

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

Hampden Hall Care Centre

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Date of Inspections: 29 July 2013
26 July 2013

Date of Publication:
September 2013

We inspected the following standards in response to concerns that standards weren't being met. This is what we found:

| | | |
|---|---|-------------------|
| Respecting and involving people who use services | ✘ | Action needed |
| Consent to care and treatment | ✘ | Action needed |
| Care and welfare of people who use services | ✘ | Action needed |
| Requirements relating to workers | ✔ | Met this standard |
| Staffing | ✔ | Met this standard |
| Supporting workers | ✘ | Action needed |
| Records | ✘ | Action needed |

Details about this location

| | |
|-------------------------|---|
| Registered Provider | Westgate Healthcare Limited |
| Overview of the service | Hampden Hall provides nursing care for up to 120 people who are elderly and frail |
| 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 |

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When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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Summary of this inspection

Why we carried out this inspection

We carried out this inspection in response to concerns that one or more of the essential standards of quality and safety were not being met.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 26 July 2013 and 29 July 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members, talked with staff and reviewed information given to us by the provider. We talked with commissioners of services and talked with other regulators or the Department of Health.

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.

What people told us and what we found

We spoke with seven people and six relatives of people who lived in the home. They told us they were happy with the care that was provided. One person told us the most positive thing about living in the home was, "They're kind, it's clean and the staff are nice." A relative told us "I think the care is excellent."

People were generally treated with respect by staff and their privacy and dignity was protected. We observed the care on all three floors of the home. We observed how the staff interacted with people. We saw positive interaction between people and the staff members on the first and second floor; however we saw examples of poor interactions between staff and people on the ground floor. The Mental Capacity Act 2005 had not been applied to the care that was being provided to people who lived on the ground floor; this placed them at risk of being deprived of their human rights and liberty.

We examined records relating to care of people and staff recruitment, supervision and training. We found that recruitment records were up to date and appropriate, however this was not reflective of the records in all other areas we inspected.

We noted that staff training and supervision was not up to date and in line with the provider's policy on training and supervision.

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

What we have told the provider to do

We have asked the provider to send us a report by 11 September 2013, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

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

More information about the provider

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

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

Our judgements for each standard inspected

Respecting and involving people who use services × Action needed

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

Our judgement

The provider was not meeting this standard.

The privacy and dignity of people who lived in the home was not always respected, as personal information about them was discussed in front of other people. Staff did not engage with the people they were supporting which did not ensure that people were treated with consideration and respect.

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.

Reasons for our judgement

People who used the service and their relatives told us they felt respected by the staff members who cared for them. They gave examples of how staff responded quickly to requests for assistance and how staff were kind to them. We saw in the care plans how some relatives had been kept informed and updated regarding the care of the people who used the service.

One relative told us when the person was taken into hospital with an illness "They were straight away on the phone to tell me." Relatives told us they were involved in the care planning and kept informed of changes to the care plans. This ensured that people expressed their views and were involved in making decisions about their care and treatment. Where people were not able to express their views, the opinions of family members was sought and considered as part of the planning and delivery of care.

On the first day of our inspection we observed the morning handover took place in the lounge area of the ground floor. Confidential and personal information was discussed between the staff members in front of the residents who were sitting in the lounge. This did not protect the dignity and privacy of the people being discussed. Also on the ground floor we noted that staff would sometimes undertake task without engaging with people and on at least two occasions we observed staff talking to each other sitting or standing in the lounge and not engaging with people. We did observe two good examples of staff treating people with respect while they supported people with their meal. We also observed how staff supported a person to preserve their dignity when they tried to undress themselves in a public area. This demonstrated that some staff were able to uphold the dignity and privacy of people who were unable to do so for themselves.

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was not meeting this standard.

Where people lacked the capacity to be involved in making decisions and giving consent the provider has not acted in their best interest. Decisions had been made that impacted on people's liberty without a clear documented decision making process being followed.

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

Reasons for our judgement

People who lived on the first and second floor told us how they were involved in the care and treatment they received in the home and how their consent was obtained prior to any changes in the service they received.

Relatives told us they were contacted when changes had to be made to the person's care for example when the person was unwell. We read in people's care plans how contact with relatives had been maintained. This ensured that where appropriate people or their representatives were kept informed of the care needs of the person and they could advocate on behalf of the person who used the service.

We observed that during the day some of the bedrooms on the ground floor were locked. This meant that people could not access their bedrooms during the day. We were told this was a preventative measure, to ensure that people's belongings were kept safe, as one person would enter the bedrooms and take things that did not belong to them. We did not see documentation that people or their representatives had been consulted about the doors being locked. We heard one person ask four times if they could go to their bedroom and they were told by a staff member that they could not as the rooms were locked. People may have been being inappropriately deprived of their rights due to the actions of one person.

We read documentation that demonstrated that where some people's liberty had needed to be deprived, the provider contacted the local authority to request a Deprivation of Liberty Safeguard (DoLS) in line with the Mental Capacity Act 2005 (MCA). This ensured that people were cared for in a safe and appropriate way and that staff acted in the person's best interest. For example staff were able to carry out observations on a person who absconded from the premises in order to keep them safe.

