

# Review of compliance

Mr & Mrs R Mahomed Lyndhurst Nursing Home	
<b>Region:</b>	London
<b>Location address:</b>	238 Upton Road South Bexley Kent DA5 1QS
<b>Type of service:</b>	Care home service with nursing
<b>Date of Publication:</b>	March 2012
<b>Overview of the service:</b>	<p>This home is located in a residential area of Bexley, within walking distance of local shops, a railway station and bus routes.</p> <p>There are five double, one triple and three single bedrooms in the home. Communal space consists of a lounge and large conservatory/ dining area. At the rear of the property there is a garden for residents use. Parking is restricted in the roads surrounding the</p>

	home and limited off street parking is provided on the driveway
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# Summary of our findings for the essential standards of quality and safety

## Our current overall judgement

**Lyndhurst Nursing Home 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 because concerns were identified in relation to:

- Outcome 01 - Respecting and involving people who use services
- 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 08 - Cleanliness and infection control
- Outcome 14 - Supporting staff
- Outcome 16 - Assessing and monitoring the quality of service provision

### How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 5 January 2012, talked to staff and talked to people who use services.

### What people told us

People we spoke with told us that the staff were kind and involved them in their care. people said that the night staff did not always respond as quickly as some people would like them to.

People told us that medication was given promptly and that staff always provided a drink to take their tablets and stayed with them until they had taken them.

Some people told us the food was good and they had enough to eat.

People said that they liked brown bread as it was healthier but only got it occasionally.

People we spoke with were unsure as to whether they or their relatives had been asked to complete a satisfaction survey

### What we found about the standards we reviewed and how well Lyndhurst Nursing Home 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 are involved in making decisions about the care and support they receive; where

they are not able their relatives are asked to provide input and represent them and act in the person's best interest.

Overall, we found that Lyndhurst Nursing Home was meeting this essential standard.

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

Care plans and risk assessment were in place and people appeared to be care for appropriately, however, there appeared to be limited stimulation or additional support for the people at the home to improve the quality of their care.

Overall, we found that Lyndhurst Nursing Home was meeting this essential standard but, to maintain this, we suggested that some improvements were made.

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

Although some residents enjoy the food provided and there was a choice available, the menu's appeared repetitious and were only available in small print which would perhaps be difficult for some people to read or understand. People did not have access to adapted cutlery in order to assist them to maintain their independence and there was a lack of suitable furniture in the dining area to accommodate the people living at the home.

Overall, we found that Lyndhurst Nursing Home was meeting this essential standard but, to maintain this, we suggested that some improvements were made.

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

There are policies in place and information available but not all staff are familiar with the process for reporting safeguarding incidents in the absence of the Registered Manager. There is a lack of evidence that sufficient numbers of staff having completed formal safeguarding training.

Overall, we found that improvements were needed for this essential standard.

#### **Outcome 08: People should be cared for in a clean environment and protected from the risk of infection**

The home had cleaning process in place, although this did not always appear to cover seven days a week. There was a lack of evidence of compliance with the Code of Practice for Prevention and Control of Infection. Overall, we found that improvements were needed for this essential standard.

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

Staff confirmed that they had received some training and the training matrix provided shows gaps in the training the staff have received. Staff have not received specialist training to meet the needs of some of the people living at the home with dementia.

Overall, we found that improvements were needed for 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**

The home had some systems in place to enable people to share their views and for the ongoing monitoring for the quality of the service provided. Overall, we found that Lyndhurst Nursing Home was meeting this essential standard but, to maintain this, we suggested that some improvements were made.

### **Actions we have asked the service to take**

We have asked the provider to send us a report within 7 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. When we propose to take enforcement action, our decision 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

People we spoke with told us that they had been involved in decisions about their care and felt able to discuss their needs with the staff. They told us that they felt listened to and respected.

People we spoke with also felt their privacy and dignity was always maintained by the staff and personal hygiene and we were told that the door was always closed while care was being delivered.

People we spoke with told us that the staff were kind and involved them in their care.

