were offered appropriate assistance delivered in a sensitive manner.

People told us they enjoyed the food provided, one person told us they did not but were hoping the employment of a new cook would lead to improvements.

Other evidence
We looked at staff training records and found that the majority of staff had received training in food hygiene.

We observed the lunch time meal served during the site visit. The meal served appeared appetising and nutritious. Staff assisted people who required assistance in a sensitive and respectful way.

Staff have access to the kitchen at all times and are able to provide drinks and snacks for people when this is needed.

Staff spoken with told us that cultural/religious diets were provided as required.

Our judgement

Risk of poor nutrition is reduced and people are encouraged and supported to receive adequate nutrition and hydration.

Outcome 6: Cooperating with other providers

What the outcome says

This is what people who use services should expect.

People who use services:

- Receive safe and coordinated care, treatment and support where more than one provider is involved, or they are moved between services.

What we found

Our judgement

The provider is compliant with outcome 6: Cooperating with other providers

Our findings

What people who use the service experienced and told us
People told us they had access to all required healthcare services. Where people have to access other services such as going into hospital, transfer documentation which provides information about the persons care and support needs is completed and sent with the person or their representative.

Other evidence
The providers told us that the acting manager is responsible for care coordination and ensuring that people receive the care and treatment they require. This includes a pre admission assessment and liaising with other professionals outside of the service as applicable.

A major incident contingency plan was in place. The provider has liaised with other homes, with the parish council and with local suppliers to ensure that there is provision for people living at Hallaton Manor in the event of evacuation of the home.

Arrangements were in place for the provision of generators in case of electricity supply failure. These emergency procedures were reviewed annually and with the involvement of the other providers and suppliers.

Our judgement

People who use the service receive coordinated care where another provider is involved, or when they are moved between services.

Outcome 7: Safeguarding people who use services from abuse

What the outcome says

This is what people who use services should expect.

People who use services:

- Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

What we found

Our judgement

The provider is compliant with outcome 7: Safeguarding people who use services from abuse

Our findings

What people who use the service experienced and told us
People spoken with told us they did feel safe living at Hallaton Manor. People living at Hallaton Manor were protected from abuse by robust safeguarding policies and procedures and staff training.

Other evidence
Specific care plans regarding the prevention of abuse were in place within peoples care records.

We looked at staff training records and saw that staff received training in safeguarding and the management of challenging behaviour on an annual basis. Whistle blowing training was also provided. Staff spoken with confirmed they had received this training and were able to describe the correct procedures to follow in the event of suspected abuse.

The providers have developed a set of policies regarding the prevention of abuse; these are discussed with staff during their supervision sessions. National policies and best practice procedures are available to all staff.

The providers "acceptance of gifts' policy prohibits staff from using their position for personal gain by accepting gifts, money or bequests from people who live at

Hallaton Manor.

Where money is stored on behalf of people living at Hallaton Manor, this is stored securely and records are maintained for every transaction.

The providers "physical intervention" policy stated that restraint should only be used as a last resort in the event of an aggressive outburst, using de-escalation techniques and breakaway techniques that retain the service user's dignity and human rights. Staff were trained in how to use restraint, to what level and are instructed to call the police when they are faced with aggression that they and the rest of the team cannot deal with. The provider told us that restraint had only been used on one occasion in the last eight years.

Staff spoken with described how they would manage any incidents of aggressive behaviour in order to diffuse the situation.

Our judgement

The risk of abuse is minimised by policies and procedures in place.

Outcome 8: Cleanliness and infection control

What the outcome says

Providers of services comply with the requirements of regulation 12, with regard to the *Code of Practice for health and adult social care on the prevention and control of infections and related guidance*.

What we found

Our judgement

The provider is compliant with outcome 8: Cleanliness and infection control

Our findings

What people who use the service experienced and told us
People told us that the home was kept clean and fresh.

Other evidence
We undertook a partial tour of the home, all areas seen apart from the room designated for people to smoke in, were clean and fresh. The designated smoking area was in need of decoration and appeared unclean, The provider told us that a new smoking area was being provided.

All staff had received training in infection control in order to minimise the risk of cross infection. Staff told us that all required protective equipment such as gloves and aprons were provided and available at all times.

Our judgement
The environment was clean and fresh and the risk of cross infection minimised.

Outcome 9: Management of medicines

What the outcome says

This is what people who use services should expect.

People who use services:

- Will have their medicines at the times they need them, and in a safe way.
- Wherever possible will have information about the medicine being prescribed made available to them or others acting on their behalf.

What we found

Our judgement

The provider is compliant with outcome 9: Management of medicines

Our findings

What people who use the service experienced and told us
People told us that staff managed their medication in a safe and efficient manner.