We read completed mental capacity assessments for people on the ground floor. The

purpose of the assessment should be to establish if people have the mental capacity to make decisions about specific aspects of their lives or lifestyle at particular times. The capacity assessments we read stated that each person lacked the ability to make decisions. There was no information about what decisions they lacked the mental capacity to make. There were examples that people who had been assessed as not having capacity were able to make some decisions for example to have a bath or a shower. There was no documentation to reflect that best interest meetings had been held for each individual, or that the provider was acting in the least restrictive manner to manage people's care. This meant that the provider was not acting in line with the Mental Capacity Act 2005 (MCA) and DoLS.

We spoke with staff about their understanding of MCA and DoLS. Some of the staff we spoke with were able to clearly describe how the act applied to people and staff actions, other staff members were not able to do so. We read on the staff training matrix that 56% of staff had not attended any training in this area; a further 11% of staffs' training required updating. As a result they were not aware of their responsibilities under MCA and DoLS. This may have placed people at risk of harm or injury if their liberty was deprived in a manner that was not in their best interest.

We spoke with a relative of a person on the second floor. They told us how the person had refused to take all their medication since coming into the home. The person was assessed as having the capacity to make this decision. The provider had respected their choice to do this. This demonstrated how the person's right to make decisions and withdraw consent had been taken into account of by the provider.

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

Our judgement

The provider was not meeting this standard.

The provider did not have in place suitable arrangements to ensure that the planning and delivery of care was up to date and appropriate. Documentation was not in line with the care provided. The delivery of care did not always meet people's individual needs.

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

Reasons for our judgement

We read in the care plans of four people on the ground floor that pre admission assessments had been completed prior to people moving into the home. This ensured that people's needs had been assessed and the provider was confident they could meet their identified needs.

We saw that people were well presented and people were positive about the support they received. Relatives were also generally positive and told us that they thought that people were cared for. Staff were able to clearly describe how people were cared for though this was different in some cases to that documented in the care plans and risk assessments. For example, we noted in the care plan of one person that staff completed thirty minute observations, members of staff told us this no longer happened. Staff knew people's names and appeared to be well informed about people's needs.

While there was evidence in the written care plans we reviewed that people's care needs were assessed, reviewed monthly and planned, the documented plans did not always reflect the care as described as needed by the care staff.

We observed how staff interacted with people throughout the home. We found positive interactions between staff on the first and second floors. We saw how staff on the second floor encouraged people to participate in a quiz and how people were spoken to in a dignified and respectful way.

On the first day of the inspection the activity organiser engaged with people well on the ground floor, chatting to individuals about things that were of interest to them. We observed poor interaction skills from some staff on the ground floor, who did not engage with the people they were supporting. We saw two members of staff sat at a table talking and not engaging with people. The TV was on at one end of the lounge and the radio at the other there was no other activity observed on the ground floor during the second day of our visit. People were not consistently encouraged to engage in social interaction

We visited three people's bedrooms; we saw evidence that people's belongings and the environment had not been kept clean and hygienic. We pointed out our concerns to the interim manager. We revisited the rooms later in the day; we found that one of the concerns had been attended to. We revisited the rooms again on the second day of the inspection and two of the concerns we had highlighted had still not been addressed. We mentioned this again to the provider who assured us the concerns would be dealt with. This did not ensure that the provider had systems in place to protect the safety and welfare of the people who lived in the home.

We observed meal times on both days of the inspection on the ground floor, both in the dining room and in the lounge. We observed how some people were given individual support by staff members. We saw how some staff interacted with people, to encourage them to eat their meals.

In the dining room, we saw that while some people were actively supported on a one to one basis, one person was unable to eat their meal without encouragement from staff. There were no staff deployed to support this person. After half an hour a member of staff noticed that the person needed support and sat and assisted them to eat. This did not demonstrate that the provider had systems in place to ensure that care was delivered in a way that met individual needs.

On the first day of the inspection we saw that there was an activity organiser in the lounge on the ground floor. We observed some activity with people and positive interactions between the staff member and people who used the service. We observed that there were a number of people who remained seated in the same chair throughout the day. Interaction by staff was mainly task focussed, for example when being offered physical care. When reading two people's care files we saw that records of the person being involved in activities ceased in October 2012 for one person and February 2013 for the other. This did not ensure that people's welfare was being maintained by the provider taking account of people's needs including social interaction and daytime activities.

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

We looked at the recruitment files for three staff members. There was evidence that checks were done prior to an appointment to ensure that people had the skills knowledge and experience to care for the people who used the service. These included minimum of two references. Checks in any gaps in a person's employment history and Criminal Records Bureau checks, now known as the Disclosure and Barring Scheme had been made on each individual staff member prior to the commencement of employment.

