

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

Manor Lodge

32-34 Manor Road, London, HA1 2PD

Tel: 02084273211

Date of Inspection: 07 November 2013

Date of Publication: March 2014

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

Respecting and involving people who use services ✓ Met this standard

Care and welfare of people who use services ✗ Action needed

Safeguarding people who use services from abuse ✓ Met this standard

Management of medicines ✗ Enforcement action taken

Supporting workers ✗ Action needed

Assessing and monitoring the quality of service provision ✗ Action needed

Details about this location

Registered Provider	R M D Enterprises Limited
Registered Manager	Mrs. Laura Fernandes
Overview of the service	Manor Lodge is a 16 bed residential service providing support for older people. It is registered for the regulated activity of accommodation for persons who require nursing or personal care. It does not provide nursing care.
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'.

	Page
<hr/>	
Summary of this inspection:	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
What we have told the provider to do	4
More information about the provider	5
<hr/>	
Our judgements for each standard inspected:	
Respecting and involving people who use services	6
Care and welfare of people who use services	8
Safeguarding people who use services from abuse	10
Management of medicines	11
Supporting workers	13
Assessing and monitoring the quality of service provision	15
<hr/>	
Information primarily for the provider:	
Action we have told the provider to take	17
Enforcement action we have taken	19
About CQC Inspections	20
How we define our judgements	21
Glossary of terms we use in this report	23
Contact us	25

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 7 November 2013, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members, talked with staff, reviewed information given to us by the provider and took advice from our pharmacist.

What people told us and what we found

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

Written procedures that guided practice had not been amended to reflect up-to-date information. Staff were not provided with suitable information to protect service users against risks of receiving inappropriate or unsafe care.

Staff were able to describe their responsibilities in recognising potential abuse and reporting safeguarding concerns. Some relevant training had been provided and information about safeguarding was included in the induction programme for new staff.

People were not protected against the risks associated with medicines. Medicines were not kept securely. Up-to-date published information about medicines was not made available to staff. This meant people were at risk of receiving unsafe or ineffective medicines.

Not all staff received appropriate training, professional development, supervision and appraisal. Staff could not demonstrate their continued ability to meet required standards, or that training was planned and based on the needs of people using the service.

There were some systems in place to seek the views of people using the service, relatives, and staff. There were no clinical, or quality audits carried out to ensure that risks were identified and managed.

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 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 Manor Lodge 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

Respecting and involving people who use services ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

People who used the service understood the care and treatment choices available to them. People we spoke with, and their relatives, told us they had been provided with information prior to coming to live at Manor Lodge, and that on-going communication with staff was very good. People and their relatives knew all the staff and manager by name. Staff also told us that communication in the home was good and that their colleagues and management were approachable. One relative said: "We like it here because it is small and there is a personalised approach. The staff are accessible and always seem happy." We saw staff speak with people, their relatives and colleagues in a respectful and appropriate manner.

All people had their own bedroom with personalised furniture, toiletries, and effects. We saw that bedroom doors were kept shut in order to maintain privacy, and that staff knocked on doors before entering people's rooms. People told us they preferred to spend time in the communal lounge with other residents, and were supported in that choice. We saw people moving about the home freely, assisted by staff only when necessary. They had access to drinks and snacks throughout the day, and were served hot meals of their choice that were freshly prepared on the premises. All the people we saw were awake and dressed in their own clothes. One person told us "the laundry service is excellent, we never have to wait long for things to come back and I have not lost anything yet." We saw that there was a designated laundry area and that clean and dirty clothes were segregated, labelled, and stored individually for each resident.

People expressed their views and were involved in making decisions about their care and treatment. We looked at records and saw that every person had a personal care plan recording their current situation. They had an individual care plan and a health plan outlining their current situation and likes and dislikes, as well as a record of their daily progress. Where people needed support from a family member or advocate this had been provided, and we saw their involvement in the person's care plan. We spoke to a person acting on behalf of one of the residents who confirmed they participated in care planning

and review. They told us communication was good: "He is very happy here: he said I am glad you have found this place. He has really come out of his shell, as he is getting more interaction from the staff." They also told us that "He always looks clean and smart, and has regular sight and hearing tests as well as visits from the doctor." We looked at the person's health record and saw these consultations had been recorded.

People were supported in promoting their independence and community involvement. People told us that they enjoyed visits from the local library, church, other members of the community, and their relatives and friends. We saw a programme of activities advertised although there were no organised activities during our visit. People told us that they felt they had enough to occupy themselves with and some we spoke with had enjoyed outings with other residents particularly during the summer, such as shopping trips, barbecues and a trip to a local lido. They also enjoyed celebrating people's birthdays within the home. One resident had recently celebrated their 100th birthday and told us "The staff gave me a wonderful party."

