Inspection Report

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

Hambleton House

337 Scraptoft Lane, Leicester, LE5 2HU

Tel: 01162433806

Date of Inspection: 15 November 2013

Date of Publication: December 2013

We inspected the following standards to check that action had been taken to meet them. This is what we found:

Care and welfare of people who use services	✖	Enforcement action taken
Meeting nutritional needs	✖	Enforcement action taken
Safeguarding people who use services from abuse	✖	Enforcement action taken
Management of medicines	✓	Met this standard
Requirements relating to workers	✖	Action needed
Supporting workers	✖	Enforcement action taken
Assessing and monitoring the quality of service provision	✖	Action needed

Details about this location

Registered Provider	Baba Sawan Lodge Limited
Registered Manager	Mrs. Maureen Baines
Overview of the service	Hambleton House is registered to provide accommodation for up to 18 persons with learning disabilities who require nursing or personal care. The home does not provide nursing care directly but has arrangements for district nurses to visit the home to attend to people's nursing needs.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

Summary of this inspection

Why we carried out this inspection

We carried out this inspection to check whether Hambleton House had taken action to meet the following essential standards:

- Care and welfare of people who use services
- Meeting nutritional needs
- Safeguarding people who use services from abuse
- Management of medicines
- Requirements relating to workers
- Supporting workers
- Assessing and monitoring the quality of service provision

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 15 November 2013, talked with people who use the service and talked with staff.

We were supported on this inspection by an expert-by-experience. This is a person who has personal experience of using or caring for someone who uses this type of care service.

What people told us and what we found

When we inspected the service in May 2013 we required the provider to make improvements in six key areas. The provider sent us an action plan and we allowed time for that plan to be successfully implemented. At this inspection we found that very little had changed and improvements were still required.

We found that despite people having capacity to make decisions themselves people had become highly dependent on staff. People had not been helped to develop everyday living skills such as making their own drinks or helping with preparation of meals. One person told us, "I would like to help with cooking. I've been on a cookery course, I like cooking" but they had not been supported to develop their skills at the home. Another person had wanted to progress to living in their own flat, but we found no evidence of how the service had supported them towards that aim.

People told us that they enjoyed the food at the home. However, one person told us, "I'd like lamb chops or steak occasionally but I'd be surprised if I could have it." People had a choice of food but choices did not include healthy eating options or more nutritious food.

All of the people who used the service had been assessed as having capacity to make decisions about their finances. However, not all people had direct access to their money. The registered manager told us that this was for people's protection but we saw no

evidence that there had been meetings to decide a person's best interests or that the provider had power of attorney over a person's finances.

The provider had a recruitment policy but it had not been followed. In one instance an applicant had been allowed to start work without proper references.

Not all staff had received training in key important subjects such as the Mental Capacity Act 2005.

The provider had not carried out effective monitoring of the quality of service provided.

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

What we have told the provider to do

We have asked the provider to send us a report by 15 January 2014, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

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

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

More information about the provider

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

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

Our judgements for each standard inspected

Care and welfare of people who use services ✖ Enforcement action taken

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

Our judgement

The provider was not meeting this standard.

Care and treatment had not been planned and delivered in a way that helped people acheive the outcomes that had been agreed with the provder.

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

Reasons for our judgement

When we inspected the service in October 2012 and May 2013 we found limited evidence that people's care and support had been planned and delivered in such a way as to meet their individual needs. That had mainly been because a review and redesign of care plans had not been completed. At our last inspection we found that care plans had been redesigned but we found it very difficult to find evidence that people's care and support had been planned and delivered in such a way that people's needs had been fully met.

Care plans contained details of people's assessed needs, their desired outcomes and how the service would support people to achieve their desired outcome. People's desired outcomes included maintenance of personal hygiene, maintaining contact with their families and friends, financial independence and living independently.

We asked people if they had seen their care plan. Every one of the nine people we spoke with told us that they knew what a care plan was but that they hadn't see their plan. We did note however that at least two people had regularly declined to participate with staff in reviews of their care plans. We found that the provider had not done enough to try and help people understand what care plans were and why they were important.

One person told us about what was important to them and added, "I don't know who is helping me or who is supposed to be helping me to get to where I want." When we looked at that person's care plan it included clearly defined objectives but no detail about how that objective would be achieved.

