

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

Bramley House Residential Home

Westcott Street, Westcott, Dorking, RH4 3NX

Tel: 01306740003

Date of Inspection: 13 September 2013

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November 2013

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

Care and welfare of people who use services	✓ Met this standard
Safety and suitability of premises	✗ Action needed
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Mrs Fiona Collins
Registered Manager	Mrs. Fiona Collins
Overview of the service	Bramley House is a turn of the century property set in gardens. The home is registered to accommodate up to sixteen older people.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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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'.

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Summary of this inspection

Why we carried out this inspection

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

This was an unannounced inspection.

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 13 September 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service and talked with staff.

What people told us and what we found

People who use the service and their representatives were asked for their views about their care and treatment and they were acted on.

People told us the staff were nice and treated them with respect. They said they were offered choices, the food was good and they could have an alternative if they didn't like the menu. One person told us they had seen that some people get special diets and that everyone was catered for here.

People also told us their room was not too hot or cold and they liked their rooms and the home.

Two people that we were speaking to in a group said they felt listened to, had no complaints and agreed they couldn't fault the home.

We saw that care and treatment was planned and delivered in a way that ensured people's safety and welfare.

We concluded that people who use the service, staff and visitors were not protected against the risks of unsafe or unsuitable premises. This was because the provider had not maintained water supplies for washing and bathing to safe working temperatures; not managed identified asbestoses safely; had left, chemical and sharps hazards accessible to people; had not fitted sufficiently robust window restrictors and had not ensured windows were secure or safe. They also had not ensured all doors had expanding smoke strips to slow the spread of smoke during a fire; had not protected staff from passive smoking; and had left unsupervised areas that contained tripping hazards, steep short stairs and hazardous chemicals, unsecured and accessible to people.

Although we found concerns there were areas of good practice with the environment. It has been kept an open environment so that people are not affected by people misplaced or whose needs require more security and restrictions for their safety due to their lack of

capacity. We saw that people were offered a choice of a bath being fitted in shower rooms. We also saw that the environment was homely, hygienic and clean, even before the manager arrived early in the morning when we visited unannounced.

We saw the provider had an effective system to regularly assess and monitor the quality of service that people receive.

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 02 November 2013, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

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

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

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

People told us the staff were nice and treated them with respect. They said they were offered choices, the food was good and they could have an alternative if they didn't like the menu. One person told us they had seen that some people get special diets and all diets were catered for here.

The last inspection report from the visit on the 5th of March 2013 recorded the following shortfall and a compliance action was set:

One person's care plan identified that that they had a past history of weight loss before admission. We saw that food intake monitoring records were maintained and regular weight checks were made. We also found that this person was prescribed a food supplement. Staff told us that where any concerns were identified in relation to people's nutrition a referral was made to the General Practitioner. We found that nutrition screening assessments had not been completed by the home which did not ensure people were protected from the risks of inadequate nutrition or dehydration.

At this inspection of the 13th of September 2013 we found nutrition screening assessments had since been completed by the home to ensure people were protected from the risks of inadequate nutrition or dehydration.

We noted that in discussions with staff there was a good knowledge of processes and high priority given to recording nutrition and hydration.

We found the service had met the nutrition screening assessment part of the compliance action set in the last report.

The last inspection report of the visit on the 5th of March 2013 also recorded the following shortfall and a compliance action was set:

There was evidence of individual risk assessments. Examples seen included bathing, community access, the use of the stair lift and administration of medicines. The risk assessments identified what action should be taken by staff so that risks to people's safety could be minimised. However one person's care plan identified that they had a history of wandering. The care plan identified that this person required supervision in the garden but a detailed risk assessment had not been completed. This meant that the service was not always able to demonstrate how they were protecting people against the risks of unsafe or inappropriate care.

At this inspection of the 13th of September 2013, we found that in addition to individual risk assessments that covered general areas such as falls, self medication and the need for window restrictors, the home had also had risk assessments tailored to individual's own specific needs, for example, moving furniture and getting blocked in their room. We saw these had been reviewed and updated.

The home showed how before people were admitted they also assess their suitability for Bramley house in relation to its open door policy, as they therefore cannot take anyone who is not suitable for that environment. For example, people who wander.