We saw that people's cultural and religious needs were assessed, documented, and acted upon. Some people were helped to travel to their normal place of worship, while others were visited by a religious minister in the home. There was a choice of menu to meet specific cultural needs. The cook met with residents on a daily basis to ensure meals met their needs. One person told us "The food is lovely."

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 was not always planned and delivered in a way that was intended to ensure people's safety and welfare.

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's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We looked at records and saw that the assessment process commenced before people were accepted to live in the home to ensure their needs would be met. We saw that care plans and risk assessments were drawn up from the point of admission to the home. Care plans provided details of the person's current situation, level of independence and support required by carers. Care plans were all held manually and were accessible to relevant care staff and to residents on request.

People we spoke with told us their care plans were reviewed at least every six months with their involvement. Staff told us care plans were reviewed with someone acting on the resident's behalf if they did not have the capacity to do so. We looked at care plans which showed this was the case. Not all care plan reviews had been signed by the resident or person acting on their behalf. One person visiting the home told us they acted as an advocate for their friend and had contributed to his care plan when they were admitted to the service a few months ago, and had been told they would be contacted when the review is due.

People we spoke with told us that they sometimes received a visit from other health professionals such as the GP, district nurse, chiropodist, and optician, and that they visited a dentist. We saw that a record of consultations with other health professionals was maintained in people's health plans.

People's care and treatment did not reflect published research evidence and guidance. We looked at a range of policies and procedures which provided guidance for staff and could see no reference to good practice guidance issued by the appropriate professional and expert bodies. This meant that people may not be protected against the risks of receiving care that is inappropriate or unsafe.

The medicines management policy did not reflect recent changes to controlled drugs legislation meaning staff and people in their care may be at risk. The infection prevention

and control policy had not been amended to reflect the requirements of the Code of practice for health and social care on the prevention and control of infections and related guidance (the Code). This meant the Code's requirements for handwashing and handwashing facilities were not in evidence. We saw that there was an absence of handwashing instructions, antibacterial liquid soap, and hand sanitisers at the point of care delivery which meant that staff and people in their care were not protected from the risks of cross contamination.

There were arrangements in place to deal with foreseeable emergencies. Staff and people we spoke with were clear on what they would do in the event of a fire and we saw that emergency exits were clearly marked. Fire evacuation instructions were not clearly displayed in each bedroom and we saw no individual evacuation plans. We saw that smoke detectors and fire extinguishing equipment were accessible and had been checked as fit for purpose. All staff we spoke with knew where to locate these, and accurately described their responsibilities in managing medical emergencies or first aid situations.

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

Our judgement

The provider was meeting this standard.

People who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

People who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

All visitors gained entry to the home by ringing the door bell and were required to sign in.

People we spoke with, and their relatives, told us that if they suspected abuse they would not hesitate to raise any concerns with the manager or proprietor of Manor Lodge, but that they had never had any cause to do so. One person, who was prone to bruising after blood tests told us "If the staff see a bruise they ask me about it." Another person said "I feel safe here."

A person who was acting on behalf of one of the residents told us "People do speak up for themselves. I very much get a sense that people are listened to. All the staff seem to have the welfare of the residents at heart."

Staff we spoke with were able to describe signs of potential abuse, as well as their specific responsibilities and the home's procedure for reporting concerns. The registered manager told us all safeguarding concerns would be reported to the local authority, but that there had been no recent reports. The registered manager showed us: Safeguarding vulnerable adults from abuse policy. The provider may find it useful to note that while the policy instructed staff to notify any allegations of abuse to the local authority as well as The Care Quality Commission, contact details were not readily accessible. Government and local guidance about safeguarding was not accessible to all staff.

We looked at the induction programme for new staff and saw that they would be given information about looking for signs of abuse and how to act upon them. We saw that all staff had received training in safeguarding of vulnerable adults. However the training records we looked at showed the most recent safeguarding of adults training update was provided in 2010. We have considered the implications of this under outcome 14 of this report.

Management of medicines

✘ Enforcement action taken

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

Our judgement

The provider was not meeting this standard.

People were not protected against the risks associated with medicines because the provider had not put appropriate arrangements in place to manage medicines.

We have judged that this has a major 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

Appropriate arrangements were in place in relation to obtaining medicines. Staff we spoke with told us that all medicines given to people in their care were prescribed by the person's GP and dispensed by one pharmacy. Medicines we looked at were supplied to a named resident and clearly labelled.

We asked the registered manager to describe the arrangements for protecting service users against unsafe use and administration of medicines. They told us that the home's policy: 'Storage and administration of medicines' was used to guide staff. The manager told us they also regularly telephoned the pharmacist for specific information and advice, but they could not provide us with any evidence of how the management of medicines was reviewed by the pharmacist, or how information was shared with staff or people using the service.

