

Review of compliance

Church Walk Health Care Limited Church Walk	
Region:	North West
Location address:	Cavendish Road Kirkholt Rochdale Lancashire OL11 2QX
Type of service:	Care home service with nursing
Date of Publication:	October 2011
Overview of the service:	The company, Exemplar, owns Church Walk Care Home. The home is a purpose built two-storey building that offers nursing care and support for up to 18 adults, who have been diagnosed with a mental disorder.

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

Our current overall judgement

**Church Walk was not meeting one or more essential standards.
Improvements are needed.**

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

Why we carried out this review

We carried out this review to check whether Church Walk had made improvements in relation to:

Outcome 01 - Respecting and involving people who use services
Outcome 02 - Consent to care and treatment
Outcome 04 - Care and welfare of people who use services
Outcome 05 - Meeting nutritional needs
Outcome 07 - Safeguarding people who use services from abuse
Outcome 09 - Management of medicines
Outcome 12 - Requirements relating to workers
Outcome 13 - Staffing
Outcome 14 - Supporting staff
Outcome 16 - Assessing and monitoring the quality of service provision
Outcome 21 - Records

How we carried out this review

We reviewed all the information we hold about this provider, observed how people were being cared for, talked to staff and talked to people who use services.

What people told us

At present there are only six people living at Church Walk. Those people who were able to were happy to chat. However, they did not wish to answer specific questions about their care, treatment and support.

During our first visit we observed two people relaxing in the lounge. Both people required full assistance from staff in meeting all areas of their care. They appeared well cared for, were appropriately dressed and clean. Other people were doing activities of their own choosing. Some people were relaxing in their own room, whilst others had been out. One person told us that they had been out shopping.

We observed how staff interacted with people living at the home. Where necessary additional monitoring was put in place to observe people where there were concerns about their behaviour. Members of the team spoken with were all aware of the issues and what

to do, if necessary.

People at the home appeared to have a good relationship with staff. The atmosphere was relaxed and friendly. Some of the people were able to come and go freely and this was seen during our visit.

Over the last year Church Walk has gone through a number of changes including the management of the home. Staff told us that 'things have improved since the change in management', 'systems are working well' and 'I like working at the home'. Another person said that the management team were 'very approachable' and 'will help out when it's needed'.

No further issues have been raised with us by the local authority commissioners or safeguarding team.

What we found about the standards we reviewed and how well Church Walk was meeting them

Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

People had their needs and wishes taken into account when making decisions about their care and support.

Outcome 02: Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Procedures were in place to ensure that consent to care and treatment was sought from the people receiving care or from the people acting on their behalf.

Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights

Peoples needs were met being met in a safe, caring and dignified was, however some care records were incomplete or not as up to date as they may need to be.

Outcome 05: Food and drink should meet people's individual dietary needs

People were provided with varied meals that meet their dietary needs.

Outcome 07: People should be protected from abuse and staff should respect their human rights

The provider was aware of their responsibilities in reporting and responding to any issues or concerns ensuring people in their care were protected from harm.

Outcome 09: People should be given the medicines they need when they need them, and in a safe way

The management and administration of people's medication had been improved so that

they receive their medicine as prescribed.

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

People were supported by staff that had been safely recruited.

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

Adequate numbers of staff were provided to support people living at the home. The Provider was aware that additional qualified staff would be required as occupancy levels increased.

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

People need to feel confident that staff receive on-going training and development so that they have the knowledge and skills needed to meet the specific needs of people living at Church Walk.

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

Systems were in place for gathering information about the quality and safety of the service provided.

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

Records were generally kept up to date and secure so that confidentiality was maintained.

Actions we have asked the service to take

We have asked the provider to send us a report within 28 days of them receiving this report, setting out the action they will take to improve. We will check to make sure that the improvements have been made.

Where we have concerns we have a range of enforcement powers we can use to protect the safety and welfare of people who use this service. Any regulatory decision that CQC takes is open to challenge by a registered person through a variety of internal and external appeal processes. We will publish a further report on any action we have taken.

Other information

Please see previous reports for more information about previous reviews.

