

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

## The Hall Nursing Home

100 Old Station Road, Bromsgrove, B60 2AS

Tel: 01527831375

Date of Inspection: 03 December 2012

Date of Publication: January 2013

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

<b>Respecting and involving people who use services</b>	✓	Met this standard
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<b>Care and welfare of people who use services</b>	✓	Met this standard
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<b>Cleanliness and infection control</b>	✗	Action needed
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<b>Management of medicines</b>	✗	Action needed
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<b>Supporting workers</b>	✓	Met this standard
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<b>Assessing and monitoring the quality of service provision</b>	✓	Met this standard
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<b>Records</b>	✗	Action needed
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## Details about this location

Registered Provider	Southern CC Limited
Registered Managers	Mrs. Alicia Antonio Mr. Brian Andrew Bostock
Overview of the service	The Hall Nursing Home is registered to provide accommodation for up to 43 older people who need nursing or personal care.
Type of service	Care home service with nursing
Regulated activities	Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury

*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

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### Why we carried out this inspection

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We carried out this inspection to check whether The Hall Nursing Home had taken action to meet the following essential standards:

- Respecting and involving people who use services
- Care and welfare of people who use services
- Cleanliness and infection control
- Management of medicines
- Supporting workers
- Assessing and monitoring the quality of service provision
- Records

This was an unannounced inspection.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 3 December 2012, 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 and talked with staff.

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.

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### What people told us and what we found

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At our last inspection in July 2012, we set compliance actions to address issues identified. These included the care and welfare of people living at the home, the management of staffing and monitoring of the care practices in the home.

During this inspection, we spoke with three people living at the home, the manager, the operational manager and five staff. Following our inspection we also spoke with four relatives.

We found that some improvements were being carried out that ensured people's needs were being met with identified risks reduced.

We observed that staff spoke with people who lived at the home in a respectful way. People who lived at this home who we spoke with told us they were happy with the quality of care and support they received. One person said, "Food is okay" and "Staff are very good and caring." This person also told us that there were activities if they wanted to join in these but liked to also spend time in their room which they said staff respected.

We found that the medicine administration, management and practices were not effective and therefore people were at risk from not receiving their medicines as prescribed.

In this report the name of two registered managers appear who were not in post and not managing the regulatory activities at this location at the time of the inspection. Their names appear because they were still Registered Managers on our register at the time.

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

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### **What we have told the provider to do**

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We have asked the provider to send us a report by 22 January 2013, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where we have identified a breach of a regulation during inspection which is more serious, we will make sure action is taken. We will report on this when it is complete.

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

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### **More information about the provider**

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

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

## Our judgements for each standard inspected

**Respecting and involving people who use services** ✓ Met this standard

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

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### Our judgement

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The provider was meeting this standard.

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

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### Reasons for our judgement

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At our last inspection in July 2012 we found people were not always receiving the care and support that they needed that respected their dignity, privacy or independence. We saw that people were treated with dignity and respect and where able were involved in their daily choices.

On arrival at the home we observed staff were very busy providing breakfast to people. One person was supported to sit in one of the lounge areas with their newspaper and was offered a hot drink. Staff told us that this was this person's normal choice of routine in the mornings. Other people were in their rooms having their breakfasts as they chose. One person told us, "I get up when I want to." All the staff took time to acknowledge people and have passing conversations.

People told us that they could choose what they did in the daytime. Some people preferred to sit in their own room and the staff respected this. One person told us, "I stay in my room as I prefer this but can join in the activities as I choose." The plans of care we looked at mostly reflected the likes and dislikes of people and information about people's lives had been recorded. Where people were unable to agree to their care plans relatives were being asked to look at these and to sign their agreement. This meant that the staff had information about the people living at the home even if they had communication difficulties.

We observed staff treating people with dignity and respect. Staff spoke with people in a respectful way and listened to their wishes, which were then acted upon. One person told us that they liked their bedroom door to be open as this provided them with reassurance and another person when asked also wanted their bedroom door open. We found that people had signed to say whether they would like their doors open or closed. This meant that people's privacy choices would be consistently met by all staff. We also observed two staff members assisting people from wheelchairs to chairs during our inspection. The staff members informed people what they were about to do and gave reassurance throughout.

