

Review of compliance

Charlton Care Limited Charlton Kings Care Home	
Region:	South West
Location address:	Charlton Kings Care Home Moorend Road Cheltenham Gloucestershire GL53 9AX
Type of service:	Care home service without nursing
Date of Publication:	January 2012
Overview of the service:	This care home is registered to provide personal care only to 36 people. It predominantly provides this to the older person.

Summary of our findings for the essential standards of quality and safety

Our current overall judgement

Charlton Kings Care Home was not meeting one or more essential standards. Improvements are needed.

The summary below describes why we carried out this review, what we found and any action required.

Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 1 December 2011, observed how people were being cared for, looked at records of people who use services, talked to staff and talked to people who use services.

What people told us

People we spoke to told us that they like living at the home and told us they felt well looked after.

One visitor considered their relative to be well cared for and they told us they had no complaints about the service or care being provided.

What we found about the standards we reviewed and how well Charlton Kings Care Home was meeting them

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

The current arrangements do not demonstrate that people always experience effective, safe and appropriate care and support.

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

The service has the appropriate policies and procedures in place and staff have received relevant training and understand their responsibilities in relation to protecting vulnerable people. However, some improvements are required to maintain compliance and to further protect vulnerable people.

Outcome 10: People should be cared for in safe and accessible surroundings that

support their health and welfare

Although following this inspection, action was taken to protect people from the risks of a fire. Other aspects of the environment do not meet the needs of the people currently using it.

Outcome 13: There should be enough members of staff to keep people safe and meet their health and welfare needs

Action had already started to address some of the staffing problems. It took a visit by the us (the regulator) for the already identified shortfall in staffing and risks at night to be addressed.

Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

A history of weak quality assurance review by the provider has resulted in many areas of shortfall now needing to be addressed. This process has started but now needs to form part of an effective system that will help the provider protect the users of the service against unsafe practice. In the future the provider needs to act on the findings of any quality assurance review so as to improve the service and maintain compliance.

Outcome 17: People should have their complaints listened to and acted on properly

Improved processes and a better attitude to the receipt of complaints and concerns now means that people's complaints are listened to and acted upon effectively.

Outcome 20: The service must tell us about important events that affect people's wellbeing, health and safety

Important events that effect people's health and welfare have not been correctly reported to external agencies, putting people at risk. Staff now understand the correct process and since our visit this has been followed. To maintain compliance in this outcome this transparency must be maintained.

Outcome 23: Services must be provided by people who are honest, reliable and trustworthy. They must also have the right skills, experience and qualifications to do the job

Although the registered provider has a formally designated person called the Nominated Individual in place and this makes them compliant with this outcome. We have concerns as to whether this person is now the most appropriate person to provide the support the service requires to achieve full compliance.

Outcome 24: Services must be managed by people who are honest, reliable and trustworthy. They must also have the right skills, experience and qualifications to do the job

The service is now being managed by a person/s who understand what is required to achieve full compliance. This will help to protect people who use the service but the

service is unable to be compliant with its conditions of registration without a registered manager.

Actions we have asked the service to take

We have asked the provider to send us a report within 14 days of them receiving this report, setting out the action they will take to improve. We will check to make sure that the improvements have been made.

Where we have concerns we have a range of enforcement powers we can use to protect the safety and welfare of people who use this service. When we propose to take enforcement action, our decision is open to challenge by a registered person through a variety of internal and external appeal processes. We will publish a further report on any action we have taken.

Other information

Please see previous reports for more information about previous reviews.

**What we found
for each essential standard of quality
and safety we reviewed**

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

A **minor concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard.

A **moderate concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard and there is an impact on their health and wellbeing because of this.

A **major concern** means that people who use services are not experiencing the outcomes relating to this essential standard and are not protected from unsafe or inappropriate care, treatment and support.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary improvements are made. Where there are a number of concerns, we may look at them together to decide the level of action to take.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

Outcome 04: Care and welfare of people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

What we found

Our judgement

There are moderate concerns with Outcome 04: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us

People who were able to give us their view said they enjoyed living at the service and said they felt well looked after. They told us that the staff were kind and gave them support where needed. One person who was partially sighted told us that the staff met their particular needs. Another person told us that social activities are provided and people can join in if they wish to. Another person told us there was no choice of food at lunch time but that staff provide an alternative when its requested.