**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 01: 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 01: Respecting and involving people who use services

Our findings

What people who use the service experienced and told us

At present there are only six people living at Church Walk. Those people who were able to were happy to chat. However, they did not wish to answer specific questions about their care, treatment and support.

During our first visit we observed two people relaxing in the lounge. Both people required full assistance from staff in meeting all areas of their care. They appeared well cared for, were appropriately dressed and clean. Other people were doing activities of their own choosing. Some people were relaxing in their own room, whilst others had been out. One person told us that they had been out shopping.

Other evidence

During our previous visit to the home we found little evidence to show that people had been consulted with about their care, treatment and support. Nor had they been offered meaningful activities or opportunities to enable them to increase their independent living skills.

During this visit we again looked at how people were consulted with, their daily routines and opportunities made available to them. We found that the service had employed two 'life skills co-ordinators'. Both worked full time and it was their role to provide both

individual and group activities for people. We were told that people had been taking part in activities at the community church next to the home, such as a singing group and tea dances, a day trip had been organised to Blackpool and an open day was planned at the home. We saw in the minutes of the residents meeting that one person had commented that they 'enjoy attending the local church'.

Care records had also been improved. Information showed that people had been consulted with about their care and support plans. Activity records were also being developed with regards to how people wanted to spend their time. A diary of activities the person had taken part in were also detailed on file. Where the person was not able to advocate for themselves other people, such as relatives had been consulted.

We had previously received feedback from health and social care professionals. Whilst they were satisfied with the care provided they did not feel the 'therapeutic support' agreed as part of the care package was being delivered.

Since then the service has made changes to the environment, providing a rehabilitation kitchen. This will be used to enable people to increase their independent living skills with the intention of moving into more independent accommodation. Two of the people currently living at the home were said to have been identified for this support. Further consideration was being made by the provider with regards to the future of Church Walk and the people they intend to provide support for.

Our judgement

People had their needs and wishes taken into account when making decisions about their care and support.

Outcome 02: 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 02: Consent to care and treatment

Our findings

What people who use the service experienced and told us

We did not receive feedback from people living at the home in relation to this outcome.

Other evidence

Following our last visit improvements were needed in relation to Deprivation of Liberty Safeguards (DOLs) and Mental Capacity training. Training information seen during this visit showed that training sessions had been arranged however had yet to be completed by all members of the team, for further information refer to outcome 14.

We also found that assessments were being completed on behalf of those people thought to lack capacity in making informed decisions about their care and support. These were carried out with input from staff and the person's relative. We were advised that some of the documentation used by the service was currently being revised so that standardised documents would be used across the organisation.

Our judgement

Procedures were in place to ensure that consent to care and treatment was sought from the people receiving care or from the people acting on their behalf.

Outcome 04: 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

There are minor concerns with Outcome 04: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us

We observed how staff interacted with people living at the home. Where necessary additional monitoring was put in place to observe people where there were concerns about their behaviour. Members of the team spoken with were all aware of the issues and what to do, if necessary.

People at the home appeared to have a good relationship with staff. The atmosphere was relaxed and friendly. Some of the people were able to come and go freely and this was seen during our visit.

Other evidence

Previous concerns were identified in this area following our last visit to the home and as part of a safeguarding concern raised with the local authority. Records were not accurate nor were they up to date and did not reflect the care, treatment and support provided for people.

Care records were examined again during our visit on the 8 September 2011. We found that care records had been reviewed and updated. New care plans, risk assessment and risk management plans had been put in place. Information seen was more specific to the mental health needs and related behaviours of people and provided clear information and direction for staff about how people were to be supported. Daily records were also in place and linked with the areas of support identified on the care plan. These provided more meaningful information. Some of the documentation on file however was not dated or signed and some records appeared

old and out of date. These needed reviewing or if no longer relevant then archiving.

We did discuss with the managers during feedback some of the information detailed within the care plans and whether this needed to be in an individuals plan. We were told that the information was to provide staff with a better understanding about why they were being asked to support people in a certain way. It was acknowledged that this information was useful and could perhaps be used within the training sessions to develop the team's knowledge.