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

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**Our judgement**

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The provider was meeting this standard.

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

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**Reasons for our judgement**

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At our last inspection in July 2012 we found people's needs were not always assessed accurately and appropriate support was not provided to manage the risks to people living at the home. During this inspection we observed that people were receiving care and treatment to meet their needs.

We found that people were relaxed and we saw that people responded well to staff. One person told us, "I like living here. I am well looked after and the food suits me." We found that when people needed assistance, staff responded straight away. People who were being cared for in bed on the day of our inspection were regularly monitored by staff, who also responded as and when people required assistance, even though they were observed to be very busy at certain times. One person told us that if they needed staff they pressed their buzzer and normally staff arrived without having to wait for long periods of time.

We spoke with four relatives. Two relatives had concerns about the care that their relation had received at times. The manager designate was aware of their concerns and was arranging to meet with the relatives. The other two relatives were very complimentary about the quality of care provided at the home. One relative told us, "This seems a good home. People are well looked after and kept safe." Another relative described the good care that their relation had received that ensured they did not get any pressure sores as they were at risk of developing sore skin without the appropriate care and treatment.

The five care files that we viewed contained information about the person and how the care needed to be carried out. The care plans contained details about the person's previous life; this enabled the staff to ensure that care was provided in an individual way. The staff we spoke with understood different people's needs and wishes and what the staff told us was reflected in the care plans. One staff member told us, "I am happy here, we all get on well as a team" and another staff member said, "I really love working here." Both staff members told us that they felt people living at the home received, "Care that kept people safe."

People's health needs were recorded and where any risks had been identified, these were monitored. Where there had been any concerns or changes health professionals' advice had been sought.

We heard from the staff that a number of activities were available, and we saw the person responsible for activities engaging with people about the stories happening in the news and doing arts and crafts with people. Staff told us that trips were also organised to local places of interest. During our inspection we did sometimes see that staff were sitting and engaging people who required more assistance due to their dementia care needs. People responded with smiles and gestures to staff who were calm, and tactile when reassuring them. The provider may wish to note that staff would like to have more time to sit and talk with people and/or paint the nails of those who would like this done.

Some staff that we spoke with raised some issues with the standard of food that was served to people and told us that some people living at the home had raised complaints. The manager was aware of the issues about the food and was working with the cook to make improvements.

**People should be cared for in a clean environment and protected from the risk of infection**

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**Our judgement**

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The provider was not meeting this standard.

People were not always protected from the risk of infection because appropriate guidance had not been followed.

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

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**Reasons for our judgement**

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At our last inspection in July 2012 we found people were at risk of infection as practices were not in place to ensure the risks of infection were reduced.

We saw that the manager had undertaken an infection control audit and this was an improvement made since our last inspection. This meant that the manager was now monitoring and taking action where required so that people were protected against any risks of infections. The manager designate also advised us that there had been a recent outbreak of diarrhoea and sickness in the home but people were no longer experiencing this. Measures had been put in place such as restricting visitors to the home.

We were informed by the manager that a member of staff would be nominated for infection, prevention and control, as required by the Code of Practice.

We observed that the environment appeared to be clean and tidy. There were no bad smells and the environment smelt fresh. A programme of improvements had been completed with carpets replaced and deep cleaning undertaken. A relative we spoke with told us that their relations room had been decorated. Training in infection control was being provided to staff.

During the inspection we found that the equipment we saw looked clean and dust free. We also saw toilets that were clean including underneath the seats.

However, we observed examples that presented concerns over cross infection risks to people living at the home due to staff practices.

In the ground floor bathroom we saw people's personal toiletries items on display, some bath towels and an open box of continence pads displayed on a shelf. There were also two hoist slings which were touching the floor and a person's dressing gown hung on the bathroom door. In another bathroom on the first floor of the home we saw some items of people's toiletries, bars of soap, sponge, flannel and disposable razors that were loose in a hand wash bowl that was used when shaving people. There were also aprons loose on the floor of the bathroom and hung on the door. A member of staff told us that they seemed to

be there ready to be used by staff. This bathroom had being used in the morning but the member of staff could not explain the reasons why staff had not cleaned and tidied it up after use as this was normally done after each person. The staff member also could tell us who some of the toiletries belonged to.