We were told by the staff that people can have sandwiches, if they wish, with their evening drink. We watched a member of staff give out the evening drinks at 8.30pm. There were no sandwiches on the trolley and nobody was asked if they would like one, but biscuits were provided. One person said they had not eaten all day and said they felt hungry. We established that this person had eaten during the day but had forgotten this. However, the fact that the person was saying they felt hungry was not acknowledged by the member of staff.

Senior staff had told us earlier in the inspection that evening drinks were provided to people who had gone to their bedrooms or bed earlier in the evening. This was clearly not the case for one person who was also having their fluid in take monitored because they were unable to independently provide themselves with enough to drink .

We witnessed one person being very agitated between the hours of 8.30pm and 11pm (the time we left the service). Throughout these hours this person required a lot of support and attention from the two staff on duty. As soon as staff left this person's bedroom the person started shouting and banging on a piece of furniture for attention

again. We responded twice to the person's call bell and found them sitting on the edge of their mattress unable to respond to a request from us to move themselves safely back. One other person asked us to close their bedroom door because the constant banging was annoying them.

Whilst the two staff on duty were busy attending to other people, we also observed a person wandering in and out of people's bedrooms on the first floor. This person was upset that they could not find their own bedroom and they thought they had lost their handbag. When the staff were free to help they patiently guided the person to their own bedroom.

We noticed there were no environmental prompts to help orientate people to their chosen destination, be it to their bedroom or the toilet (see outcome 10 Safety and suitability of premises). This means that people who get disorientated and confused are not helped to maintain their independence.

During the time we had watched the evening drinks being handed out in the lounge, the member of staff carrying out this task had offered little, and in places, no verbal communication to the person receiving being the drink. The drinks were provided to eight people in three minutes. We witnessed the same member of staff come up to a person in a wheelchair that we had previously found sitting alone outside the lift door. The staff member stood behind the wheelchair, called for the lift and then proceeded to push the chair into the lift without any interaction with the person sitting in the wheelchair. We had previously spoken to this person, when we had originally found them and they did not understand why they had been left outside the lift. Both of these situations demonstrate poor staff communication skills. It also shows no a lack of respect for the individual person and does not help to maintain a person's proactively dignity or self esteem. We did however, at other times, as described above, witness good interactions from the staff on duty and witnessed situations being dealt with with patience and kindness.

The above shortfalls indicate that there is a need for further staff training and may be indicative of staff feeling pressurised to get their tasks completed (see outcome 13 Staffing).

Other evidence

We inspected people's care records and spoke to staff about the care they provided.

In some files there were written care plans for, some, of the people's needs. The care plans we read were not particularly personalised but they did give sufficient information for staff to get guidance on how to meet these needs.

However, for some of the more complex needs or situations we witnessed and which had been reported by staff in the daily records, there were no care plans or obvious acknowledgement of any risks.

This was particularly evident where people had needs associated with dementia or where there were written entries of people having exhibited challenging behaviour (for example where they had hit another person). In the case of the latter we would expect to see evidence of a risk management process in place to help protect the person who is exhibiting the behaviour and those around them.

The current staff training record and further confirmation from one of the management team, told us that staff were also not being provided with the necessary training to meet these needs (see outcome 13 Staffing).

We were informed by the management team that approximately a year ago the Primary Care Trust's (PCT), Care Home Support Team provided training and support to staff in care planning and assessing people's nutritional risk. Currently care plans do not cover all the required aspects of people's care needs and other record keeping was inconsistent.

This was evident in one person's care file where in August 2011 weight records recorded a significant weight loss. Records through to October were still unable to tell us what had been done about this. The person's nutrition care plan had been reviewed however in September but a comment of 'no change' had been recorded.

When we inspected the fluid intake monitoring records for the same person, these had been inconsistently completed so it was not possible to determine if this person was being provided with adequate or regular drinks. We expressed our concerns immediately to the manager regarding this person's fluid intake. When we returned to the service three days later the records for the weekend period just gone had been consistently maintained.

For another person it was difficult for senior staff to confirm when the person had last had a bath. One record seemed to indicate that this had been seven weeks previously. Staff explained that the person can often refuse a bath but it was not clear as to how this refusal was being managed and what support the person had been having to maintain their personal hygiene, since the last recorded bath. This brought into question, again, the services current system for record keeping and care planning.