Staff spoke with said that they had previously read the care plan however did not generally refer to it on a regular basis. During their shift they would refer to the 'obs file', which included the daily diary and observational charts. Care plans should be a working document and referred to as part of the daily routine so that all staff are aware of the current and changing needs of people and the support they require.

We were also told that the provider will be introducing new care plans across the organisation. Staff will be offered training on how these are to be completed. Information will reflect the outcomes of quality and safety and evidence people's involvement, capacity issues and consent.

Our judgement

Peoples needs were met being met in a safe, caring and dignified was, however some care records were incomplete or not as up to date as they may need to be.

Outcome 05: 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 05: Meeting nutritional needs

Our findings

What people who use the service experienced and told us

Comments were made about the meals during a recent residents meeting. People said the food was, 'different, in a good way' and they 'preferred the new menu'.

Other evidence

Information previously sent to us by the provider stated that improvements were needed with regards to the choice and provision of meals and snacks.

During our last visit we also found that care records were clear about the diet people had, particularly for those people with specific health care needs. Records showed that meals were not nutritionally balanced and lacked variety. We were also told that there was a significant waste of food due to people not always being at the home when meals were served.

Since then the team have introduced food forums and resident meetings. The food forums are generally between care staff and catering staff. Discussion includes the dietary needs and routines of people so that meals are better planned for. We were told that this had reduced food waste. Resident meetings were also being held. We looked at the records made during these meetings. These showed that people had been asked what they would like to see on the menus, which have now been reviewed and amended to include people's choices.

Records are completed for those people where concerns have been identified in relation to their weight or diet. Where necessary people had been referred to the dietician. Records were also completed so that people's weight could be monitored.

Our judgement

People were provided with varied meals that meet their dietary needs.

Outcome 07: 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 07: Safeguarding people who use services from abuse

Our findings

What people who use the service experienced and told us

We did not receive feedback from people living at the home in relation to this outcome. However staff confirmed that they had received safeguarding training and could explain to us what they would do if an allegation was made, so that people were kept safe.

Other evidence

Relevant policies and procedures were in place with regards to promoting safe practice within the home. These included Safeguarding Adults, Recruitment and Selection, Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DOLs). In addition all staff receive training in safeguarding as part of their induction and further training had been planned in MCA and DOLs.

We had been advised earlier in the year of several issues which had been raised with the local authority in line with their safeguarding procedures. The service had cooperated fully with the investigations and attended meetings to provide relevant information. Each of the matters have now been concluded and where necessary action has been taken by the service to refer people to the Independent Safeguarding Authority (ISA). No further issues were identified.

Our judgement

The provider was aware of their responsibilities in reporting and responding to any issues or concerns ensuring people in their care were protected from harm.

Outcome 09: 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 09: Management of medicines

Our findings

What people who use the service experienced and told us

We did not receive feedback from people living at the home in relation to this outcome.

Other evidence

Arrangements for the management of medication were looked at. Issues identified during our last visit with regards to medication supplied from the clinic had been addressed. We again checked the stock held against the medication administration records (MARS) and found this corresponded.

Medication at the home is only administered by nursing staff. The majority of medicines required were provided within dosset trays. These were stored securely within medication trolleys held on each unit. We were told that at present there were no controlled drugs (CDs) held at the home, however facilities for safe storage and recording of these drugs were available if needed.

MARS were also looked at for other prescribed medications. These had been completed in full. Records also showed items had been checked on receipt, detailed where items had been carried forward from the previous month and written entries had been double signed.

Our judgement

The management and administration of people's medication had been improved so that they receive their medicine as prescribed.

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

We did not receive feedback from people living at the home in relation to this outcome. However we did speak with staff about how they were recruited for their position at the home. They confirmed with us that they had been interviewed and that an application form and criminal record check had been completed prior to them starting work. Staff also confirmed that they had completed an induction and basic training when they started work.

Other evidence

During our previous visit we found that recruitment practices were not robust and potentially placed people at risk.

We looked at recruitment files again during this visit. Records were examined for two staff that had recently been appointed. We found that individual records evidenced a thorough process had been followed. Information included a completed application form with full employment history, details of the interview process relevant to the role applied for, written references from previous employers and a criminal record check (CRB). Further checks were undertaken on nursing staff with confirmation of their current Nursing and Midwifery Council (NMC) registration. Information received had been signed and dated by the manager and accepted as satisfactory.

