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

Allesley Hall

Allesley Hall Drive, Allesley, Coventry, CV5 9AD

Date of Inspection: 30 January 2014

Tel: 02476679977

Date of Publication: April 2014

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

- **Care and welfare of people who use services**: Met this standard
- **Cooperating with other providers**: Met this standard
- **Assessing and monitoring the quality of service provision**: Met this standard
## Details about this location

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<tr>
<td>Registered Manager</td>
<td>Ms Bernie Parrott</td>
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<tr>
<td>Overview of the service</td>
<td>Allesley Hall is registered to provide personal and nursing care for up to 45 older people. The home is split over three floors.</td>
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| Regulated activities                | 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 inspection was part of a themed inspection programme specifically looking at the quality of care provided to support people living with dementia to maintain their physical and mental health and wellbeing. The programme looked at how providers worked together to provide care and at people’s experiences of moving between care homes and hospital.

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 30 January 2014, 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, talked with carers and / or family members, talked with staff and received feedback from people using comment cards. We reviewed information given to us by the provider and talked with commissioners of services.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

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

Allesley Hall provides care to people through the Methodist Homes Association (MHA). The home is part of a national charitable organisation. The charity’s aim is to improve the quality of care for older people. Allesley Hall is supported by a Chaplain and up to 23 volunteers who provide activities and additional support to people living there.

Some people at Allesley Hall had complex nursing needs and were unable to communicate verbally with us. Eleven of the forty-three people who lived at the home had a diagnosis of dementia. The manager told us the service provided care that met the person’s physical needs, whilst offering specific support to people with dementia including emotional and spiritual support. To establish what is was like for people who lived at the home we spent a period of time observing people.

During our inspection we looked in detail at how care to three people with dementia was provided. We spoke with six people who used the service, eight staff and five relatives. We also left comments cards so people could share their views with us after our inspection.

We saw there were enough staff to meet the needs of people living at Allesley Hall.
Volunteers also worked with staff and people living at Allesley Hall to assist in meeting people's wider social needs and interests. This included activities that met the needs of people with dementia.

We saw staff being supportive and kind to people living at Allesley Hall. They were aware of the importance of preserving people's dignity and respect and their actions demonstrated this.

Systems were in place to ensure the needs of people with dementia were assessed before they were admitted to Allesley Hall. This included people's communication, physical health, mental health, mobility and social needs. We saw that people, their relatives and health and social care professionals were involved in the assessment process.

We saw staff were responsive to changes in people's needs. We saw that health and social care professionals were consulted, and staff worked with other providers to ensure that people received the right care at the right time.

We saw people with dementia were given an opportunity to use their skills and continue to be independent in some every-day tasks. One person said, "I try and eat my dinner myself. They always help me if I want."

Staff received training in dementia which enabled them to provide safe and professional care.

Effective systems were in place to enable the quality of care for people with dementia to be assessed, monitored and improved. Care and treatment was planned and delivered in a way that was intended to ensure people with dementia were offered good quality care in a safe environment.

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

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.

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

Reasons for our judgement

How are the needs of people with dementia assessed?

Care records showed that before people with dementia were admitted to Allesley Hall they received an assessment to identify if the service could meet their needs. This assessment included the identification of people's communication skills, physical health, mental health, mobility and social needs. Care records showed that people, their relatives and health and social care professionals were involved in the assessment process. This was confirmed by the relatives and staff we spoke with. One family member told us, "From day one, I was encouraged to advise them about X's life history. They were very thorough in finding out all about her and her needs so they could make sure her stay was comfortable". This meant that the provider gained a variety of information to ensure they could meet people's individual needs.

An effective system was in place to enable staff to respond to people's changing needs. The service recognised that people's needs altered over time. Staff members told us peoples' needs were reviewed every month and care plans were changed if needed. We saw other reviews were also taking place. Records showed that people with dementia and their relatives were involved in the review process. One relative we spoke with told us, "I have been there when they have reviewed X's care plan. There will be a further review in three months."

How is the care of people with dementia planned?

We reviewed care records in detail for three people with dementia during our inspection. We saw care plans were detailed and met the needs of each person. Care plans were based on an assessment of the person's life history, social and family circumstances, likes and dislikes, physical and mental health needs, and current functioning and ability. We saw care planning involved the person and their family. A relative told us, "I have seen X's care plan, it's personalised."
We saw care plans also contained information about people's spiritual needs, their personality and what activities they liked to take part in. Records also contained detailed information about their preferences over future treatment. For example information about preferred priorities of care and end of life plans.