It was acknowledged by senior staff that the present method of recording care was not helpful and that clearly staff required further training in record keeping and care planning.

Our judgement

The current arrangements do not demonstrate that people always experience effective, safe and appropriate care and support.

Outcome 07: Safeguarding people who use services from abuse

What the outcome says

This is what people who use services should expect.

People who use services:

* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

What we found

Our judgement

The provider is compliant with Outcome 07: Safeguarding people who use services from abuse

Our findings

What people who use the service experienced and told us

As reported in outcome 4 of this report, people we spoke to told us that staff were kind to them. We also observed some interactions and situations that were dealt with by the staff with kindness and patience.

We discussed with the management team our concerns relating to the poor interactions we witnessed. We spoke about the problem the service has in demonstrating that people's needs are correctly identified and then met. These would include the examples given in outcome 4 where it was difficult for the service to demonstrate that staff had been providing sufficient drinks to one person and where it could not be demonstrated that appropriate action had been taken in response to incidents where people had been hit by people becoming aggressive.

Based on the evidence collected during our visit and on how the management team subsequently responded to our immediate concerns, we consider the shortfalls to originate from poor practice and poorly managed systems rather than there being a culture of abuse or individual acts of intentional abuse.

Other evidence

The manager showed us a copy of Gloucestershire County Council's Safeguarding Policy which she had recently placed in the office for staff to read. We explained that we were aware of the contents of this policy and asked if the service had its own procedures in place for staff to follow in relation to this detailed document. We also asked if staff had received relevant training. We were shown the staff training record which indicated that all staff, except eight, had received appropriate training in relation

to the safeguarding of vulnerable adults. The staff who had not received training were either very new but had completed 'on line' awareness training on the subject and were awaiting more in-depth training, or had not received update training for sometime but there had been good reasons for this, such as being on maternity leave or off sick.

When we returned to the service three days later a copy of Gloucestershire's Safeguarding Board's, Professional Guide for Alerter's and Reporters 2010 had been put alongside the main policy. Additional guidance from the management team also meant that staff now had the required and current guidance relating to the management of safeguarding vulnerable people. One member of staff confirmed that they and other colleagues had attended external training on the subject. They were able to demonstrate a good understanding of what could constitute abuse and what they would do if they witnessed or became aware of such a situation. They also confirmed that they were aware of the policy and that some colleagues had studied this document whilst undertaking their National Vocational Award (NVQ) in care.

One notification received by us in October 2011 demonstrated that the registered provider had acted proactively in response to an allegation of abuse. The service had also shared this information with the local County Council at the time.

Our judgement

The service has the appropriate policies and procedures in place and staff have received relevant training and understand their responsibilities in relation to protecting vulnerable people. However, some improvements are required to maintain compliance and to further protect vulnerable people.

Outcome 10: Safety and suitability of premises

What the outcome says

This is what people should expect.

People who use services and people who work in or visit the premises:

* Are in safe, accessible surroundings that promote their wellbeing.

What we found

Our judgement

There are minor concerns with Outcome 10: Safety and suitability of premises

Our findings

What people who use the service experienced and told us

People told us how they used different areas of the building. One person told us that they particularly enjoyed sitting in the conservatory because they could see part of the garden. Another said they had been able to use the quiet lounge when family had visited. They also said they use the designated activities room when taking part in an art group. The manager told us that this room is also used as a lounge for people who can be confused and whose behaviour, at times, is not tolerated by those who are not confused. We saw three people who were very confused, using this room for this purpose. We did not get the impression that these people were being isolated as staff were in and out on a regular basis providing stimulation and supervision.

As reported in outcome 4 there were no environmental prompts, such as written signs, picture signs or the use of colour to help the confused and disorientated person locate their destination. We spoke to the management team about this and they told us that it was something that they had realised needed addressing.

On using the ground floor toilet we noticed that both of the toilets had had their slide locks removed. We asked a member of staff why this had been done and they told us that they had not particularly noticed this, but thought it was because people could then not then lock themselves in the toilet. This means that people's privacy and dignity is not able to be maintained whilst they are using these toilets. It also means that many of the locks on the market that can be used safely in such circumstances had not been sourced and fitted instead. We asked for this to be resolved and for the other toilets in the building to be checked.