##### Other evidence

We spoke with some relatives who felt that the staff treated their family members very well and that they had never witnessed residents being treated disrespectfully or exposed in any way. They told us that they had been involved in planning their relative's care where the person was unable to make decisions for them.

Staff told us that all people living at Lyndhurst are assessed prior to coming to live at the home; we were told by staff that there is information available for people and their families considering the home, although this was not seen by the inspector or on display at the home.

We saw that peoples' likes and dislikes were recorded within their care plans as well as their preferred day and night time routine.

The people living at the home were all female and most of the rooms were shared with one room having three occupants; none of the rooms had ensuite facilities. Staff told us that privacy was maintained by pulling the curtains around the beds. We were told that all the staff working at the home were female apart from the Registered Manager. We observed care being given in a respectful and kind manner.

**Our judgement**

People are involved in making decisions about the care and support they receive; where they are not able their relatives are asked to provide input and represent them and act in the person's best interest.

Overall, we found that Lyndhurst Nursing Home was meeting this essential standard.

## 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

People told us that they were happy with their care at the home and that the staff worked very hard. We were told by some people that nothing was too much trouble and the staff were very kind and caring.

We were told that the night staff did not always respond as quickly as some people would like them to.

People told us that medication was given promptly and that staff always provided a drink to take their tablets and stayed with them until they had taken them.

People told us that they had access to the doctor who came weekly as well as a dentist, chiropodist and a hairdresser and that they enjoyed activities such as bingo, games and music.

##### Other evidence

There were sixteen people living at the home; the home had a registered nurse on duty at all times. The registered nurses on duty had responsibilities which included giving out medication, supervising the carers and liaising with health professionals and relatives.

We were told by staff that the Registered Manager visited the home approximately twice a week and therefore the nurses' role was to manage the home and supervise the care. The care staff duties included providing personal hygiene care, serving the evening meal and on the housekeepers day off undertaking cleaning and laundry duties; there was one full time housekeeper in post.

We were told that some people had lived at the home for some years and the level of

care required for some had changed and other people had varying degrees of dementia and some required a lot of support.

The care plans we looked at were well organised, with risk assessments, nutritional needs and mobility assessments completed. They were updated on a monthly basis and any additional problems were added as required. The care plans contained a full and detailed history, which outlined family relationships, social history and working life. Some care plans had records of mental capacity assessments and all had consent to be photographed within their care plans.

We observed people who were being nursed in bed and they looked comfortable; some had pressure therapy equipment in place, there were no end of life care plans in place.

We were told by staff that one of the patients had pressure ulcers but was admitted from hospital with them. We reviewed the documentation which confirmed this; the care and progress had been well documented and included a full body map and photographs of the sores.

We observed that most of the people looked clean and well cared for and that medication was given using blister packs. People living at the home were identified by name prior to medication being given; the medication chart contained a photograph of each individual.

We saw the log book which detailed who needed to be seen and the reason for seeing doctor. Staff recorded the outcome of the consultation or any changes to care and treatment in the care plans and this was confirmed by the inspector by reviewing the care plans.

Staff told us that they did not know whether the care plans were audited, however, we were told by the registered manager following our inspection that audits are undertaken on a quarterly basis. The last audit undertaken in December 2012 has been provided which did not raise any documentation issues.

The home has an activity programme in place; on the day of the inspection the activity co-ordinator was on leave. There is one activity co-ordinator in post (0.8wte) and no cover provided for absences such as annual leave; the staff said they were unable to deliver the activity programme due to time constraint and workload. We heard staff telling people that they would have to watch television. The activity programme was not displayed at the home, although we have been provided with a sample of programmes from 2011. The activities included quizzes, bingo, sensory therapy and a trip to the local park.

We saw that staff spent all their time providing nursing care. Several people required a high level of care as they were bed bound or suffered with dementia; people appeared on the day of our visit to have little or no stimulation provided other than when care was being delivered.

### **Our judgement**

Care plans and risk assessment were in place and people appeared to be care for appropriately, however, there appeared to be limited stimulation or additional support for the people at the home to improve the quality of their care.