A member of staff was with us when we looked at these two bathrooms told us that this should not happen and the reasons why. This showed that this member of staff had good knowledge about infection control procedures and practices. They told us and we saw staff had access to personal protective equipment such as aprons and gloves. We also saw cleaning duties being undertaken during the day of our inspection as staff had cleaning schedules to follow to ensure the environment remained clean and hygienic for people living there.

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

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## **Our judgement**

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The provider was not meeting this standard.

People were not fully protected against the risks associated with medicines because the provider did not have appropriate arrangements in place to manage medicines.

We have judged that this has a major impact on people who use the service. This is being followed up and we will report on any action when it is complete.

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## **Reasons for our judgement**

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The safe handling of medicines was assessed by a pharmacist inspector. We looked at the storage of medicines, 11 people's medicine records and spoke with three members of staff. We found that medicines were not well managed, which increased the risk of harm to people in the service. The Manager told us that immediate action would be taken to put it right. Following our inspection a Pharmacist from NHS Worcester visited the service on 19 December 2012. They found that 'staff continue to improve with medicine management although there were no major concerns a number of small areas still need to be actioned '.

At our inspection on 3 December 2012 we found that procedures were not available for the safe management of medicines. When we asked for a medicine policy staff did not know where it was. During the inspection the manager provided us with a medicine policy by Aster Healthcare dated August 2011. We showed the medicine policy to two staff who told us "we have never seen this before". This shows that staff were not aware of the arrangements for the safe handling of medicines. This was also identified in the NHS Worcester team report on 19 December which stated 'All staff need to be aware of where policies are kept'.

At our inspection on 3 December 2012 we found that procedures were not in place for controlled drugs (CDs). CDs are medicines that require extra storage arrangements and special recording. We found that the available storage, record keeping and disposal of CDs did not meet the requirements. This meant that systems were not in place and the service did not comply with the requirements of the Medicines Act 1968 and the Misuse of Drugs Act 1971 and the Safer Management of Controlled Drugs Regulations 2006. The NHS Worcester Pharmacist found on 19 December 2012 that a new CD cupboard had been obtained and all the CD records were accurately recorded.

At our inspection on 3 December 2012 we found that systems were not in place to ensure that people's medicines were stored and handled safely. The amount of medicines available for people in the service could not be checked because there was no organised system of medicine stock control. The service did not have an audit system in place to monitor the levels of stock. The NHS Worcester pharmacist found on 19 December 2012

that these issues had been addressed.

At our inspection on 3 December 2012 we found that appropriate systems were not in place to record the availability of people's medicines. We found that medicines were either not recorded when they were received by the service or the date was not documented. We also found that balances of medicines were not transferred from previous medicine records onto new medicine records. This meant that it was not possible to determine how much medicine was available or if people had been given their medicines as prescribed. The NHS Worcester pharmacist found on 19 December 2012 that these issues had been addressed.

At our inspection on 3 December 2012 we found that staff were failing to ensure that Medication Administration Record (MAR) charts were clear and easy to follow. One person had several MAR charts for the same medicine in use at the same time. The medicine records were confusing to follow, which increased the risk of a medicine error. The NHS Worcester pharmacist on 19 December 2012 made no comments on this issue.

At our inspection on 3 December 2012 we found that staff were failing to record a reason when a medicine was not given. We found a variety of different codes were documented on MAR charts which were not explained. It was not possible to know why the medicine had not been given. Staff were able to tell us what these codes meant because "it is our own in-house recording system" but there was no written definition of these codes recorded. This meant that it was not possible to determine why people had not been given their prescribed medicines. The NHS Worcester Pharmacist on 19 December found that this issue had been addressed.

At our inspection on 3 December 2012 we found that staff were not recording the application of external preparations such as creams or ointments. Records were either not available or had not been completed for the application of external preparations. It was not possible from the available records to know whether people were having their prescribed preparations applied or a reason documented to explain why it was not applied. The NHS Worcester Pharmacist on 19 December 2012 also found this issue and an action point was made in relation to this.