Based on observation alone we expressed concern about only two members of staff being on duty between 8pm and 8am (see outcome 13 Staffing). This became more of a concern to us when the management team confirmed that the service had an incomplete fire evacuation plan and people's Personal Emergency Evacuation Plans (PEEPs) had not been completed. Both of these are required under the Regulatory Reform (Fire Safety) Order 2005. Completed PEEPs assess a person's ability to evacuate in the event of a fire and determine what kind of support they require if they cannot do this independently. After taking into consideration completed PEEPs, a comprehensive fire risk assessment and an evacuation plan, owners of such services are then responsible for staffing the service in such a way that in the event of a fire people and staff can be evacuated safely. At the time of our visit we recommended that the service increase its night time staffing immediately until they were in a position to make an informed decision about their staffing levels. This was carried out before the following night and the provider subsequently agreed to maintain this until a meeting was held between us and the provider, three days later. Following this meeting, the provider agreed to three staff being on duty at night from then onwards. Immediately after our initial visit we shared our concerns with the relevant fire safety officer who visited the service and issued his own requirements.

Other evidence

We inspected the staff training record which confirmed that all staff, including all night staff, currently working in the home, had completed fire training. They had also received training in the use of the various pieces of evacuation equipment seen around the building. We were told by the management team that a full fire risk assessment had been completed prior to our inspection. The result of this had been a recommendation that there were three staff available at night. The services own improvement plan dated 24th November 2011, of which we were given a copy, had already identified issues that needed to be addressed in relation to fire safety.

We spoke to the two night staff that were on duty during our visit. They explained that they had been concerned about the staffing numbers at night for sometime, although they had obviously given some detailed thought to how they would manage an evacuation. They confirmed that the training had been helpful in this respect but they had also realised that there would be some people that they would be solely reliant on the Fire Services to evacuate.

Our judgement

Although following this inspection, action was taken to protect people from the risks of a fire. Other aspects of the environment do not meet the needs of the people currently using it.

Outcome 13: Staffing

What the outcome says

This is what people who use services should expect.

People who use services:

* Are safe and their health and welfare needs are met by sufficient numbers of appropriate staff.

What we found

Our judgement

The provider is compliant with Outcome 13: Staffing

Our findings

What people who use the service experienced and told us

The people we spoke to told us that staff attend to them when they needed help. They also confirmed that in their opinion they did not have to wait too long for help once they had rung their call bell.

The one person that required a lot of support during our visit was attended to each time they either rang their bell or banged furniture for attention. On two occasions however we responded as staff had not arrived within a time that we felt comfortable with. This was because they were with other people who required help to go to bed or with their personal care.

It was clear to us that the home was not staffed in an appropriate manner to meet the needs of people from 8pm onwards. The following are examples of why we came to this conclusion. One member of staff told us that they were aware that a person had been incontinent and required washing and changing. They had identified this 15-20 minutes prior to their conversation with us. One member of staff explained that this person required two staff members to attend to them because of the person's inability to move. This care therefore could not be provided until the second member of staff had completed the evening drinks round. It was therefore approximately 50 minutes, from the time of the care being first identified as needed, to the point that this could be given. The person who required a lot of support throughout our visit had been given their sleeping medicine at approximately 7.30pm, by the day staff before they went home. The night staff had explained that they did not have the appropriate training to administer medicines. Incidents, such as the person being left outside the lift, the poor staff interaction, the lack of opportunity to have sandwiches with an evening drink and

the lack of supervision available for the person who was disorientated and walking in and out of other people's bedrooms and the fire safety issues all indicate that there were not enough staff on duty.

At the time of our visit, although the shortness of staff after 8pm had been recognised and a twilight shift (6pm to 10pm) had been arranged for some evenings of the week. This was not taking place the week of our visit and had not the previous week. This had been for good reason as the member of staff who usually works these shifts was attempting to achieve their competency in medicine administration and therefore had been working alternative shifts.

Despite this an agreement to have a permanent, extra member of staff on duty from 8pm onwards had not been granted by the company's main representative the Nominated Individual.

To avoid further action from us in relation to this, an agreement was sought by us on our return visit, three days later and a permanent, third member of staff was agreed to.