We saw that if people deteriorated to a point they were no longer suitable for the environment they would be found more suitable placements. In the interim, the associated risks are assessed and action taken.

We noted that that the risk assessment previously missing had been completed.

We found the service had met the risk assessment part of the compliance action set in the last report.

As both parts of the previous compliance action were met the compliance action has now been closed.

Care and treatment was planned and delivered in a way that ensured people's safety and welfare.

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

Our judgement

The provider was not meeting this standard.

People who use the service, staff and visitors were not protected against the risks of unsafe or unsuitable premises.

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

People who use the service, staff and visitors were not protected against the risks of unsafe or unsuitable premises.

Before we enter the preamble and usual feedback regarding the previous compliance actions we feel it is important to highlight early in this section that there was a new and highly serious hazard identified at this inspection which was addressed with a compliance action and immediate action was taken by the home.

We tested the water temperature in a bathroom sink and found the temperatures to be scalding. There was steam coming off the sink and the humidity caused by the high temperatures was noticeable in the bathroom within a short time. We told the carer in charge at the time that the water was scalding and asked if they were prepared to touch it. They said no and agreed it was scalding and would cause them injury. We then showed the manager who also said they were not prepared to touch the water agreeing it was too hot.

We asked the carer if bath temperatures were checked and could we use the thermometer. We were told that they were and were supplied with one. It was brass with a glass tube containing red alcohol. The alcohol is not as accurate as mercury, the glass tube itself moved up and down a bit against the brass backing with the graduations and the brass contain the graduation marks expanded under the high temperature change, The thermometers were old and worn, and not a modern digital type. We found all of these factors could have contributed to inaccurate readings.

However, whatever the cause, the readings were dangerously inaccurate and the thermometers not fit for purpose, as they were reading 44 degrees indicating the water was not too hot when steam and scalding water was coming out of the tap and the water could not be touched.

The care worker in charge told us they always check the temperature by hand. Due to how

long this had been left like this and the lack of injuries and deaths we were inclined to believe this.

However, testing by hand is not accurate and effective and subject to error so is unacceptable, especially as the bath had the same water temperatures and people were at risk of complete submersion in scalding water.

We identified that this was due to the lack of thermostatic mixer valves, which mix cold water with the hot to keep the temperatures safe at outlets to prevent scalding.

We saw thermostatic mixer valves were missing throughout the home, in bathroom baths and toilets and bedroom en suite hand basins where risks were also posed. The exception being the Parker bath which had its own built in mixer valves.

The maintenance person had already identified sources for thermostatic mixer valves and got costs and the provider immediately made funds available for new thermometers and thermostatic mixer valves.

As it was a Friday and the thermostatic valves could not be fitted until the following week, the carer in charge put interim measures in place that day to reduce the immediate risk, which included putting a sign on the bathroom door showing it was not safe and not to be used and putting a message in the communications book that all staff read when coming on duty and at shift change handovers. This ensured they all would know not to use that bathroom and double check temperatures.

We found that the service was putting people at risk of injury or death by not providing thermostatic mixer valves to prevent scalding.

We also found that legionella could not be managed safely without thermostatic mixer valves as the temperature at the source boiler needs to be very hot to kill bacteria, then cooled at all outlets by thermostatic mixer valves to prevent scalding.

People told us their room was not too hot or cold and they liked their rooms and the home.

Bramley House is residential care home without nursing registered to provide care and accommodation for up to sixteen older people, some of who may also have dementia or mobility difficulties.

Bramley House has an open door policy and cannot take anyone who is not suitable for this environment, so this is also included in the home's initial assessment.

We saw that the building was over three floors and accommodation was over two floors. A stair lift was available and people had risk assessments for its use.

Most bedrooms had their own private bathroom and en-suite facilities.

There was sufficient communal space for activities and meals with a lounge, a dining room, conservatory, a mature well maintained garden and bedrooms were of sufficient sizes.

The last inspection report of the visit on the 5th of March 2013 recorded the following shortfall and a compliance action was set:

Although radiator protectors were provided in the communal areas we found that these were not provided in some people's bedrooms that we were invited to visit. Staff told us that these were being installed this year but the date for when this work was to be completed could not be confirmed. A risk assessment had not been completed. This posed a potential safety risk to people who used the service.