Overall, we found that Lyndhurst Nursing Home was meeting this essential standard but, to maintain this, we suggested that some improvements were made.

## 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

There are minor concerns with Outcome 05: Meeting nutritional needs

#### Our findings

##### What people who use the service experienced and told us

Some people told us the food was good and they had enough to eat. People said that they liked brown bread as it was healthier but only got it occasionally.

People told us they always sat in the lounge for their meals and that they usually had ice cream for dessert and that it would be nice to have apple pie occasionally.

##### Other evidence

We were told by staff that the cook visits everyone in the morning to discuss the menu and ask them what they want to eat, although most people would need support to make the choice. This could be improved if the home developed picture menus.

Although we acknowledged that some people were enjoying their meals, menus we saw were repetitious with some reliance on ready made food rather than freshly prepared dishes. We saw the menus were rotated every three weeks and the cook told us that she would always offer to make something else if people did not want what was on the menu. The menu was not readily available in the lounge area but kept in the kitchen and the print was small.

We saw that people were given a choice and the cook had made eggs for one person who did not want the set lunch.

We saw staff helping people with their lunch; one member of staff assisted the people who had their meals in their rooms or were unable to come down to the lounge, the remaining two staff helped the other thirteen people. Meals were staggered (not served all at once) due to the number of people requiring help. The home did not have plate guards or adaptive cutlery in place to help maintain peoples' independence. We were told by staff that the home did not have plate guards or adapted cutlery.

We were told by staff that the dining room was not used very often and saw that there was a small table with only six chairs; the chairs did not have arms to support people. We were told that also the table and chairs were not the right height and it made it hard for people to sit comfortably and eat their food.

We were told by the cook that the care staff prepared and served the evening meal which usually was a hot snack or sandwiches.

Care plans show that nutritional scoring is undertaken and people are weighed regularly and where appropriate food supplements are prescribed by the GP.

### **Our judgement**

Although some residents enjoy the food provided and there was a choice available, the menu's appeared repetitious and were only available in small print which would perhaps be difficult for some people to read or understand. People did not have access to adapted cutlery in order to assist them to maintain their independence and there was a lack of suitable furniture in the dining area to accommodate the people living at the home.

Overall, we found that Lyndhurst Nursing Home was meeting this essential standard but, to maintain this, we suggested that some improvements were made.

## 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

There are moderate concerns with Outcome 07: Safeguarding people who use services from abuse

#### Our findings

##### What people who use the service experienced and told us

People told us that they felt safe and that the staff were very kind and helpful.

##### Other evidence

Staff told us that they received regular training updates which are usually carried out by the Registered Manager; this includes safeguarding of vulnerable adults. A new member of staff told us the references and CRB checks were undertaken prior to her starting work at the home; we were unable to confirm this as we did not have access to personal files at the inspection.

Staff told us that they would report any concerns to the Registered Manager but were unsure who to contact in the absence of the Registered Manager. We were told that the Registered Manager although accessible by telephone was not based at the home on a daily basis. We saw a folder in the manager's office which contained the relevant contact details for the local authority.

We requested a summary as confirmation of the staff training that had been undertaken, which shows that less than 50% of staff have completed training for the safeguarding vulnerable adults and 25% have completed training for the Mental Capacity Act.

Our records reflect that there have been no safeguarding incidents that have occurred at the service during the period since our last.

##### Our judgement

There are policies in place and information available but not all staff are familiar with the

process for reporting safeguarding incidents in the absence of the Registered Manager. There is a lack of evidence that sufficient numbers of staff having completed formal safeguarding training. Overall, we found that improvements were needed for this essential standard.

## Outcome 08: 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

There are moderate concerns with Outcome 08: 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 tidy.

##### Other evidence

We saw that the bathrooms and toilets had soap and towels available. There were gloves provided; we did not see aprons or gloves in the sluice rooms. Staff did, however, wear different colour aprons for carrying out care and serving meals. We saw that a single mop was used for all areas and staff confirmed that this was the only mop in use. The cleaning materials and utensils were transported from room to room in a plastic carrier bag and therefore easily accessible to people living at the home.