At our inspection on 3 December 2012 we found that personal care plans did not record specific person centred information relating to people's medicines. In particular there were no procedures for medicines prescribed when required' (often documented as 'PRN'). One person was prescribed a medicine to be given "when required". The medicine is used for treating anxious behaviour. We found that there were no written PRN protocols or guidance to explain when it would be necessary to give the medicine. When we asked one member of staff for a protocol we were told that there was none available. This meant that people were at risk of not being given prescribed medicines to meet their specific needs. The NHS Worcester Pharmacist on 19 December 2012 made no comments on this issue.

At our inspection on 3 December 2012 we found that the medicine storage room and refrigerator temperatures were not always recorded every day. The room temperature should be 25 degrees C or below and the refrigerator temperatures should be kept between 2 to 8 degrees C. This meant that arrangements were not always in place to ensure that medicine were stored within safe temperatures. The NHS Worcester Pharmacist on 19 December 2012 made no comments on this issue.

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

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### **Our judgement**

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The provider was meeting this standard.

The planning and delivery of training ensured staff could meet people's needs.

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### **Reasons for our judgement**

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At our last inspection in July 2012 we found that suitable arrangements were not in place that ensured staff were appropriately trained and supervised to enable them to meet people's needs effectively.

During this inspection we saw and staff told us that there was an induction and training programme provided for all new staff. Induction training was tailored to meet the needs of new staff, based on their previous and recent experience. An assessment of competency in moving and handling was completed before staff were able to work independently.

We were shown the training information and this reflected that staff received some training to meet the specific needs of people living at the home together with ongoing mandatory training in safeguarding and fire safety. The training information documented where staff had received training and what was planned.

We saw that arrangements were now in place so that staff received management support through supervisions. Staff we spoke with felt able to discuss any concerns they had about the care provided at the home with the manager. We were told that the manager was approachable and were in the home everyday.

People and relatives we spoke with were complimentary about the staff working at the home. One person said, "All the staff are lovely and friendly." One relative told us, "If he wants something different they will go out of their way to get it." Another relative told us that that they were "Very happy with the quality of care."

Staff that we spoke with were positive about working at the home. One staff member told us, "I love working here." Another member of staff told us, "I am happy here" and we all, "Get on well as a team."

## Assessing and monitoring the quality of service provision

✓ Met this standard

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

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### Our judgement

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The provider was meeting this standard.

There were arrangements in place to assess and monitor the safety and quality of care.

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### Reasons for our judgement

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At our last inspection in July 2012 we found procedures that assessed, monitored or managed risks to people living at the home were not effective.

During this inspection we saw that the manager now had several processes in place to monitor the quality of services. The manager told us and we saw that they were rewriting all care plans and would be commencing an audit process to review the care plans of people who lived at the home regularly. This review would check to see if plans were up to date and to review any risk assessments. We looked at five people's care plans and the majority were up to date. We also saw that the manager had reviewed the homes environment and carpets had been replaced together with general decoration taking place. This showed that actions were being taken to ensure improvements were being made for the benefit of people living at the home.

We saw that the operations manager had done a monthly quality check at the home which included checking that they were also meeting their regulatory requirements. We saw this audit and notes of what actions were required to ensure compliance with the essential standards. For example we saw that staff workshops were being held for care planning and care plans were being rewritten so that these provided accurate information about meeting people's needs.

We looked at the provider's records to see if they managed risks relating to health, welfare and safety of people who lived at the home. We saw that there was a system in place to review safeguarding incidences and identify what actions were needed.

People who lived at the home were asked for their views about their care and treatment and they were acted on. We saw minutes of two recent monthly meetings between people who lived at the home, their relatives and the manager which identified concerns and what action would be taken to put things right. One relative told us that they were comfortable in sharing their views about the care provided at the home within these meetings.

We asked people and their relatives what they would do if they were not happy with their care or the way in which their care was being delivered. Relatives were confident that they could raise concerns with staff or the manager and that these would be responded to. One person we spoke with told us that staff were very approachable and that concerns they had were always responded to.