Feedback from the management team and staff training records confirmed that many staff did not either have, appropriate training to start with, to meet some of the people's needs or in some cases, had not been sufficiently updated. This particularly related to dementia care, managing challenging behaviour and end of life care.

The management team explained that they had already recognised that the current staffs' shift system was not suited to the needs of the people using the service or to the smooth running of the service. Therefore a process had already started to alter the shift patterns. Due to the proposed changes some staff had already left, some staff were due to still leave and the management team were still advertising and recruiting. The service was therefore going through a major change in its staffing and it had already recognised that many existing staff and new staff required fresh training and support.

Other evidence

We inspected the staffing rosters for the week prior to our visit, the week of our visit and the following week. The management team explained that due to the shortness in some roles within the care team, senior staff were filling these gaps. They explained that this had meant that the services improvement plan (see outcome 24 Management) had not been worked on as much as they had planned.

We agreed that the initial priority had to be the meeting of people's care and welfare needs and if this required the redeployment of senior staff away from their management roles, then this was a correct decision to make. It was recognised by us and the management team however that this situation had to be resolved fairly quickly.

Our judgement

Action had already started to address some of the staffing problems. It took a visit by us (the regulator) for the already identified shortfall in staffing and risks at night to be addressed.

Outcome 16: Assessing and monitoring the quality of service provision

What the outcome says

This is what people who use services should expect.

People who use services:

* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

What we found

Our judgement

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

Our findings

What people who use the service experienced and told us

The management team discussed with us the findings of their auditing and quality assurance process so far. This had started just before the previous registered manager left the service in August 2011. As all systems within the service had been looked at this meant that most of the core essential standards of quality and safety, relating to the Health and Social Care Act 2008 and relevant to this service, had been reviewed.

At the time of this visit very little auditing was taking place on systems and records such as care plans and associated care records including incidents and accidents. For the latter this meant that at the time of our visit, there was no process in place to explore the when, how and why these incidents were happening as part of a risk reducing and learning process.

Audits were being completed on the medication system and administration records. Staff training files and recruitment files had all been reviewed and audited as part of the staffing restructuring process described in outcome 13.

One of the management team told us that they were completing checks on the environment, looking for health and safety risks but that they were not recording these. We strongly recommended that they start doing this.

Other evidence

We were given a copy of the homes initial improvement plan dated 24 November 2011. This document had no allocated names or dates against the areas of actions required. However, on talking to the management team about their findings and progress so far,

they appeared to have areas of responsibility and were planning to review their progress. As discussed in outcome 13, staffing problems had slowed up the management teams progress on this improvement plan.

Our judgement

A history of weak quality assurance review by the provider has resulted in many areas of shortfall now needing to be addressed. This process has started but now needs to form part of an effective system that will help the provider protect the users of the service against unsafe practice. In the future the provider needs to act on the findings of any quality assurance review so as to improve the service and maintain compliance.

Outcome 17: Complaints

What the outcome says

This is what people should expect.

People who use services or others acting on their behalf:

- * Are sure that their comments and complaints are listened to and acted on effectively.
- * Know that they will not be discriminated against for making a complaint.

What we found

Our judgement

The provider is compliant with Outcome 17: Complaints

Our findings

What people who use the service experienced and told us

The people we spoke to said they had no complaints about the care and support they were being given. We also spoke to one relative who said they had not had any concerns about the service.

Other evidence

We inspected the records of complaints and concerns received by the service. There were three complaints on file. The current manager had been involved in managing and resolving two of these complaints. Both demonstrated that appropriate action had been taken to the satisfaction of the complainant and within the time frame specified in the services complaints policy.

We had previously been sent a copy of the third complaint by the complainant earlier in 2011. This had been made before the current manager was in post. It had been responded to but there were limited records demonstrating what actions had been taken at the time of the complaint and no evidence of any recorded learning from the issues raised. The current manager was unable to comment on this.

Our judgement

Improved processes and a better attitude to the receipt of complaints and concerns now means that people's complaints are listened to and acted upon effectively.

Outcome 20: Notification of other incidents

What the outcome says

This is what people who use services should expect.

People who use services:

* Can be confident that important events that affect their welfare, health and safety are reported to the Care Quality Commission so that, where needed, action can be taken.