We looked at the home's policy and observed it was not being followed for safe storage of medicines. We saw that medicines were not kept safely, as the medicines cabinet and fridge were not locked when not in use, and both storage facilities were accessible, as they were in the resident lounge. Within the fridge we noted that there were pre-loaded syringes containing Insulin (used to treat people with diabetes). This meant residents, staff, and other people were not protected from identifiable risk. During our visit we told the manager of our concerns, and saw that immediate corrective action was taken to store the medicines securely.

Within the policies made available to us there was no statement relating to controlled drugs, which are medicines that require additional security. We observed some additional safety measures were in place within the home; however, these were not in accordance with the latest requirements outlined in The Misuse of Drugs Act (Safe Custody) Regulations 2001 (as amended 2007).

Medicines that required refrigeration were stored in a separate fridge which was checked daily to ensure the temperature was within the correct range. There was no written instruction available to guide staff on what action to take if the temperature fell outside of the normal range. Staff and managers we spoke to were not able to describe the procedure to us. This could put people at risk of receiving ineffective or unsafe medicine.

We saw each person had a medicines administration record (MAR) produced by the pharmacist. Changes to medication were only made upon the instruction of the GP, and were recorded in the person's health plan, as well as on the MAR. We looked at care plans and health records and saw that they supplemented the information about people's medicine. Specific times were not documented on the MAR, which could mean people might not always get the medicine at the time they needed it.

The manager told us that designated staff, who had undergone medicines management training, carried out a medicines administration round four times a day, as well as on an as required basis. None of the people using the service were administering their own medicines. The people we spoke with told us they were happy with that arrangement and that they generally received their medicines at the time they needed them. One person told us that the district nurse visited daily to give a prescribed injection, and that they had weekly blood tests to monitor its effectiveness. We looked at the person's records which corroborated this.

We looked at staff training records and saw the most recent medicines management training update was provided in 2010. None of the staff we spoke with had their skills and competence in medicines management assessed or measured on an on-going basis. This could put people at risk of receiving ineffective or unsafe medicine.

The registered manager told us that they reviewed the medicines policy on at least an annual basis and updated it as necessary. However, we saw no changes had been made since 2006 and saw no reference made within the policy, or elsewhere, to up-to-date published guidance to enable staff to handle and manage medicines safely and effectively.

Staff told us they had no immediate access to safety alerts or a means of instantly reporting adverse reactions or side effects to medicines. This meant that people were not sufficiently protected from identifiable risks.

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.

People were cared for by staff who were not always supported to deliver care and treatment safely and to an appropriate standard.

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

Staff we spoke with told us they felt confident and supported in their work and had no unmet training needs. We looked at duty rotas and saw consistency in numbers and positions of staff. We were told that all staff were permanent employees. One person's visitor told us: "There is continuity among staff, they all appear happy. I firmly believe they have the welfare of the residents at heart."

Staff were supervised by the manager or proprietor on a daily basis, and had arrangements in place to contact them out of hours, where necessary. There was no documented policy for supervision, however, all the staff we spoke with told us they had a one to one supervision meeting with their line manager four times a year. We saw notes of these meetings, but could see no record of how individual performance and training and development needs were assessed, identified, agreed or acted upon from such meetings.

Staff did not always receive appropriate professional development. We asked to see the learning and development plans in place for designated roles, and the planned programme of training activity. Neither the registered manager or any staff we spoke with were able to show us any current training plans or a learning and development policy.

The manager told us that all employees were required to complete an induction programme upon appointment, and attend mandatory training updates when invited to do so. We spoke with four staff as well as the registered manager who were not able to tell us what the mandatory training requirements were, and were unable to recall what training they had completed in the past year. We asked what training or development was currently booked for them and they were not able to provide us with that information. This could mean that staff were not provided with the opportunities they need to carry out their role and keep their skills up to date, which could put them and the people using the service at risk.

We looked at the training records which were kept manually by the registered manager. We saw that some staff had attended updates in the following topics in the past 12

months: first aid, fire safety, dementia awareness, but that some staff had not attended any recent training. We noticed from the records made available to us that none of the staff had attended an update in the following topics in the past 12 months: infection control and prevention, medicines management, food hygiene, moving and handling, or safeguarding of vulnerable adults. This meant that the learning and development plans were not being reviewed or adjusted to meet the changing needs of the people using the service and to ensure that the service was fully able to meet essential quality and safety standards.

Staff told us there was no appraisal system in place. This meant that competency of staff was not assessed on an on-going basis in light of learning and development activities, and that there was no consistent method of identifying and acting upon learning needs. This meant that staff might not receive the learning and development opportunities they need to carry out their role and keep their skills up to date.