Staff told us that they had received infection control training but were unaware of any audits or monitor of compliance with the Code of Practice for the Prevention of Infection Control that may have been completed. The training matrix provided shows that approximately 66% of staff had received infection control training. We were told that the Registered Manager had given training to cleaning and care staff on the appropriate cleaning materials to be used and on infection control practices.

##### Our judgement

The home had cleaning process in place, although this did not always appear to cover seven days a week. There was a lack of evidence of compliance with the Code of Practice for Prevention and Control of Infection. Overall, we found that improvements were needed for this essential standard.

## 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

The provider is compliant with Outcome 14: Supporting staff

#### Our findings

##### What people who use the service experienced and told us

People said that the staff were friendly and approachable, and they could ask them for help at any time.

##### Other evidence

Staff told us that they had received some training for moving and handling, Safeguarding of vulnerable adults and infection control. Staff reported that they had not had appraisals or supervision; we were also told that staff meetings were infrequent and were not formally documented.

We were told that most of the training was delivered by the manager. Staff told us that they had not received additional training to support the people living at the home with dementia.

The Registered Manager was not present during our inspection and training records show that all staff have received moving and handling training, however, the training matrix provided shows that no staff have received training for fire, medication and COSHH. It also shows that low numbers of staff have received training for first aid, dementia care and food hygiene.

Staff said that when they started work at the home that references and CRB checks were completed; we were told that there new staff had an induction with either the Registered Manager or another member of the nursing team. Records could not be checked as the staff on duty did not have access to personal files

##### Our judgement

Staff confirmed that they had received some training and the training matrix provided

shows gaps in the training the staff have received. Staff have not received specialist training to meet the needs of some of the people living at the home with dementia. Overall, we found that improvements were needed for this essential standard.

## 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

There are minor concerns with Outcome 16: Assessing and monitoring the quality of service provision

#### Our findings

##### What people who use the service experienced and told us

People we spoke with were unsure as to whether they or their relatives had been asked to complete a satisfaction survey.

##### Other evidence

The home had a system for handovers between trained staff and any changes to people's care was discussed on a daily basis. There is a log kept of all issues that need to be discussed with the GP and any changes in medication are recorded.

We were told by staff that the Registered Manager comes to the home a couple of times a week.

We saw that the care plans are reviewed every month by the nursing staff but we were told that they did not carry out any formal audit. The registered manager has stated that quarterly audits are undertaken and the last audit has been provided and did not show any issues. The registered manager has confirmed that satisfaction surveys are undertaken annually and issues raised are discussed with residents and relatives. The results of the last survey have not been provided.

We were told that staff meetings were not held frequently; the registered manager has confirmed that staff meetings are held bi-annually and evidence has been provided of the last staff meeting. Staff told us that they discussed issues or problems regarding care on a daily basis.

##### Our judgement

The home had some systems in place to enable people to share their views and for the ongoing monitoring for the quality of the service provided.

Overall, we found that Lyndhurst Nursing Home was meeting this essential standard but, to maintain this, we suggested that some improvements were made.

## 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
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
	<p><b>Why we have concerns:</b></p> <p>Care plans and risk assessment were in place and people appeared to be care for appropriately, however, there appeared to be limited stimulation or additional support for the people at the home to improve the quality of their care.</p> <p>Overall, we found that Lyndhurst Nursing Home was meeting this essential standard but, to maintain this, we suggested that some improvements were made.</p>	
Treatment of disease, disorder or injury	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 04: Care and welfare of people who use services
	<p><b>Why we have concerns:</b></p> <p>Care plans and risk assessment were in place and people appeared to be care for appropriately, however, there appeared to be limited stimulation or additional support for the people at the home to improve the quality of their care.</p> <p>Overall, we found that Lyndhurst Nursing Home was meeting this essential standard but, to maintain this, we suggested that some improvements were made.</p>	
Treatment of disease, disorder or injury	Regulation 14 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 05: Meeting nutritional needs
	<p><b>Why we have concerns:</b></p> <p>Although some residents enjoy the food provided and</p>	