Most people had been supported to maintain contact with people that were important to

them. People told us that they met with friends in the community or attended sporting events of their choice. Some people regularly went out into the community. Others had been encouraged to maintain hobbies and interests and we saw people doing things that were of interest to them. One person told us that they regularly went into Leicester city with a friend or to meet a friend. On other occasions they "just sit around and do word searches." Another person enjoyed playing pool and had a table to be able to do that. They told us, "I go to town for coffee and shopping, nothing else". They added that they had a new TV and DVD player in their room that they enjoyed watching. By contrast a person who liked to stay in their room had no facility to listen to their favourite music. They told us they wanted a CD player. They also wanted a telephone so that they could contact a family relative instead of using the registered manager's telephone. That person told us about their family relations in terms that made clear how important their family relations were to them. We noted that they had no photographs of relatives and asked them about that. They told us that their photographs were in the registered manager's office, but we didn't see them there. It was obvious to us that the person would have been happier if they had the photographs in their room.

Some people had taken an active role in meaningful activities in the home like tidying their rooms and the garden. Those were progressive developments. However, we found that some people had no practical involvement in activities or decisions that could have increased their independence in the home. People had not, for example, been involved in preparing their own drinks, snacks and meals or assisting with their laundry. Those were things that people with capacity would do in their own home or if they wanted to live wholly independently.

One person told us that they "would like to help with cooking, I've been on a cookery course, I like cooking." The registered manager told us that people could use the kitchen "if they followed health and safety regulations." We saw no evidence that people has been supported to understand `health and safety regulations'. Nor did we see risk assessments associated with people using the kitchen. We also saw an instruction "All staff is [sic] to remind service users that they are not to come to the kitchen door. If they need anything they need to come to the hatch." We saw that demonstrated in practice when a person came to the hatch for a refill of a jug of milk. We could see no reason why they could not have gone into the kitchen and collected the milk themselves. We found that was an example of how people had been made overly dependent on staff instead of being independent..

In two of the five care plans we looked at we saw that the service aimed to help people "make financial decisions independently." One of those people told us that they had to ask the registered manager or the owner for their money and they were given only £20 a week which they felt was not enough. When we discussed this with the registered manager they told us that the person did not have direct access to their money and that arrangement was in their best interests. We could find no evidence that there had been a meeting to establish that person's best interests and the provider had no formal power of attorney over that person's finances.

People's care and support had not reflected relevant research and guidance. We found training DVDs and training materials in a box but no evidence they had been used. We found that the registered manager and staff had only limited awareness of the essential standards of quality and safety despite this inspection being the third inspection in 13 months. At each inspection we had left material about those standards but there was no evidence that any practical account had been taken of it.

The provider had arrangements in place to deal with foreseeable emergencies.

Meeting nutritional needs ✖ Enforcement action taken

Food and drink should meet people's individual dietary needs

Our judgement

The provider was not meeting this standard.

People did not always have a choice of suitable and nutritious food and drinking water was not always available from a water dispenser that people had access to.

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

Reasons for our judgement

At our inspection in May 2013 we found that people did not have a choice of suitable and nutritious food. We required the provider to make improvements. The provider sent us an action plan of what they intended to do. The provider told us that menus had been changed and that they made it easier for people to make choices of what they wanted to eat. They told us that more fresh fruit and vegetables had been introduced.

People we spoke with confirmed that the provider had made it easier for them to choose what they wanted at meal times. One person told us, "I'm shown the menu, I choose what I want and staff write it down." Another person told us, "I like salad, I chose a plate of salad." We saw that plenty of fresh fruit was available for people who used the service.

The home operated a menu over a four week rota. The menus had been reviewed since our last inspection. Each day people had a choice of what they had at breakfast, lunchtime and tea time. We had mixed feedback about whether people had a say in what was included in the menu. One person told us, "No, never been asked." Another person told us, "I'm not asked about what is on the menu." However, we noted that food that people told us they liked had been on the menu which suggested either that they had been asked or that they had got used to the food that was offered.

Eight of the nine people we spoke with told us that they liked the food provided by the home. One person told us, "I like fish and chips, cheese on toast and bacon." Other people told us that they liked "spaghetti and vegetables and grapes and bananas". We saw plenty of fresh fruit in the main kitchen. When we asked another person whether they liked the food they replied, "Not really. I like lamb chops. It would be nice to have steak occasionally. No one has said I can't have it but I'd be surprised if I had it."

When we spoke to a group of five people after they had eaten their evening meal we asked if they enjoyed it. They all told us they had enjoyed it; one person said "it was lovely."

Although people told us they liked the food we found that in reality people had little choice. Often the difference between a choice of two hot meals was a single item, for example a cheese and potato pie instead of a meat pie, or bacon instead of sausage. Menus did not include healthy eating options or choices between frozen or fresh vegetables. Most meals were processed foods or cooked from frozen.