Risk assessments were completed which informed staff what specific risks there were for each person and how to manage them. Individualised risk assessments included assessing risks relating to people's behaviour, weight and pressure care. We saw one person with dementia had specific risk assessments relating to their health including a speech and language therapy (SALT) assessment and nutritional screening. Staff were provided with detailed guidance on how to provide support for the person. Staff told us they felt confident in assisting people because of the information they were given in care plans. One staff member told us, "We know people's needs because we can look in their care plan. The SALT team advises us. Perhaps a person needs a tea spoon or a large spoon, they might eat quickly or slowly. Some people need their meals pureed or fork mashable for a fork diet. If a person doesn't eat their dinner at dinner time, it is put in the fridge with their name on it and we tell the night staff."

Staff demonstrated they were aware of people's care plans. They told us about people's needs and how they kept people safe. They were able to tell us how they supported people with dementia and we observed kind and appropriate care being delivered during our inspection. Staff we spoke with told us how they helped to manage behaviours of some people with dementia. One staff member told us, "We let people try to do things for themselves. One person might shout or spit while we are assisting them with personal care. They have two carers to assist them. Sometimes one of us talks with them whilst the other assists them with their personal care. This helps. We also don't talk to each other over them." Another staff member told us, "One person doesn't want to wash or get up to wash. We try to encourage them. We explain the situation to the family if they decide they don't want to." This meant that staff had the knowledge required to meet people's individual needs and people were protected against the risk of receiving unsafe care or treatment.

Are people with dementia involved in making decisions about their care?

We saw people with dementia were encouraged to make their own choices in day to day living. We spoke to a relative of someone who had dementia, they told us, "My husband has been here for five years. We choose his clothes and lay them out for the staff." People were encouraged to make their own decisions about what food they wanted. We saw staff go to each person to check what they would like for their meal and make sure they made the choice for themselves.

We saw people with dementia were given an opportunity to use their skills and continue to be independent in some every-day tasks. One person said, "I try and eat my dinner myself. They always help me if I want." We saw people decided where they wanted to spend their time. One person we spoke with preferred to stay in their room during the day where it was quieter. We saw that staff listened to and respected people's decisions.

Some people with dementia were unable to make important decisions about their health and wellbeing. When people could not make decisions for themselves, appropriate representatives including people's relatives and health professionals were consulted with, to ensure that decisions were made in people's best interests. People had access to an advocate if they did not have family members involved in their care. Advocate information
was displayed in the lobby way and reception at Allesley Hall. We were told us advocates could be arranged through Age UK.

We asked people with dementia who could make decisions if their care was discussed with them. The people we spoke with told us staff discussed their care and treatment with them on a regular basis. One person told us, "A nurse came to see me today about my mouth problem. We agreed what to do together." Another person told us, "They are looking after me well. They discuss my arthritis with me, they don't give up, they keep encouraging me to use my fingers."

Are people with dementia provided with information about their care?

We saw staff gave people information in a manner that reflected their communication skills and levels of understanding. Staff told us that the primary method of communicating with people was to talk to them. Staff spoke to people, approaching them in a calm manner, often sitting next to the individual so they were at the same level. We observed a member of staff helping someone to eat. We saw the staff member first gave the person cutlery to see whether they would eat the food on their own. When the person pushed it away, staff sat down and spoke to them encouraging them to eat and helped them for the rest of the meal. The staff member explained to the person what they were being given to eat. Help was unhurried and the staff member gave the person encouragement throughout.

In addition to verbally communicating information to people we saw notice boards were displayed throughout Allesley Hall which contained written information about planned activities, and how people could make a comment or complaint about the service. We saw information was written in large letters on whiteboards which were located around the building to help make information more accessible. Other formats such as large print information were available if required. We did not see pictures or graphic images displayed at Allesley Hall on doors or facilities, to indicate to people who had lost the ability to read where things were. This might make the environment difficult to understand for some people. We did however see staff helping people to their rooms and other communal areas on request. People told us they felt comfortable in asking staff questions if they needed to. One person said, "I ask a lot of questions, they always try and help, I trust them."