Other records were held to show that staff were supervised and received training and development opportunities.

Our judgement

People were supported by staff that had been safely recruited.

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

There are minor concerns with Outcome 13: Staffing

Our findings

What people who use the service experienced and told us

We did not receive feedback from people living at the home in relation to this outcome. However staff told us that there was always enough on duty, 'particularly at the moment as we are so quiet'.

Other evidence

A large staff team is employed to work at Church Walk. The team comprises of the manager, clinical nurse manager, administrator, unit manager, nursing staff, care and support staff, life skills co-ordinators and ancillary staff. Due to the current low occupancy levels arrangements were being made for staff to complete necessary training courses. A number of staff were also being utilised across other services run by the provider.

During our visit we observed that a high staffing ratio was provided. We also examined rotas for the month up to our visit. Sufficient staff were available throughout the day and night to support people.

During our previous visit we found that at times, particularly at weekends, there was no cover provided by suitably trained staff such as a qualified mental health nurse (RMN). This was explored again. Whilst this had improved there were still occasions where these staff were not on duty. We had previously advised that due to the nature of the service and complex needs of people this provision was necessary to effectively support and advise the staff in the delivery of care. This was discussed again during feedback with the clinical nurse manager and area manager. We were told any further

appointments of nursing staff would include additional trained mental health staff.

Our judgement

Adequate numbers of staff were provided to support people living at the home. The Provider was aware that additional qualified staff would be required as occupancy levels increased.

Outcome 14: Supporting staff

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

There are moderate concerns with Outcome 14: Supporting staff

Our findings

What people who use the service experienced and told us

We did not receive feedback from people living at the home in relation to this outcome. However we spoke with staff about their experience and the training and support offered to them. They confirmed that they had received an induction and further training since they started work at the home. Staff were also aware of future training planned and that this was identified on the rota when they needed to attend.

One person said, 'I enjoy the work, different to what I expected'. When asked what this meant they said that support work was something they had not previously done and they did not realise what it fully involved. However they felt they had learnt a lot and were settled.

Other evidence

The provider has previously sent us information about this outcome. They told us that staff received periodic supervision and 'specialist training relevant to service user's needs'. However during our previous visit we found no evidence to support this.

We again looked at training and development during our visit on the 8 September 2011. A staff training and development programme had been developed with input from the providers training section. Courses included all areas of mandatory training (such as food hygiene, health and safety, moving and handling, first aid etc), safeguarding adults and NAPPI training (this stands for Non-abusive Psychological and Physical Intervention). These courses were also included within the induction programme for all new staff.

People living at Church Walk have complex needs and behaviours, which at times result in staff needing to intervene in order to manage a situation. Training in specific areas of care or mental health conditions had not previously been provided. This had been concerning as some staff had little or no experience of working within the care field. However during this visit we found that mental health awareness sessions in affective disorder, psychosis etc had been planned and were being delivered to the team by an experienced member of staff. Training in the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DOLs) had also been planned for the team

On-going training and development is required for all members of the team. Planning should also take into consideration any new people who may come to live at Church Walk so that they can be supported safely and effectively.

Further arrangements had also been made for additional intervention training and a behavioural review due to the changing needs of someone living at the home. This was being provided so that the team could openly discuss how they were going to offer a consistent approach when supporting and responding to this person.

Staff meetings and individual supervisions were also in place. However we were told that some staff do not attend the meetings on a regular basis. Supervisions were taking place approximately every two months. The gave staff and their line manager an opportunity to discuss their practice, any issues and areas of future development and support.

Our judgement

People need to feel confident that staff receive on-going training and development so that they have the knowledge and skills needed to meet the specific needs of people living at Church Walk.

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

Over the last year Church Walk has gone through a number of changes including the management of the home. Staff told us that 'things have improved since the change in management', 'systems are working well' and 'I like working at the home'.

Another person said that the management team were 'very approachable' and 'will help out when it's needed'.

Other evidence

Since our previous visit to the home, the management team have spent time reviewing Church Walk and how they intend to improve and develop the service further.