When we looked at the food store nearly all of the food was of a tinned low cost variety, but we did see two small fresh cabbages. That called into question the nutritional value of food people were eating. The registered manager told us no professional advice had been sought, for example from a dietician or nutritionist, about the food people ate.

People told us that they were served cold drinks and fruit when they wanted. However we noted that a water dispenser in a dining room was empty and had no cups which meant that people could not help themselves to water. Staff we spoke with were unsure about how long the dispenser had been empty.

The refrigerator in the main kitchen contained nearly 50 small pots of yoghurt, a tub of coleslaw, a packet of chicken roll and a packet of ham. That showed that people had a very limited choice of snacks. A refrigerator in a kitchen in an annex to the home, which was occupied by people who we were told were "more independent" than others, contained only a loaf of bread, two jars of jam and, when we looked at 1pm, a near empty jug of milk. Again, this showed that in reality people had very little choice of what they could have by way of snacks.

The main dining room had enough places for eight people. Seventeen people lived at the home at the time of our inspection. Most days up to half the people were out during the day so there was enough space in the main dining room at lunch times. At times when more people were at home a dining room in an annex was used or people ate their meals elsewhere. We asked one person if they had a choice about where they ate their meals. They replied, "No, I'm told which room to go in".

We found that people were supported to be able to eat sufficient amounts to meet their needs but that they had not been provided with a choice of suitable and nutritious food. Cold drinks were not always available from a water dispenser in the dining room.

We could find no evidence that people who used the service had had nutritional screening assessments. That meant that the provider had not identified whether people were at risk of poor nutrition and risk associated with poor nutrition.
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Safeguarding people who use services from abuse ✖ Enforcement action taken

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

Our judgement

The provider was not meeting this standard.

The provider had not made sufficient improvements to be compliant with this regulation. People had been deprived access to their finances when they had been judged to have mental capacity to make their own decisions about their finances. The provider had reasons to believe that they had acted in the person's best interests but they had not acted in accordance with the Mental Capacity Act (MCA) 2005. Staff had not attended MCA and Deprivation of Liberty Safegurads training.

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

Reasons for our judgement

When we inspected the service in May 2013 we had two concerns about people's safety. One was that the provider had no procedure for ensuring that staff knew which people had gone into the community and which remained at the home. Since that inspection the provider had introduced a reliable method for staff knowing the whereabouts of people.

Our other concern was that the provider had not ensured that all staff understood the relevance of the Mental Capacity Act (MCA) and the Deprivation of Liberty Safeguards (DoLS). The MCA and DoLS exist to protect people who do not have mental capacity to make decisions about their care and treatment. Sometimes it is necessary to deprive a person of their liberty in order to deliver their care. However, any deprivation of liberty can only be used if it has been authorised by a supervisory body. Ways in which a person may be deprived of their liberty is when staff take decisions on a person's behalf.

When we looked at five care plans we noted that two of the plans included clear statements that people wanted to make financial decisions independently. In both cases the care plans recorded that the people had mental capacity to make decisions. We spoke with one of those people. They told us that they wanted access to their monies but they had to ask the registered manager or owner for money and were limited to £20 per week. They felt that amount was not enough and they wanted direct access to their bank account. When we asked the registered manager about that they told us that no allowing that person direct access to their money was in their best interests. However, we could find no evidence that there had been a meeting to decide that person's best interests. Nor could we find evidence that the registered manager or owner had power of attorney over

that person's finances. We found that the provider had not ensured that the provisions of the MCA and the MCA Code of Practice had been followed.

Staff we spoke with demonstrated only a very limited understanding of MCA and DoLS. New staff had not received training in MCA and DoLS. The provider had information leaflets about MCA and DoLS that had been produced by the Department of Health but the leaflet had not been given to all staff. Only half of the staff had attended training about MCA and DoLS. The provider had no method for ensuring that staff had put that training into practice.

Although we found that staff had limited understanding of MCA and DoLS, the staff we spoke with showed good understanding about safeguarding people from abuse. Staff we spoke knew about the forms of abuse recognised by the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. They knew how to identify signs of abuse and how to report any concerns they had about a person's safety and welfare.

Management of medicines ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

At our previous inspection we found that the provider had a policy for the management of medicines but that the registered manager had not adhered to it. Medicines had not been securely stored and quality of record keeping was so poor that it proved very difficult and time consuming to account for the medicines that were kept at the home. We required the provider to make improvements.

Since our last inspection the provider had arranged for the pharmacist who supplied medicines to carry out an audit of the home's medicines management. The audit had been successfully completed and no concerns had been identified.