At this inspection of the 13th of September 2013 we found radiator protectors had been fitted and were awaiting painting.

We found the service had met the radiator protector part of the compliance action set in the last report.

The last inspection report of the visit on the 5th of March 2013 also recorded the following shortfall and a compliance action was set:

We observed that the conservatory at the rear of the home is used as the entrance. This area was unlocked. There were no people or staff in the conservatory when we arrived. This posed a potential security risk to people living in the service. Staff told us that this had been identified and an alternative entrance was being explored.

At this inspection of the 13th of September 2013 we found an alternative entrance had been found and was being used. The people who use the service however complained about the door being locked in the day. They wanted to have better access to the garden and did not want to be restricted with locks as they chose a home with an open door policy, so the door is unlocked now during the day only. They also were not concerned about any lack of privacy due to people walking down the path to past the conservatory to the entrance, as they wanted to use this conservatory area to monitor the path and see who was visiting their home.

We found the service had met the changing the main entrance part of the compliance action set in the last report and included people's views and wishes where possible, while improving security.

The last inspection report of the visit on the 5th of March 2013 recorded the following shortfall and a compliance action was set:

We observed in one person's bedroom that their window was not sufficiently restricted. We also found this to be the case in one of the upstairs bathrooms. This posed a potential safety risk to people who used the service. Staff told us that as the windows were old and that these were going to be replaced this year but a date for when this work was to commence could not be confirmed at this inspection. A risk assessment had not been completed which identified how this risk could be minimised.

At this inspection of the 13th of September 2013 we found a new maintenance person had been employed and they were in the process of repairing windows in a risk assessed way, so that those posing the most risk were attended to first. We also noted that the provider had made funds available for this and other work to occur, for example replacing windows.

Guidance from the Health and Safety Executive titled "Falls from windows or balconies in health and social care" states that "people with temporary or permanent confused mental states often caused by senility or dementia" are at greater risk from suffering an injury as a result of falling from a window or balcony. The guidance also suggests that providers

should fit window restrictors that are fit for purpose, to window frames that are sufficiently robust enough and well maintained, so the risk of harm is suitably reduced.

The manager told us that the home was only a residential home and so had an open door policy and does not usually admit people with permanent confused mental states who would need restrictors to protect them. They told us that most people had capacity and had also complained about the blanket rule of restrictors that infringed on their freedom and restrictions being imposed against their choice, in what they thought was an open home.

The manager also told us that because of this and their wish not to infringe on people's rights, they were considering to change the blanket policy of window restrictors in all bedrooms. Instead they would assess people individually for capacity and reassess their need for restrictors. They would only place people assessed as being at risk on the ground floor and continually monitor and reassess, fitting when needed so as to manage this risk on an individual basis. This would allow those who don't need restrictors to have their windows open, and have ventilation and freedom unrestricted.

We found the service had partly met the window and window restrictor part of the compliance action set in the last report, but the window restrictors assessed as needed under the existing blanket policy and procedures were still not secure.

We also saw other areas of concern with the environment and as the last compliance action is partly met, a new compliance action will be set to reflect the other and more significant hazards identified at this inspection.

We found other risks associated with the environment.

We saw that other window restrictors were not secure, with many on the first floor bedroom and corridor windows being flexible plastic, with two screws each end fitted into window frame.

In many cases, which we pointed out to the care worker in charge on the first building tour and the manager and maintenance person on the second, the screws had been fitted into the wooden window frame at the joints of the pieces of wood in the frame. As some were rotting and split apart, the screws were insecure to the point that we could show the manager a screw in the wood through the crack.

The combination of flexible window restrictors and loose fittings due to poor condition both could have caused these to put pressure and leverage on the screws, loosening them further. Regardless they were not robust enough for the purpose.

The new maintenance person identified better metal window restrictors and suggested them to the manager who immediately agreed.

We also found some windows unsafe for other reasons. For example, we found windows in the first floor corridor were rotten, the stained glass moved when touched and was not secure, and there were broken pieces of stained glass hanging off and missing.