**People's personal records, including medical records, should be accurate and kept safe and confidential**

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## Our judgement

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The provider was not meeting this standard.

People were not fully protected from the risks of unsafe or inappropriate care and treatment because records were not always complete, accurate or easy to find. Care records were kept secure to protect people's right to confidentiality but some daily monitoring records were found in a public area.

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

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## Reasons for our judgement

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We found that there were two care files for each person living at the home. One care file held information and care plans about people's needs and associated risks and mostly how staff should support them. They included information about people's physical health, their support needs and their preferences for their daily lives. The other care file was used by care staff to document the care that they provided to people which included personal care, food and fluid intake charts.

People that we spoke with also told us that they received appropriate care and support to meet their individual preferences and choices in regards to their personal care, their meals and drinks.

The manager told us and we saw that all care plans were being reviewed and rewritten to ensure that were clear and up to date. Nearly all the care plans had already been updated at the time of our inspection. However, we saw that some records were not always updated to accurately reflect the care being delivered by staff to meet people's needs and minimise any identified risks. For example, one person was receiving care due to their pressure sore but all of the instructions for staff to follow had not been written down in their care plan. We spoke with a member of staff about this person's care to meet their skin needs. They demonstrated that they knew what the instructions were so that the person would receive the care and treatment required to heal their skin. However, they found it hard to find where the up to date instructions were documented in this person's reviews. This meant that there was not always clear and up to date information available to staff on people's needs and the support required within the care plans.

We discussed this with the manager and a member of staff who said they would ensure this information was in the plan so that the person received consistent care and support to meet their individual needs from all staff.

We found that staff were completing 'body maps' which are diagrams that staff complete to show any bruising or marks on people's bodies. However, in the care files we looked at it

was difficult to see the causes of any bruising or marks that people had. This was due to the 'body map' showing the bruising and/or marks but no written evidence on it as to the cause. We were told that care staff completed the 'body maps' to identify bruises and/or marks on people's bodies and then verbally informed a member of the nursing staff. We looked at three people's 'body maps' and could only find one outcome as to the cause of one person's bruising.

We discussed the completing of this documentation with one nurse who also could not easily locate any evidence within two people's records as to the cause of their bruising. We also spoke with the manager about the difficulties of not being able to find documentation easily within care records. The manager assured us that this would be looked at so that important information could be accessed easily.

During our inspection, we found that people's confidential information was mostly held securely. Records relating to people's care were kept in a cabinet that remained locked but accessible to staff as required. However, we found two people's red folders which held information that the staff recorded in daily left on window ledges in the communal corridor of the home. This meant that people's confidential information was not always being protected as others could read this without the person's permission.

This section is primarily information for the provider

✘ Action we have told the provider to take

## Compliance actions

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

Regulated activities	Regulation
Accommodation for persons who require nursing or personal care	<b>Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010</b> <b>Cleanliness and infection control</b>
Diagnostic and screening procedures	<b>How the regulation was not being met:</b> Staff were not always following the appropriate guidance about infection control resulting in people being exposed to the potential risk of cross infection.
Treatment of disease, disorder or injury	Regulation 12(1)(a)(b)(c)(2)(a)(c)(i)(ii)
Regulated activities	Regulation
Accommodation for persons who require nursing or personal care	<b>Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010</b> <b>Records</b>
Diagnostic and screening procedures	<b>How the regulation was not being met:</b> Records were not always complete, accurate or easy to find. This placed people at risk of receiving inappropriate care and treatment.
Treatment of disease, disorder or injury	Regulation 20(1)(a)

This report is requested under regulation 10(3) of the Health and Social Care Act 2008

**This section is primarily information for the provider**

(Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 22 January 2013.

CQC should be informed when compliance actions are complete.

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

## About CQC inspections

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

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

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

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. 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 but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

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. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

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**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.

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**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.

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**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

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

## Glossary of terms we use in this report

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### Essential standard

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

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

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### Regulated activity

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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)

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### **(Registered) Provider**

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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'.

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### **Regulations**

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

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### **Responsive inspection**

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

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### **Routine inspection**

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

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### **Themed inspection**

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

## Contact us

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