What we found

Our judgement

The provider is compliant with Outcome 20: Notification of other incidents

Our findings

What people who use the service experienced and told us

We did not speak to people who use the service about the processes involved in reporting incidents and accidents.

We did speak to senior staff about the lack of notifications received by us in relation to accidents and incidents other than deaths. There appeared to have been confusion and a misunderstanding about what should be notified to us. This again should have been picked up by the provider if they had been auditing the notifications.

Staff did confirm that they have liaised with the relevant County Council Safeguarding Team when necessary.

Other evidence

We inspected the accident and incident reports held by the service. These were being completed but not always fully and this had already been identified by the management team.

After speaking to staff about some of the incidents that had taken place it was clear that people had been sustaining injuries that required hospital or medical attention, which should have been notified to us and had not been.

There was no evidence that the incidents of challenging behaviour (discussed in outcome 4) had been notified to us or any other external body.

Our judgement

Important events that effect people's health and welfare have not been correctly

reported to external agencies, putting people at risk. Staff now understand the correct process and since our visit this has been followed. To maintain compliance in this outcome this transparency must be maintained.

Outcome 23:

Requirement where the service provider is a body other than a partnership

What the outcome says

This is what people who use services should expect.

People who use services:

* Have their needs met because the management is supervised by an appropriate person.

What we found

Our judgement

The provider is compliant with Outcome 23: Requirement where the service provider is a body other than a partnership

Our findings

What people who use the service experienced and told us

A few people we spoke to were aware of who the provider's (the company's) representatives were. One relative told us that they had dealings with the main representative (the Nominated Individual) regarding the fees and had found them helpful.

Another of the provider's representatives was present throughout our visit and was very knowledgeable about the services systems and current issues.

This person spoke to us about the services Improvement Plan, which they had been responsible for formulating.

Other evidence

After our initial visit on 1 December 2011 we returned to have a meeting with the provider's main representative (the Nominated Individual), the company's second representative and the current manager. We expressed our concern that the current Nominated Individual may not have the level of knowledge now required to meet all the required aspects of compliance. We discussed the importance of having the right person in this role so the service can successfully move forward. This was acknowledged by the current Nominated Individual.

We discussed with the senior management team what our options for action could have been if they had not acted so swiftly on our immediate concerns.

We also discussed what our options could be if full compliance with the essential

standards of quality and safety are not maintained and if the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 are not complied with.

Our judgement

Although the registered provider has a formally designated person called the Nominated Individual in place and this makes them compliant with this outcome. We have concerns as to whether this person is now the most appropriate person to provide the support the service requires to achieve full compliance.

Outcome 24: Requirements relating to registered managers

What the outcome says

This is what people who use services should expect.

People who use services:

* Have their needs met because it is managed by an appropriate person.

What we found

Our judgement

There are minor concerns with Outcome 24: Requirements relating to registered managers

Our findings

What people who use the service experienced and told us

The people who were able to speak to us about the management of the service said they were aware that there was a new manager. They told us they liked her and they see her around the building on a regular basis. They said she listens to what they have to say.

We spoke to three staff members specifically about the present management of the service. They told us that the manager and another member of the senior management team were supportive and approachable.

Other evidence

We had been made aware in August last year that the registered manager of the service was leaving and the interim management arrangements were explained to us. At this point the provider was fully aware that the service would require another registered manager.

The current manager has therefore been in post since August 2011. They were able to discuss with us, in some detail, the findings of the quality assurance review (as reported on in outcome 16) and the action being taken to improve the service. This person also holds the correct knowledge and experience to be in-charge of the service on a day to day basis and to take a lead on all aspects of care.

We were given reassurances by the manager that it was their intention to now apply to us to be the registered manager.

Without a manager that has been through the appropriate registration process with us,

the service remains non-compliant in this outcome as it is not meeting its conditions of registration under the Health and Social Care Act 2008.

Our judgement

The service is now being managed by a person/s who understand what is required to achieve full compliance. This will help to protect people who use the service but the service is unable to be compliant with its conditions of registration without a registered manager.

Action we have asked the provider to take

Improvement actions

The table below shows where improvements should be made so that the service provider **maintains** compliance with the essential standards of quality and safety.