Learning was not supported by appropriate resources. Staff told us they had no access to a computer at Manor Lodge. This meant they had no immediate access to up-to-date information. One staff member said "It would make life easier if we had a computer. It would save us a lot of time." We noted that there are more recently published resources available than those we were shown, such as the medicines formulary. This meant that staff may not safeguard high standards of care by creating an environment in which clinical excellence can flourish.

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.

The provider did not have an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

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

The registered manager told us that they reviewed all the home's policies on at least an annual basis, and updated them as necessary. However, we saw no changes had been made since the first edition of the policies we looked at, and saw no reference made within them, or elsewhere, that indicated up-to-date published guidance was available and being taken into account. There was no record of an author of the policies or any signature to identify the reviewer, the changes that had been made, how they were communicated to staff, and whether staff had read and understood the changes.

Staff we spoke with described a process for reporting untoward incidents and accidents but told us there had been none. Staff and managers told us there was no formal monitoring and review system in place such as clinical audit or staff appraisal. They could not provide us with any examples of changes made as a result of any conclusions from such national reviews. The manager told us that safety alerts were received by fax from head office during office hours, and communicated to staff as part of a verbal handover at each shift. We asked staff to provide us with examples of safety alerts. Staff told us they had no immediate access to safety alerts and could not provide us with any examples. This meant that risks relating to the health, welfare and safety of service users and others may not always be identified, assessed, and managed effectively, and that people may not be protected from risks.

People who used the service, their representatives and staff were asked for their views about their care. People told us they were able to speak with staff and managers every day, and that they felt able to provide on-going feedback and were listened to. There was a complaints system in place which was clearly displayed in each person's room and the communal living area. We asked to look at a record of complaints and comments and were told there had not been any since 2008.

We saw evidence that people who used the service and their representatives had completed a satisfaction survey once a year. We asked to see the results of the 2013

survey. The registered manager told us these were not on the premises at the time of our visit, and they had not been made accessible to staff. They were able to provide this by email. Staff told us they held regular meetings for people using the service and for relatives but could not recall the last meeting. None of the people we spoke with or their relatives had attended any of the meetings. We asked to see notes of recent meetings, but these were not made available to us and we were therefore unable to see evidence that such meetings were held. However, staff told us that displaying staff photographs was one action that had arisen as a result of residents' feedback. People also told us that the cook came to see them every day to ask for feedback and suggestions about meals, and that their comments were taken into account and acted upon. People also told us their suggestions for outings and Christmas activities, including a visit to the pantomime were acted upon.

Decisions about care and treatment were made by the appropriate staff at the appropriate level. Staff told us that the GP and the district nurse were regularly visiting residents and advised care staff about care and treatment. We saw evidence of their visits recorded in the person's health plan. However, we looked at records and saw no evidence that specialist professional and expert advisers were being contacted on a regular basis in areas such as moving and handling, infection control and prevention, and medicines management. This meant that some risks may not have been identified and acted upon.

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	<p>Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010</p> <p>Care and welfare of people who use services</p> <p>How the regulation was not being met:</p> <p>The registered person had not taken proper steps to ensure that each service user was protected against the risks of receiving care or treatment that was unsafe by the planning and delivery of care that ensures the welfare and safety of the service user, and reflects, where appropriate, published research evidence and guidance issued by the appropriate professional and expert bodies as to good practice in relation to care and treatment. Regulation 9 (1) (b) (ii) and (iii).</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010</p> <p>Supporting workers</p> <p>How the regulation was not being met:</p> <p>The registered manager did not have suitable arrangements in place to ensure that people employed were receiving appropriate training, professional development and appraisal. Regulation 23 (1)(a)(b)</p>
Regulated activity	Regulation
Accommodation for	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010

This section is primarily information for the provider

<p>persons who require nursing or personal care</p>	<p>Assessing and monitoring the quality of service provision</p> <p>How the regulation was not being met:</p> <p>The provider did not have effective systems in place to enable the registered person to protect service users against risks of inappropriate or unsafe care and treatment by means of regularly assessing and monitoring the quality of services. The provider did not enable the registered person to identify, assess and manage risks relating to the health, welfare and safety of service users and others who may be at risk. Changes to treatment or care did not reflect information from local and national service reviews, clinical audits and research projects carried out by appropriate expert bodies. The provider did not enable the registered person to obtain relevant professional advice.</p> <p>Regulation 10 (1) (a)(b), (2) (a) (b iv) (c) (ii)</p>
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This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

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 25 November 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 13 HSCA 2008 (Regulated Activities) Regulations 2010
	Management of medicines
	How the regulation was not being met: The registered person had not protected service users against the risks associated with unsafe use and management of medicines. Medicines were not stored securely. Up-to-date published information and guidance was not accessible to enable staff to administer and handle medicines safely and effectively. Regulation 13

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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