Staff spoke with people throughout our inspection including people with dementia. We saw staff answer questions about planned activities, when meals were being served, and the music being played in the lounge area. Staff took time to sit and chat with people and have conversations. We observed one member of staff help a person with dementia enter the lounge area for morning coffee. They settled the person, brought them a side table for their drink, and also brought in a flower arrangement the person had made to make them feel comfortable and settled.

We saw there was a noticeboard on each floor advertising planned activities so staff and people knew in advance what was organised which helped them chose whether they wanted to join in.

How is care delivered to people with dementia?

During our inspection we spent time observing the care people received as some people with dementia were unable to communicate with us verbally. We saw positive interactions between staff and the people who used the service. We saw that people with dementia were treated with care and compassion. We observed staff supporting people at
mealtimes answering questions and serving food and drinks. Some people were encouraged to eat when they became distracted, staff gently re-focussed their attention on to their meal to encourage them to eat and drink enough.

We asked people if they felt there were enough staff to meet their needs. Some people told us there were enough staff, other people said that sometimes staff were too busy. One person told us, "My feeling is they don't have enough staff." Another person told us, "When I call the staff, they come quite quickly." We observed staffing levels during our inspection. We noted there were adequate numbers of staff available at the home to meet the needs of people with dementia.

We asked people how staff supported them when they were in pain. People told us that staff regularly asked them if they were in pain. They supported them by providing pain medication. One person told us, "They ask me sometimes if I am in pain, they tell me to move my fingers around." One person said, "They explain that I can't have any more medication because I have had it already, I have it three times a day." One member of staff told us they monitored people's behaviour, because this could indicate a change in their health or they may be in pain and be unable to express it verbally. They told us, "We keep charts and tell the nurses if people's abilities change. We tell the nurses if anyone appears different or confused. The nurses take prompt action."

We received a number of comments from relatives of people who used the service. One person had written, "Care for residents with dementia is very good, they are kept safe, treated with warmth and respect." One relative told us, "They talk to X regularly and ask if she has any concerns. They focus on her and try to take the time to understand her and how she is feeling."

We saw there was an extensive activities programme. There were several people taking part in a range of activities during our inspection. The service employed an activities co-ordinator and up to 23 additional volunteers. Planned activities included games, trips out, nail painting, drawing and flower arranging. Activities were also organised specifically to meet the needs of people with dementia. One member of staff told us, "Some activities are for the whole home, and some are with the individual, like hand massage, talking or listening to music." We saw people had activity logs in their room which listed which activities they had been involved in and which ones they enjoyed. Some activities were planned on a 'one to one' basis using volunteer staff. We saw one person with dementia liked to have the Chaplain or member of staff read to them individually in their room. Another person liked to watch activities rather than take part. A staff member told us, "On Friday we used to have mass, but that is now communion and prayers. Four people attend. Two of them take part and two just watch. They used to take part so they always attend now, despite their dementia."

Is the privacy and dignity of people with dementia respected?

We asked staff about their understanding of respecting the dignity and privacy of people with dementia. Staff told us they ensured people were treated with respect when providing personal care. They explained they did this by ensuring they told the person what they were going to do before starting. They approached people quietly and discretely when asking them if they needed the toilet. They explained personal care was delivered in private, and parts of the body were covered for privacy wherever possible. One staff member told us, "One person might spit while we are assisting them. Sometimes one of us talks with them whilst the other assists them with their personal care. We don't talk to each
other over them." This meant that staff had the knowledge required to treat people with respect and dignity even when challenging behaviours were being displayed by people with dementia.

People we spoke with told us staff treated them with respect. One person said, "Yes. I have no worries about the staff, I feel quite safe." Another person said, "They always shut the door to my room when they wash me, they never embarrass me."

We saw staff supporting people. We observed staff ensuring they were at the same eye level of people when speaking with them. This meant they were not speaking down to people. We saw a person being supported to eat. The staff member spoke with them throughout their meal, and attention was paid to ensure they were ready for more food. People were given a choice about what they wanted to eat. We saw staff explained to people what food options were available to them during mealtimes.

We saw staff knocked on people's doors before they opened their bedroom door. We saw that some staff on the day of our inspection did not always use the person's name when speaking with them. One staff member entered a person's room, and did not greet them using their name. The provider might like to note that people might feel more respected if staff used their preferred name.
Cooperating with other providers  

People should get safe and coordinated care when they move between different services

Our judgement

The provider was meeting this standard.