Regulated activity	Regulation	Outcome
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 07: Safeguarding people who use services from abuse
	<p>Why we have concerns:</p> <p>In order to maintain compliance in this outcome any training planned for the staff that have not received this must be completed as soon as possible. Incidents of challenging behaviour must form part of a risk management process, which must then have evidence of associated care planning and correct follow up.</p>	
Diagnostic and screening procedures	Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 07: Safeguarding people who use services from abuse
	<p>Why we have concerns:</p> <p>In order to maintain compliance in this outcome any training planned for the staff that have not received this must be completed as soon as possible. Incidents of challenging behaviour must form part of a risk management process, which must then have evidence of associated care planning and correct follow up.</p>	
Treatment of disease, disorder or injury	Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 07: Safeguarding people who use services from abuse
	<p>Why we have concerns:</p> <p>In order to maintain compliance in this outcome any training planned for the staff that have not received this must be completed as soon as possible. Incidents of challenging behaviour must form part of a risk management process, which must then have evidence</p>	

	of associated care planning and correct follow up.	
Accommodation for persons who require nursing or personal care	Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 13: Staffing
	<p>Why we have concerns:</p> <p>The provider must address any shortfalls in staffing numbers or skills as soon as they are identified to ensure people's welfare and safety needs are met at all times.</p>	
Diagnostic and screening procedures	Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 13: Staffing
	<p>Why we have concerns:</p> <p>The provider must address any shortfalls in staffing numbers or skills as soon as they are identified to ensure people's welfare and safety needs are met at all times.</p>	
Treatment of disease, disorder or injury	Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 13: Staffing
	<p>Why we have concerns:</p> <p>The provider must address any shortfalls in staffing numbers or skills as soon as they are identified to ensure people's welfare and safety needs are met at all times.</p>	
Accommodation for persons who require nursing or personal care	Regulation 18 CQC (Registration) Regulations 2009	Outcome 20: Notification of other incidents
	<p>Why we have concerns:</p> <p>The service must maintain correct practices in notifying the correct agencies where appropriate. In particular remembering to do this following any challenging behaviour or where a referral is done in relation to a person's mental capacity.</p>	
Diagnostic and screening procedures	Regulation 18 CQC (Registration) Regulations 2009	Outcome 20: Notification of other incidents
	<p>Why we have concerns:</p>	

	The service must maintain correct practices in notifying the correct agencies where appropriate. In particular remembering to do this following any challenging behaviour or where a referral is done in relation to a person's mental capacity.	
Treatment of disease, disorder or injury	Regulation 18 CQC (Registration) Regulations 2009	Outcome 20: Notification of other incidents
	<p>Why we have concerns:</p> <p>The service must maintain correct practices in notifying the correct agencies where appropriate. In particular remembering to do this following any challenging behaviour or where a referral is done in relation to a person's mental capacity.</p>	
Accommodation for persons who require nursing or personal care	Regulation 5 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 23: Requirement where the service provider is a body other than a partnership
	<p>Why we have concerns:</p> <p>The senior management team would be advised to review the role of the Nominated Individual and ensure that they have the most appropriate person in place to meet these responsibilities.</p>	
Diagnostic and screening procedures	Regulation 5 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 23: Requirement where the service provider is a body other than a partnership
	<p>Why we have concerns:</p> <p>The senior management team would be advised to review the role of the Nominated Individual and ensure that they have the most appropriate person in place to meet these responsibilities.</p>	
Treatment of disease, disorder or injury	Regulation 5 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 23: Requirement where the service provider is a body other than a partnership
	<p>Why we have concerns:</p> <p>The senior management team would be advised to review the role of the Nominated Individual and ensure that they have the most appropriate person in place to meet these responsibilities.</p>	

The provider must send CQC a report about how they are going to maintain compliance with these essential standards.

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

The provider's report should be sent to us within 14 days of the date that the final review of compliance report is sent to them.

CQC should be informed in writing when these improvement actions are complete.

Compliance actions

The table below shows the essential standards of quality and safety that **are not being met**. Action must be taken to achieve compliance.