Only staff who had received training in medicines administration had been allowed to support people with their medication. We looked at record of when medications had been administered and we found that people had their medications at the appropriate times.

The registered manager had carried out various checks associated with management of medicines. These included to monitoring the temperature at which medicines were stored; monitoring stocks of medicines and ensuring unused medicines had been returned to the pharmacy,

We found that the provider's medicines management policy had been correctly implemented.

Requirements relating to workers ✖ Action needed

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

Our judgement

The provider was not meeting this standard.

The provider had a robust recruitment policy that had been designed to recruit suitable people but the actual recruitment practice had not been in accordance with the policy.

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

Reasons for our judgement

We looked at this regulation because the provider had recruited five staff since our last inspection.

The provider had recruitment policy that clearly set out how people were to be recruited. The policy required that "the most suitable candidate is chosen for the job based on relevant skills and experience only through a structured interview involving service users and staff wherever possible."

We looked at three recruitment files. We found that the recruitment process that had been followed fell short of the provider's policy and the requirements of parts of this regulation.

The policy required two references, one from a previous employer. We found that one person had been employed without references from referees they had provided on their application form. The provider had instead accepted a reference from a close relative of the applicant. That reference could not have provided an objective assessment of the applicant's suitability.

Only one of the candidates had experienced work in adult social care, but that had been only for two weeks. That made the interview stage of the recruitment process critically important because it was at that stage that the applicant's suitability would have been assessed through a structured interview. We found that the registered manager had made no notes of the interviews and that they were the only person who carried out the interview. We could find no written evidence that applicant's had undergone a thorough and structured interview to test and assess their suitability. We spoke with one of the people who had been recruited. They told us that they had been interviewed by the registered manager who asked questions about their experience and their understanding of safeguarding of vulnerable people.

The provider had carried out identity checks and used the Disclosure and Barring Service to check whether applicants had a record that called into question their suitability to work

with vulnerable adults.

We could not identify whether the provider had required newly appointed staff to work a probation period.

The provider may wish to remind staff who are engaged in recruiting staff about the requirements of their policy and this regulation.

Supporting workers ✖ Enforcement action taken

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

Our judgement

The provider was not meeting this standard.

We found that staff had received inadequate support to deliver care and support to an appropriate standard.

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

Reasons for our judgement

When we inspected the service in May 2013 we found that staff we spoke with had a poor understanding of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards. The provider gave us an assurance that refresher training would be arranged soon after our inspection. That was an important step to take because knowledge of MCA and DoLS was particularly relevant to a service of this type. We found at this, our follow up inspection, that only half of the staff had received the training. Newly appointed staff had not received the training about MCA and DoLS. That meant that half of the workforce had not received training about things that were very important in a setting such as this one.

Newly appointed staff had undergone induction training over a two day period. One new care worker told us about their induction, "It was good and useful. If I hadn't had it I'd have been falling under everyone's feet." They told us that they had attended training about how to support people with their mobility. They had read care plans of people before they were introduced to them and watched experienced care workers support those people before they worked alone. They told us that they had been asked to work with another person whose care plan they had not read. They should not have been put in that position and acted correctly by refusing to support a person they had little knowledge about.

Three care workers we spoke with had only limited awareness of the Care Quality Commission's essential standards of quality and safety. They had not seen the provider's `statement of purpose' which set out the provider's aims and objectives for the people who used the service. That meant that staff did not know what standards people who used the service had a right to expect. That lack of knowledge was not the fault of the care workers. It was simply the case that they had not received adequate training to be clear enough about the role and their accountabilities. The provider's response to two previous inspections that had highlighted concerns about the service had not included effective training and development of staff.

Care workers had not received regular supervision. One care worker told us they'd had one one-to-one meeting with the registered manager since our last inspection in May 2013. We found no evidence that the provider operated support arrangements for staff that included planned supervision, monitoring, performance review or personal development.

Assessing and monitoring the quality of service provision ✖ Action needed

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

Our judgement

The provider was not meeting this standard.

We found no evidence that provider had an effective system to regularly assess and monitor the quality of service that people received. We could not find evidence about the extent to which people who used the service had progressed towards achieving their desired outcomes which they had agreed with the provider.

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

Reasons for our judgement

At our inspection in May 2013 we noted that the provider had intended to review their system for assessing and monitoring the quality of service experienced by people who used the service but that their plans had been delayed.