In addition we found the kitchen window unsafe with insecure glass hanging out of the frame.

We found that the provider was not always protecting people against the risks associated with unsafe or unsuitable premises, by leaving windows without secure restrictors fitted and not maintaining windows and glass to a safe standard.

The home had a Control Of Substances Hazardous to Health (COSHH) cupboard which was locked at the time of the inspection and COSHH data sheets were available to inform in case of an incident with a product.

However, we found hazardous chemical products and sharps in a bathroom cabinet that should have been locked away and posed a potential risk to people with dementia.

We saw potential asbestos products and asked the manager if there had been an audit and management plan. We were told there had been an audit but the manager would have to check about the management plan. The maintenance person said if it was asbestos they would expect it to be labelled and we agreed. Without the suspected products being labelled or the manager knowing the management plan, even if there was an asbestos management plan it was not being implemented and so people were at risk.

We found that although there were no current smokers, the provider had allowed people to smoke in their rooms in the building.

The Smoke-free (Exemptions and Vehicles) Regulations 2007 Other residential accommodation states the following:

5.—(1) A designated room that is used as accommodation for persons aged 18 years or over in the premises specified in paragraph (2) is not smoke-free.

(2) The specified premises are—

(a) care homes as defined in section 3 (care homes) of the Care Standards Act 2000(2);

(3) In this regulation "designated room" means a bedroom or a room used only for smoking which—

(a) has been designated in writing by the person having charge of the premises in which the room is situated as being a room in which smoking is permitted;

(b) has a ceiling and, except for doors and windows, is completely enclosed on all sides by solid, floor-to-ceiling walls;

(c) does not have a ventilation system that ventilates into any other part of the premises (except any other designated rooms);

(d) is clearly marked as a room in which smoking is permitted; and

(e) except where the room is in a prison, does not have any door that opens onto smoke-free premises which is not mechanically closed immediately after use.

The manager had risk assessments and procedures in place to ensure this legislation had been and would be followed and to ensure that people's ability to smoke safely was assessed and that people were always constantly supervised when smoking.

The supervision of people by staff for safety, however, presented a health risk to staff and so it would be better to provide a better solution like a separate properly ventilated room or better still a heated covered outside area.

Staff told us the staff smoking area was near the propane cylinders and we saw cigarettes in ash trays and staff go there to smoke. The manager informed us that this area was no longer the smoking area and it was by their garden office so smoking breaks could be supervised, and they would make sure staff followed the new policy.

We noted there was a fire alarm system, which was regularly checked. Fire doors had automatic closing devices and smoke seals, and there were internal emergency lighting systems

However, bathroom and toilet doors did not have smoke seals to prevent the spread of smoke in the event of a fire.

We found that people were at potential risk from inadequate fire precautions.

We saw that on the first floor the banister and drop over with the unenclosed staircase and the low stair gate by the stairs, were tripping hazards and a person could fall over them if frail and unsteady or climb over or tumble over if confused.

All the people on that floor had capacity and the home does not place people on that floor who have confused states, but there was a clear risk to people who may go up the stairs to the top floor if they are unsteady, as many were.

We saw there were steep narrow steps on the staircase to the top floor that were a tripping and falling hazard to people who use the service and the area contained chemical products hazardous to health and access to electrical distribution cupboards and the loft space, all putting people at potential risk.

We found the service had left unsupervised areas and other areas that contained tripping hazards, steep short stairs and hazardous chemicals unsecured and accessible to people.

Although we checked the building, to respect people's dignity we were not able to enter every bedroom. Although we identified concerns at this inspection and have made compliance actions, it is the provider's responsibility to make their own checks and audits to ensure the entire building and every bedroom and area accessible to people is safe and secure and take any appropriate action required to make them so. We will check that the provider has done so and ensure they do so if not.

We concluded that people who use the service, staff and visitors were not protected against the risks of unsafe or unsuitable premises because the provider did not maintain bathing and washing water supplies to safe working temperatures; had not managed identified asbestoses safely; had left chemical and sharp hazards accessible to people; had not supplied sufficiently robust window restrictors and had not ensured windows were secure or safe. They also had not ensured all doors had expanding smoke strips to slow the spread of smoke during a fire; had not protected staff from passive smoking; and had left unsupervised areas and other areas that contained tripping hazards, steep short stairs and hazardous chemicals unsecured and accessible to people.