The management team had taken action to address a number of concerns identified following our last visit in May 2011. Over the last six months the team had implemented a number of new systems to monitor and review the standard of care and support provided. Monthly quality monitoring visits were undertaken and action plans had been completed where necessary.

During this visit we also found that communication between the team and with people living at the home had been improved. Resident and staff meetings had been held so that feedback could be sought from people living and working at the home enabling them to share their views and ideas.

At present the current occupancy levels at the home are very low and the team has

been exploring whether the service needs to consider offering care and support to other people with varying needs. We were told that following our visit a marketing meeting had been planned to look at how they intend to increase occupancy at the home.

The manager has now been in post since February 2011 however has yet to register with CQC. This needs to be addressed.

Our judgement

Systems were in place for gathering information about the quality and safety of the service provided.

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

We did not receive feedback from people living at the home in relation to this outcome.

Other evidence

Records are stored securely, ensuring that confidentiality is maintained.

Individual records are kept in respect of each person living and working at the home.

The records about care, treatment and support had been improved however further attention was needed to ensure records were completed in full, dated and signed so that information was accurate and up to date, for further information refer to outcome 4. Shortfalls in other records found during our previous visit had been addressed.

Our judgement

Records were generally kept up to date and secure so that confidentiality was maintained.

Action

we have asked the provider to take

Improvement actions

The table below shows where improvements should be made so that the service provider **maintains** compliance with the essential standards of quality and safety.

Regulated activity	Regulation	Outcome
Treatment of disease, disorder or injury	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 04: Care and welfare of people who use services
	Why we have concerns: Peoples needs were met being met in a safe, caring and dignified was, however some care records were incomplete or not as up to date as they may need to be.	
Diagnostic and screening procedures	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 04: Care and welfare of people who use services
	Why we have concerns: Peoples needs were met being met in a safe, caring and dignified was, however some care records were incomplete or not as up to date as they may need to be.	
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 04: Care and welfare of people who use services
	Why we have concerns: Peoples needs were met being met in a safe, caring and dignified was, however some care records were incomplete or not as up to date as they may need to be.	
Treatment of disease, disorder or injury	Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 13: Staffing

	<p>Why we have concerns: Adequate numbers of staff were provided to support people living at the home. However the Provider was aware that additional qualified staff would be required as occupancy levels increased.</p>	
Diagnostic and screening procedures	Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 13: Staffing
	<p>Why we have concerns: Adequate numbers of staff were provided to support people living at the home. However the Provider was aware that additional qualified staff would be required as occupancy levels increased.</p>	
Accommodation for persons who require nursing or personal care	Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 13: Staffing
	<p>Why we have concerns: Adequate numbers of staff were provided to support people living at the home. However the Provider was aware that additional qualified staff would be required as occupancy levels increased.</p>	

The provider must send CQC a report about how they are going to maintain compliance with these essential standards.

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 within 28 days of this report being received.

CQC should be informed in writing when these improvement actions are complete.

Compliance actions

The table below shows the essential standards of quality and safety that **are not being met**. Action must be taken to achieve compliance.

Regulated activity	Regulation	Outcome
Treatment of disease, disorder or injury	Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 14: Supporting staff
	<p>How the regulation is not being met: People need to feel confident that staff receive on-going training and development so that they have the knowledge and skills needed to meet the specific needs of people living at Church Walk.</p>	
Diagnostic and screening procedures	Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 14: Supporting staff
	<p>How the regulation is not being met: People need to feel confident that staff receive on-going training and development so that they have the knowledge and skills needed to meet the specific needs of people living at Church Walk.</p>	
Accommodation for persons who require nursing or personal care	Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 14: Supporting staff
	<p>How the regulation is not being met: People need to feel confident that staff receive on-going training and development so that they have the knowledge and skills needed to meet the specific needs of people living at Church Walk.</p>	

The provider must send CQC a report that says what action they are going to take to

achieve compliance with these essential standards.

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 within 28 days of this report being received.

Where a provider has already sent us a report about any of the above compliance actions, they do not need to include them in any new report sent to us after this review of compliance.

CQC should be informed in writing when these compliance actions are complete.

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 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

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