Other evidence
We looked at medication administration records and found these to be accurate and up to date. Only senior care staff who have received training in the management of medication have responsibility for this. Staff are supervised and their competency assessed. This ensures that medication is managed in a safe way.

Policies were in place for people who wish to manage their own medication but nobody living at Hallaton Manor was doing this at the time of this review.

The provider told us that medications are reviewed frequently by the persons GP to ensure that prescribed medication is effective and remains appropriate for the individual.

There is an administration of medication policy that had recently been reviewed and up-dated. This ensures that the collection, checking, storage, preparation, administration, monitoring and disposal of medication is done safely and in collaboration with the G.P. and pharmacist.

All relevant legislation is complied with and there is a monthly drug administration audit performed by the Quality Manager and the Team Leader. The policy covers all aspects of administration of medication, including controlled drugs, how to manage errors, adverse events and refusal of medication, how to record such events and refers to a separate 'covert medication policy'.

Covert medication is only used with agreement from the Deprivation of Liberty safeguarding team.

Our judgement

Medicines are managed in a safe and efficient way.

Outcome 10: Safety and suitability of premises

What the outcome says

This is what people should expect.

People who use services and people who work in or visit the premises:

- Are in safe, accessible surroundings that promote their wellbeing.

What we found

Our judgement

The provider is compliant with outcome 10: Safety and suitability of premises

Our findings

What people who use the service experienced and told us
People told us they were happy with their environment and that the home was always kept clean and well maintained.

Other evidence
We undertook a partial tour of the home, all areas seen apart from the room designated for people to smoke in, were clean and fresh. The designated smoking area was in need of decoration and appeared unclean, the provider told us that a new smoking area was being provided.

All other areas seen were decorated and furnished to a good and homely standard. Peoples private rooms were personalised. People had access to a choice of lounges. The home provides comfortable, accessible space (inside and out) which meets the needs of people living there.

Our judgement
Hallaton Manor provides a safe, accessible and comfortable environment.

Outcome 11: Safety, availability and suitability of equipment

What the outcome says

This is what people should expect.

People who use services and people who work in or visit the premises:

- Are not at risk of harm from unsafe or unsuitable equipment (medical and non-medical equipment, furnishings or fittings).
- Benefit from equipment that is comfortable and meets their needs.

What we found

Our judgement

The provider is compliant with outcome 11: Safety, availability and suitability of equipment

Our findings

What people who use the service experienced and told us
People living at Hallaton Manor are protected by the provision of, safe use of and maintenance of appropriate equipment.

Other evidence
Staff receive training before they are able to use equipment such as hoists for moving and handling people. We observed staff members using the hoist and saw that this was done in a safe and appropriate way.

The providers told us they consulted with occupational therapists regarding the selection of and use of equipment in order to ensure that peoples individual needs are met in a safe way.

A major incident contingency plan was in place. The provider has liaised with other homes, with the parish council and with local suppliers to ensure that there is provision for people living at Hallaton Manor in the event of evacuation of the home. Arrangements were in place for the provision of generators in case of electricity supply failure. These emergency procedures are reviewed annually and with the involvement of the other providers and suppliers.

Our judgement

Appropriate, well maintained equipment is available in order to meet peoples needs.

Outcome 12: Requirements relating to workers

What the outcome says

This is what people who use services should expect.

People who use services:

- Are safe and their health and welfare needs are met by staff who are fit, appropriately qualified and are physically and mentally able to do their job.

What we found

Our judgement

The provider is compliant with outcome 12: Requirements relating to workers

Our findings

What people who use the service experienced and told us
People told us that that staff were competent and did their jobs effectively and efficiently.

Other evidence
We looked at staff records and saw that people are only employed after at least two references are obtained and Criminal Records Bureau checks had been carried out. This ensures that people are cared for by staff who are suitable.

A quality training manager is employed at the home. All staff employed are provided with induction training and an ongoing programme of training. The provider told us that since the employment of the training manager, staff have revisited basic care procedures, this is to ensure that people have their individual needs met and their privacy and dignity protected and independence promoted.

Our judgement
Staff were competent and had received the training they required to meet peoples needs and keep people safe.

Outcome 13: Staffing

What the outcome says

This is what people who use services should expect.

People who use services:

- Are safe and their health and welfare needs are met by sufficient numbers of appropriate staff.

What we found

Our judgement

The provider is compliant with outcome 13: Staffing

Our findings

What people who use the service experienced and told us
People told us that staff are very busy but that they were never kept waiting for staff to attend to their needs.

Other evidence
We looked at staffing rotas and spoke with staff about the numbers of staff on each shift. Staff felt that staffing numbers were sufficient and this enabled them to do their jobs in a safe and appropriate way and could meet peoples individual needs.