Regulated activity	Regulation	Outcome
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 04: Care and welfare of people who use services
	<p>How the regulation is not being met: People's needs are not always being assessed correctly, planned appropriately or followed up and associated risks are not forming part of any structured risk management process.</p>	
Diagnostic and screening procedures	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 04: Care and welfare of people who use services
	<p>How the regulation is not being met: People's needs are not always being assessed correctly, planned appropriately or followed up and associated risks are not forming part of any structured risk management process.</p>	
Treatment of disease, disorder or injury	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 04: Care and welfare of people who use services
	<p>How the regulation is not being met: People's needs are not always being assessed correctly, planned appropriately or followed up and associated risks are not forming part of any structured risk management process.</p>	
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 10: Safety and suitability of premises

	<p>How the regulation is not being met: People's privacy cannot successfully be maintain when locks on toilet doors have been removed. People cannot equally be independent or maintain any degree of independence if they happen to be confused and disorientated and their immediate environment offers no support or trigger in helping them to locate their destination, such as the toilet or their own bedroom.</p>	
Diagnostic and screening procedures	Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 10: Safety and suitability of premises
	<p>How the regulation is not being met: People's privacy cannot successfully be maintain when locks on toilet doors have been removed. People cannot equally be independent or maintain any degree of independence if they happen to be confused and disorientated and their immediate environment offers no support or trigger in helping them to locate their destination, such as the toilet or their own bedroom.</p>	
Treatment of disease, disorder or injury	Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 10: Safety and suitability of premises
	<p>How the regulation is not being met: People's privacy cannot successfully be maintain when locks on toilet doors have been removed. People cannot equally be independent or maintain any degree of independence if they happen to be confused and disorientated and their immediate environment offers no support or trigger in helping them to locate their destination, such as the toilet or their own bedroom.</p>	
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 16: Assessing and monitoring the quality of service provision

	<p>How the regulation is not being met: The identified shortfalls now need to form part of an effective system that will help the provider protect the users of the service against unsafe practice and poor standards. The provider needs to act on the findings of any quality assurance review so as to improve the service and ultimately maintain any improvements that are made as a result.</p>	
Diagnostic and screening procedures	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 16: Assessing and monitoring the quality of service provision
	<p>How the regulation is not being met: The identified shortfalls now need to form part of an effective system that will help the provider protect the users of the service against unsafe practice and poor standards. The provider needs to act on the findings of any quality assurance review so as to improve the service and ultimately maintain any improvements that are made as a result.</p>	
Treatment of disease, disorder or injury	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 16: Assessing and monitoring the quality of service provision
	<p>How the regulation is not being met: The identified shortfalls now need to form part of an effective system that will help the provider protect the users of the service against unsafe practice and poor standards. The provider needs to act on the findings of any quality assurance review so as to improve the service and ultimately maintain any improvements that are made as a result.</p>	
Accommodation for persons who require nursing or personal care	Regulation 6 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 24: Requirements relating to registered managers
	<p>How the regulation is not being met: We require an application, as soon as possible, from an appropriate person, to be</p>	

	the registered manager of the service.	
Diagnostic and screening procedures	Regulation 6 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 24: Requirements relating to registered managers
	<p>How the regulation is not being met: We require an application, as soon as possible, from an appropriate person, to be the registered manager of the service.</p>	
Treatment of disease, disorder or injury	Regulation 6 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 24: Requirements relating to registered managers
	<p>How the regulation is not being met: We require an application, as soon as possible, from an appropriate person, to be the registered manager of the service.</p>	

The provider must send CQC a report that says what action they are going to take to achieve compliance with these essential standards.

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

The provider's report should be sent to us within 14 days of the date that the final review of compliance report is sent to them.

Where a provider has already sent us a report about any of the above compliance actions, they do not need to include them in any new report sent to us after this review of compliance.

CQC should be informed in writing when these compliance actions are complete.

What is a review of compliance?

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

The Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

When making our judgements about whether services are meeting essential standards, we decide whether we need to take further regulatory action. This might include discussions with the provider about how they could improve. We only use this approach where issues can be resolved quickly, easily and where there is no immediate risk of serious harm to people.

Where we have concerns that providers are not meeting essential standards, or where we judge that they are not going to keep meeting them, we may also set improvement actions or compliance actions, or take enforcement action:

Improvement actions: These are actions a provider should take so that they **maintain** continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. Where a provider is not meeting the essential standards but people are not at immediate risk of serious harm, we ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

Enforcement action: These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

Information for the reader

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