People's health, safety and welfare was protected when more than one provider was involved in their care and treatment, or when they moved between different services. This was because the provider worked in co-operation with others.

Reasons for our judgement

How does the provider work with others when providing care to people with dementia?

We asked the manager how Allesley Hall worked with others to ensure appropriate care was given to people with dementia. The manager told us information received from services referring people to Allesley Hall varied in detail. We saw Allesley Hall worked with other professionals, the person and their relatives to conduct their own assessment before the person was admitted.

Care records showed advice from other providers was acknowledged and implemented. We saw that changes to people's support plans were made in response to professional advice. This meant that the staff listened and responded to advice from other providers. For example, we saw one person's treatment had been reviewed by speech and language therapy (SALT) which resulted in changes being made to their care plan.

People with dementia were not always able to remember and share information relating to their health and wellbeing needs. We asked how the service relayed information to the hospital if people were admitted from Allesley Hall. We saw each person who used the service had an information sheet which recorded important information about their health and wellbeing needs. The manager told us that these information sheets were shared with other professionals when people accessed care from sources outside of the service. People with dementia were accompanied to hospital or to visit other health care professionals by care staff. Staff shared information with other professionals by talking with them about the person's needs. This meant that there was a system in place to share information about people's needs in writing and verbally with others.

Are people with dementia able to obtain appropriate health and social care support?

When required, staff contacted health and social care professionals for advice and support in a timely manner. Care records showed that professionals such as mental health specialists, social workers, district nurses and speech and language therapists (SALT) were contacted when people who used the service required specialist assessment and
We saw that other health professionals were encouraged to review the care of people who lived at Allesley Hall on a regular basis. There was an agreed schedule in place for weekly visits from a General Practitioner (GP), SALT and a physiotherapist. This meant that people were supported to obtain health and social care treatment from other services when they needed it. We asked people if they were included in discussions with other professionals. One person told us, "A social worker came in the other day and asked me if I was happy with my care. We discussed a lot of my problems and what was best. I am listened to."

People we spoke with told us they were consulted regularly about their care and treatment, by staff at Allesley Hall and other visiting professionals. One relative we spoke with told us, "When X came here we were all involved in reviewing their needs and finding out X’s preferences. They have always involved X too, they ask her what she would like. The social worker was here recently and fully involved all of us." Another relative told us, "X has access to a number of things like, reflexology, hairdresser and physiotherapy. The GP comes in regularly."

Connections were made by staff with the local community to recruit volunteers. People with dementia were offered a range of social care support from volunteers and staff at Allesley Hall. People were accompanied on trips out and about. Volunteers told us they offered friendship and support to people on a 'one to one' basis. We saw that one person’s care plan included an instruction to give them as much stimulation as possible, we saw that the person was supported by volunteers and staff in a range of activities such as reading, crosswords, music and simply being with people as they enjoyed having company.
Assessing and monitoring the quality of service provision

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 in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

Reasons for our judgement

How is the quality of dementia care monitored?

We asked the manager whether the service used any recognised guidance and standards for best practice to deliver care and treatment to meet the needs of people with dementia. They told us they used a number of recognised guidelines to look at best practice and share knowledge. The manager was aware of the National Institute for Health and Care Excellence (NICE) guidance about best practice when supporting people with dementia. The manager informed us that guidance was also available corporately. We saw that care for people with dementia was planned and delivered based on recognised guidance. For example, people with a diagnosis of dementia had an assessment of their needs based on a dependency profile, which was a specialist assessment for people with dementia. Care planning was based on this specialist assessment. The organisation had designated members of staff who took responsibility for providing information about dementia care and updates on best practice within the organisation. It also had several dementia specific services. We saw information was shared at regional managers meetings between managers of dementia specific services and other services delivered by the organisations to keep up to date with latest guidance and learning.

Staff told us their practice was monitored through regular supervision with managers. Supervision included their practice being observed so that their behaviour and interaction with people with dementia could be reviewed. Managers were informed about care provision through discussion with staff at supervision sessions. Staff briefings were used as a method for communicating changes that were being implemented to improve quality. This meant that the manager was able to identify, monitor and improve quality by communicating effectively with the staff.