During the site visit, staff were present in the lounge and dining areas at all times offering support and assistance to people as required.

Our judgement
Staff numbers were sufficient to meet people’s needs.

Outcome 14: Supporting workers

What the outcome says

This is what people who use services should expect.

People who use services:

- Are safe and their health and welfare needs are met by competent staff.

What we found

Our judgement

The provider is compliant with outcome 14: Supporting workers

Our findings

What people who use the service experienced and told us
People told us that that staff were competent and did their jobs effectively and efficiently.

Other evidence
The provider told us that The induction process involves new employees being introduced to the home, the residents and their needs and all mandatory training requirements.

The training manager delivers a training programme that includes manual handling, dementia care, Mental Capacity Act and safeguarding, Whistle blowing and the delivery of all aspects of personal care. They are closely supervised during the induction and probationary period and 'buddied' by an experienced member of staff. Any issues identified during the probationary process are addressed by the Manager or training Manager and feedback is sought from other members of staff and the service users themselves.

Part of the induction process, before commencing work with the residents, is an introduction to the staff team and who to approach if they have queries or need advice. The health and safety manager also introduces them to the home and takes them through fire and health and safety policies and procedures.
Training and supervision continues after the induction period.

Staff spoken with confirmed this and said they felt supported to do their jobs and that the management team were supportive and would listen to their ideas or concerns.

Our judgement

Staff received the training and support they needed to do their jobs and meet people's needs.

Outcome 16: Assessing and monitoring the quality of service provision

What the outcome says

This is what people who use services should expect.

People who use services:

- Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

What we found

Our judgement

The provider is compliant with outcome 16: Assessing and monitoring the quality of service provision

Our findings

What people who use the service experienced and told us
People did not provide direct comments on the assessing and monitoring of quality but were satisfied with the service they received overall.

Other evidence
The provider employs a quality and training manager and a health and safety manager.

Care audits are performed monthly by the Quality and Training Manager, action plans are put into place if required and training needs identified.

Risk assessments were in place for all environmental risk and working practice risk. People who live at Hallaton Manor and their relatives are invited to contribute to the quality monitoring process.

Our judgement
Appropriate systems were in place for assessing and monitoring the quality of the service and facilities provided.

Outcome 17: Complaints

What the outcome says

This is what people should expect.

People who use services or others acting on their behalf:

- Are sure that their comments and complaints are listened to and acted on effectively.
- Know that they will not be discriminated against for making a complaint.

What we found

Our judgement

The provider is compliant with outcome 17: Complaints

Our findings

What people who use the service experienced and told us
People told us that staff and the management team would listen to their concerns and would take appropriate action.

Other evidence
The providers have developed a complaints procedure which is provided to people when they move into Hallaton Manor. Complaints are investigated within a timescale and where the complaint falls outside of the providers remit, this is referred to other authorities such as the local authority social services team

Advocacy services are used where this is required.

Staff receive training regarding responding to complaints. People felt there was a culture of openness.

Our judgement
People feel confident their complaints will be listened to and appropriate action taken.

Outcome 21: Records

What the outcome says

This is what people who use services should expect.

People who use services can be confident that:

- Their personal records including medical records are accurate, fit for purpose, held securely and remain confidential.
- Other records required to be kept to protect their safety and well being are maintained and held securely where required.

What we found

Our judgement

The provider is compliant with outcome 21: Records

Our findings

What people who use the service experienced and told us
Peoples records were accurate and up to date, records were stored securely and people had access to their records when this was requested.

Other evidence
Records that we looked at were accurate and fit for purpose.
Any changes to people’s wellbeing, treatment or support needs were documented in their care records.

Records were stored securely but were accessible to staff and to the person the record was about if this was requested.

Our judgement
People who use the service had records in place that were fit for purpose, held securely and which remained confidential.

What is a review of compliance?

By law, providers of certain adult social care and health 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 Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

When making our judgements about whether services are meeting essential standards, we decide whether we need to take further regulatory action. This might include discussions with the provider about how they could improve. We only use this approach where issues can be resolved quickly, easily and where there is no immediate risk of serious harm to people.

Where we have concerns that providers are not meeting essential standards, or where we judge that they are not going to keep meeting them, we may also set improvement actions or compliance actions, or take enforcement action:

Improvement actions: These are actions a provider should take so that they **maintain** continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. Where a provider is not meeting the essential standards but people are not at immediate risk of serious harm, we ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

Enforcement action: These are actions we take using the criminal and/or civil procedures in the Health and Adult Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

Information for the reader

Document purpose	Review of compliance report
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