Although we found concerns there were areas of good practice in relation to the environment. It has been kept an open environment so that people are not affected by people misplaced or whose needs require more security and restrictions for their safety due to their lack of capacity. We saw that people were offered a choice of a bath being fitted in shower rooms and we saw that the environment was homely and hygienic and clean, even before the manager arrived early in the morning when we visited unannounced.

Assessing and monitoring the quality of service provision

✓ Met this standard

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 meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

Two people we spoke to in a group said they felt listened to, had no complaints and agreed they couldn't fault the home.

The last inspection report from the visit on the 5th of March 2013 recorded the following shortfall and a compliance action was set:

People who used the service and their representatives were asked for their views about their care and treatment but the outcome of this survey had not been analysed in order for the service to have an informed view of the standard of care that was being provided and to identify areas for improvement. We were told that the feedback survey was being reviewed and that it would contain more questions. This was due to be distributed shortly.

At this inspection of the 13th of September 2013 we found the outcome of this survey had been analysed in order for the service to have an informed view of the standard of care that was being provided and to identify areas for improvement. These were available by the time of this inspection and we saw that the comments were mostly positive. We also found that the feedback surveys had been reviewed and another set sent out.

The manager gave us an example of where the organisation had analysed the outcome of surveys and house meetings for the people and their relatives, and monitored complaints for trends in order for the service to have an informed view of the standard of care that was being provided and to identify areas for improvement.

We saw this was when people had wanted to door from their conservatory to the garden to be left unlocked in the day for their freedom and access, and a trend about this had arisen. We saw the monitoring systems facilitated the whole organisation to be aware of it. It then listened and took action to improve quality.

We found the service had met the feedback survey part of the compliance action set in the last report.

The last inspection report of the visit on the 5th of March 2013 also recorded the following shortfall and the compliance action was set:

We saw that the home had a business development plan in place and the home was externally audited in 2011 using a system called 360 Forward Standard Framework. After this inspection we were provided with a progress report on the improvements that had been made as a result of the recommendations made. Examples included areas such as care planning, activities, staff training and premises improvement. We were told that this audit was due to be reassessed. However, the home had not yet fully developed internal systems to assess and monitor the quality of the service provided and to identify, assess and manage all risks to the health, safety and welfare of people who use the service and others.

At this inspection of the 13th of September 2013 we saw records to demonstrate that the monitoring of the environment had developed, with staff selected for health and safety responsibilities. There were regular building checks by the manager and monthly building audits. These were recorded with actions required and feed back to the manager and proprietor.

We spoke to the manager and proprietor, who both demonstrated knowledge of the maintenance needs of the home and an awareness of those presenting risks so they could be managed to keep people as safe as possible. For example, the windows with the highest risk due to condition were being replaced or repaired first.

This demonstrated to us that the monitoring of the environment had improved and the provider and manager were linked into the system so that they could be aware of and monitor progress.

We found the service had implemented effective monitoring to identify, assess and manage all risks to health and safety and that part of the compliance action set was also met.

As both parts of the previous compliance action were met the compliance action was closed.

We found that the provider had an effective system to regularly assess and monitor the quality of service that people receive.

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 15 HSCA 2008 (Regulated Activities) Regulations 2010 Safety and suitability of premises
	How the regulation was not being met: People who use the service, staff and visitors were not protected against the risks of unsafe or unsuitable premises because the provider did not maintain bathing and washing water supplies to safe working temperatures; had not managed identified asbestoses safely; had left chemical and sharp hazards accessible to people; had not supplied sufficiently robust window restrictors and had not ensured windows were secure or safe. They had not ensured all doors had expanding smoke strips to slow the spread of smoke during a fire; had not protected staff from passive smoking; and had left unsupervised areas and other areas that contained tripping hazards, steep short stairs and hazardous chemicals unsecured and accessible to people. Regulation 15.—(1)(a)(b)(c)(i)(ii).

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 by 02 November 2013.

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.

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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