We saw the manager undertook internal audits and reported to the organisation's head office certain aspects of care delivery at the service. For example, complaints and accidents were analysed for trends and patterns and were reported to Head Office for further monitoring. Care record audits were completed. These audits checked that the information contained in people's individual care records was accurate and up to date. We
saw that prompt action was taken to amend care records in response to changes in people’s needs. For example, we saw one person was at risk of falls and a falls diary had been put in place to record and monitor any falls they might have, including the circumstances of the fall, so that changes could be made to their care plan if falls increased or became more serious. This meant that the quality of information about people’s needs was reviewed to ensure the correct information was available. This enabled staff to provide care for people with dementia based on the most up to date information.

We asked the manager how they learned from quality control audits to improve the service. They told us that care records were audited monthly. The audits highlighted any areas which might need improvement. For example, if someone displayed signs of increased agitation or challenging behaviours this might indicate the person was in pain, especially if they were suffering from dementia and could not verbalise when they were in pain. In such instances the records would also be reviewed by nursing staff to assess whether additional referrals were required, or pain management plans needed to be implemented. Care records would then be updated with any changes.

We saw that a record was kept of any adverse events or incidents. The manager told us the records were looked at to determine whether there were any emerging trends or patterns which would indicate there were issues with care received. Any resulting actions to improve services formed part of an action plan for implementation.

How are the risks and benefits to people with dementia receiving care managed?

The manager told us when people first visited Allesley Hall they were shown around the facilities. An initial assessment was undertaken to see whether the person’s needs could be fully met. This meant the risks to the person were identified and action taken to minimise them.

Risk assessments were in place and were reviewed to protect people who used, visited or worked at the service. Risk assessments were tailored to each person who lived at Allesley Hall as part of their care records, so they managed people’s individual risks. For example, some people required direct supervision and assistance from staff to walk because their risk of falling was high. Another person with dementia had detailed risk assessments and guidance for staff to manage the risks associated with their care. For example, we saw the person had a risk of their skin being damaged because of their restricted mobility. We saw skin inspection charts, body maps, photographs of any red areas of skin, and detailed instructions for staff on how to monitor the person’s skin.

We saw by looking at care records, and risk assessments that they had been updated to reflect the changing needs of people with dementia. Care records showed keyworkers were assigned to people who used the service to monitor their specific care needs. Keyworkers undertook monthly care reviews and risk assessment updates.

Staff told us they had received training in supporting people with dementia. Dementia training covered respecting people’s privacy and dignity, equality and diversity, attitudes and values, and recognising and managing challenging behaviours. Staff told us they found the training really useful in helping them to understand dementia and how to help people with dementia.

We saw that staff and volunteers all had criminal records checks performed before they
worked with vulnerable people.

Are the views of people with dementia taken into account?

We checked whether the service asked for feedback from people living at the home about the care they received, or from their families and friends. We were told people and their relatives were actively involved in all planning and care reviews so that their wishes could be taken into account. This was confirmed by the records we saw.

Staff told us their main communication method for people at Allesley Hall, including people with dementia, was verbal communication. People spoke to staff, volunteers, advocates and keyworkers to communicate their views. However other feedback methods were also used to make sure people were satisfied with the care they received.

There was a complaints policy displayed at the home on notice boards and at various places around the building to encourage people to raise any concerns. A compliments, comments and complaints booklet was on display in reception. For those people who were unable to read or express their concerns in writing the home also organised a number of ways people could express their views. We saw there were frequent resident meetings. These took place informally each week. A residents’ forum meeting was held every quarter. We also saw customer satisfaction surveys were undertaken yearly to gain feedback from people at Allesley Hall and their relatives. People could be assisted to complete customer satisfaction surveys if required. Results were analysed to see if improvements could be made. Some of the comments we reviewed included, "I'm happy here." Another person had written, "I have my own things around me."

Some people who had dementia were unable to communicate their views about their care. The manager told us they were always willing to discuss people's care with advocates or family members. The manager operated an "open door" policy, and told us relatives regularly discussed their views about care on an informal basis. For those people without family members the home was able to refer people to advocacy support services.
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.
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:

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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.
### Contact us

<table>
<thead>
<tr>
<th>Phone:</th>
<th>03000 616161</th>
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</thead>
<tbody>
<tr>
<td>Email:</td>
<td><a href="mailto:enquiries@cqc.org.uk">enquiries@cqc.org.uk</a></td>
</tr>
<tr>
<td>Write to us at:</td>
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<td>Citygate</td>
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<td>Gallowgate</td>
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<td>Newcastle upon Tyne</td>
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