At this inspection we had wanted to speak with the registered manager and the owner of the service about how they monitored and assessed the quality of service experienced by the people who used the service. The owner referred us to the registered manager but the registered manager was not always available. Towards the latter part of our inspection the registered manager had decided not to return to the home from an appointment. Care workers were unable to tell us anything about the provider's system for assessing and monitoring the quality of service We therefore had to rely on an inspection of documents and records and talking with people who used the service.

We found a policy that referred to a system of quality assurance but we found no evidence of how the provider had operated that system. We found limited evidence that people's care plans had been reviewed. At some reviews people had been asked for their views and their evaluation of the care and support they had experienced. One person who used the service told us, "We get asked for our ideas." Staff at the home had arranged resident's meetings from time to time but we could not find minutes of those meetings.

The provider had a statement of purpose which described the purpose of the service. It said, "The purpose of the establishment is to provide the highest standards of care based on individual holistic needs, to enhance and promote self-development, independence, empowerment and self advocacy of service users whist at the same time encouraging full

involvement of family, friends and relevant others." We were unable to find evidence of how the provider assessed and monitored whether those objectives were met.

We could not find evidence about the extent to which people who used the service had progressed towards achieving their desired outcomes which they had agreed with the provider.

This section is primarily information for the provider

Action we have told the provider to take

Compliance actions

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	**Regulation 21 HSCA 2008 (Regulated Activities) Regulations 2010** **Requirements relating to workers**
	How the regulation was not being met: The provider's recruitment policy met the standards of this regulation but the actual recruitment practice had not because the person carrying out the recruitment had not acted in accordance with the policy.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	**Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010** **Assessing and monitoring the quality of service provision**
	How the regulation was not being met: The provider had a policy concerned with monitoring the quality of care experienced by people who used the service but we found very limited evidence about how that policy been operated. People's care plans included details of what they wanted to achieve but the provider did not have an effective means of monitoring people's progress towards achieving their desired outcome.

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

This section is primarily information for the provider

The provider's report should be sent to us by 15 January 2014.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

This section is primarily information for the provider

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

Enforcement actions we have taken

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

We have served a warning notice to be met by 31 December 2013 This action has been taken in relation to:	
Regulated activity	Regulation or section of the Act
Accommodation for persons who require nursing or personal care	**Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010** **Care and welfare of people who use services**
	How the regulation was not being met: People's care plans included information about what they wanted to achieve but there was no information about whether or how people had progressed towards achieving their desired outcome. One person had a clearly defined desired outcome of living independently. That person wanted to eventually live in their own flat. However there was no evidence of how that person would be supported to achieve that desired outcome and they themself had no knowledge about who would help them achieve that outcome. We found in two of the five that care plans we looked at that people wanted to be financially independent but no detail of how they were supported to achieve that. We found ample evidence that people had been support with personal care but very little evidence of how they were supported to become more independent. Regulation 9 (1) (b) (i).

This section is primarily information for the provider

We have served a warning notice to be met by 31 January 2014 This action has been taken in relation to:	
Regulated activity	Regulation or section of the Act
Accommodation for persons who require nursing or personal care	**Regulation 14 HSCA 2008 (Regulated Activities) Regulations 2010** **Meeting nutritional needs**
	How the regulation was not being met: People did not have adequate choice of nutritious food. Most food were processed or frozen. People did not have a healthy, balanced diet. Regulation 14 (1) (a).
We have served a warning notice to be met by 31 December 2013 This action has been taken in relation to:	
Regulated activity	Regulation or section of the Act
Accommodation for persons who require nursing or personal care	**Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2010** **Safeguarding people who use services from abuse**
	How the regulation was not being met: The provider had not made suitable arrangements to ensure decisions about the finances of people who used the service had been taken by appropriate consideration of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). The provider had not taken reasonable steps to ensure that all staff had attended training to be able to understand and apply MCA and DoLS.
We have served a warning notice to be met by 31 January 2014 This action has been taken in relation to:	
Regulated activity	Regulation or section of the Act

This section is primarily information for the provider

Accommodation for persons who require nursing or personal care	**Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010** **Supporting workers**
	How the regulation was not being met: Staff had not benefited from training about the aims and objectives of the service or the Care Quality Commission's essential standards of quality and safety. The provider did not have adequate arrangements for the training, professional development, supervision and appraisal of staff.

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

About CQC inspections

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

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

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

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

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

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

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

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

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

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

How we define our judgements

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

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

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

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

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

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

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

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

Glossary of terms we use in this report

Essential standard

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

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

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

Glossary of terms we use in this report (continued)

(Registered) Provider

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

Regulations

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

Responsive inspection

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

Routine inspection

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

Themed inspection

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

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