	<p>there was a choice available, the menu's appeared repetitious and were only available in small print which would perhaps be difficult for some people to read or understand. People did not have access to adapted cutlery in order to assist them to maintain their independence and there was a lack of suitable furniture in the dining area to accommodate the people living at the home.</p>	
<p>Accommodation for persons who require nursing or personal care</p>	<p>Regulation 14 HSCA 2008 (Regulated Activities) Regulations 2010</p>	<p>Outcome 05: Meeting nutritional needs</p>
	<p><b>Why we have concerns:</b>  <p>Although some residents enjoy the food provided and there was a choice available, the menu's appeared repetitious and were only available in small print which would perhaps be difficult for some people to read or understand. People did not have access to adapted cutlery in order to assist them to maintain their independence and there was a lack of suitable furniture in the dining area to accommodate the people living at the home.</p> </p>	
<p>Accommodation for persons who require nursing or personal care</p>	<p>Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010</p>	<p>Outcome 16: Assessing and monitoring the quality of service provision</p>
	<p><b>Why we have concerns:</b>  <p>The home had some systems in place to enable people to share their views and for the ongoing monitoring for the quality of the service provided.  Overall, we found that Lyndhurst Nursing Home was meeting this essential standard but, to maintain this, we suggested that some improvements were made.</p> </p>	
<p>Treatment of disease, disorder or injury</p>	<p>Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010</p>	<p>Outcome 16: Assessing and monitoring the quality of service provision</p>
	<p><b>Why we have concerns:</b>  <p>The home had some systems in place to enable people to share their views and for the ongoing monitoring for the quality of the service provided.  Overall, we found that Lyndhurst Nursing Home was meeting this essential standard but, to maintain this, we suggested that some improvements were made.</p> </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 to us within 7 days of the date that the final review of compliance report is sent to them.

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
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 07: Safeguarding people who use services from abuse
	<p><b>How the regulation is not being met:</b> There are policies in place and information available but not all staff are familiar with the process for reporting safeguarding incidents in the absence of the Registered Manager. There is a lack of evidence that sufficient numbers of staff having completed formal safeguarding training. Overall, we found that improvements were needed for this essential standard.</p>	
Treatment of disease, disorder or injury	Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 07: Safeguarding people who use services from abuse
	<p><b>How the regulation is not being met:</b> There are policies in place and information available but not all staff are familiar with the process for reporting safeguarding incidents in the absence of the Registered Manager. There is a lack of evidence that sufficient numbers of staff having completed formal safeguarding training. Overall, we found that improvements were needed for this essential standard.</p>	
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 08: Cleanliness and infection control
	<p><b>How the regulation is not being met:</b></p>	

	<p>The home had cleaning process in place, although this did not always appear to cover seven days a week. There was a lack of evidence of compliance with the Code of Practice for Prevention and Control of Infection. Overall, we found that improvements were needed for this essential standard</p>	
Treatment of disease, disorder or injury	<p>Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010</p>	<p>Outcome 08: Cleanliness and infection control</p>
	<p><b>How the regulation is not being met:</b> The home had cleaning process in place, although this did not always appear to cover seven days a week. There was a lack of evidence of compliance with the Code of Practice for Prevention and Control of Infection. Overall, we found that improvements were needed for this essential standard</p>	
Accommodation for persons who require nursing or personal care	<p>Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010</p>	<p>Outcome 14: Supporting staff</p>
	<p><b>How the regulation is not being met:</b> Staff confirmed that they had received some training and the training matrix provided shows gaps in the training the staff have received. Staff have not received specialist training to meet the needs of some of the people living at the home with dementia. Overall, we found that improvements were needed for this essential standard.</p>	
Treatment of disease, disorder or injury	<p>Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010</p>	<p>Outcome 14: Supporting staff</p>
	<p><b>How the regulation is not being met:</b> Staff confirmed that they had received some training and the training matrix provided shows gaps in the training the staff have</p>	

	received. Staff have not received specialist training to meet the needs of some of the people living at the home with dementia. Overall, we found that improvements were needed for this essential standard.
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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 7 days of the date that the final review of compliance report is sent to them.

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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