The provider may wish to note that in one person's file we found that an adult first check had been completed. However, there was an application form for the Disclosure and Barring Scheme still in the workers file that did not appear to have been processed. The provider had in place a recruitment process that protected people from the risk of abuse by carrying out the necessary checks on potential staff to identify if the staff member was of good character.

The provider had taken steps to ensure that staff were legally entitled to work. We were able to see in the records copies of application forms, records of training and qualifications, an up to date photograph and evidence that people from abroad were entitled to work in this country. The provider had taken steps to ensure that the person was legally entitled to employment. Appropriate checks were made on the character, skills and knowledge of the person recruited to carry out the regulated activities. People were protected from the risk of receiving care and treatment from staff members who were not qualified to provide the regulated activity.

Staffing

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

The manager told us that there were different staffing ratios for each floor this was determined by the needs of the people who lived on each floor. For example on the ground floor the staff ratio was 1:4 during the day and 1:8 at night. On the 1st and 2nd floors the ratio was 1:5 during the day and 1:10 at night. We were told that the people who lived on the ground floor required more staff support than those on the other two floors. On each floor the staff team included at least one registered general nurse.

People we spoke with told us occasionally the service was short of staff, one relative of a person living on the first floor told us that this did impact on the quality of care the person received. They told us that the person's food was left out until it was cold because there were insufficient staff to assist them. They complained to the manager, and the situation had never reoccurred. Other people told us they had noticed that occasionally they were short of staff but nobody else told us that this impacted upon their care. The provider told us they had just recruited more staff to work in the service. This would help ensure that there were sufficient staff to meet the needs of people within the home.

The interim manager told us if staff were absent at short notice; they would require the staff on the other units to cover at peak times, for example, to administer medication. There was also a number of bank staff who could be called on, and regular staff were offered overtime. This helped to ensure continuity of care.

We observed how many staff worked on each floor; we checked the staff rotas for the week prior to the inspection. We cross referenced the rotas with time sheets submitted by staff and the staff signing in and out book. We found that there were enough qualified, skilled and experienced staff to meet people's needs.

□

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

Our judgement

The provider was not meeting this standard.

Staff had not attended the mandatory training as stipulated by the provider in their training policy. Whilst some staff members had been able to acquire additional training relevant to their role, the basic training had not been completed. Staff were not receiving supervision in line with the providers training policy. This did not ensure that staff were receiving training and support to enable them to deliver care and treatment to people safely and to an appropriate standard.

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

Reasons for our judgement

We read the provider's policy on staff training. It identified a training plan for staff would be specific to the requirements of the job position. When we asked the interim manager what the training plan was, they were unaware that there was one.

We were shown the training matrix used by the provider to record the training for each member of the care and nursing staff since 2011. We noted that only one staff member out of seventy eight staff members had completed all the training courses identified as mandatory by the provider and eight staff members had completed no training.

We found that over 50% of staff had either no training or training that needed updating in the areas of safeguarding vulnerable adults, health and safety, infection control, food hygiene, Mental Capacity Act 2005, deprivation of liberty safeguards and dementia.

Only six staff members had received or were up to date on training regarding fire prevention. We also noted that out of the eighteen registered general nurses, eight had not completed any training in the administration of medication, and three additional nurses' training in administration of medication was out of date. This did not demonstrate that the provider had suitable arrangements in place to ensure that appropriate training and professional development was being provided to all staff.

Three nurses told us they had attended additional training to supplement the mandatory training in areas such as catheter care and stoma care. This enabled staff to receive further training to acquire the necessary skills for their role to ensure that that could meet people's needs.

We read the providers policy regarding supervision of staff. The policy stated that

"Supervision will be conducted as a mix of observing "hands on" practical duties and dialogue and discussion between the supervisor and employee, with reference to the employee's personal objectives and observed performance." The provider's policy stated that supervision would take place at three monthly intervals.

We read the files of four staff members; we saw no documentation relating to the discussions expected by the provider regarding employees' personal objectives. We saw no documentation relating to observations of staff performance outside of the probationary period. We were told by the interim manager that group supervision took place. This was organised by an external manager. Staff would be supervised as a group, and would discuss a topic chosen by the manager for example, medication or confidentiality. We were told by the interim manager that staff would attend the supervision if there were sufficient staff to cover on each of the units.

We found that staff were not receiving formal supervision at three monthly intervals. One nurse told us that they had not received supervision for six months, we checked in their file and it was seven months. A health care assistant told us they had not had supervision for six months. One staff member had completed an annual appraisal, this had been completed over a year ago. This did not demonstrate that the provider was adequately supporting staff to carry out their responsibilities to enable them to deliver care and treatment to people safely.

We discussed supervision with staff they told us they received informal supervision from their line managers, as they felt they could go to them for guidance if they were unsure about anything. They told us they supported each other well; they said they felt they worked well as a team.

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

Our judgement

The provider was not meeting this standard.

Through reading the care plans and risk assessments, speaking to staff and observing the care provided we noted care plans were out of date, and risk assessments did not demonstrate to staff how to manage risks. Mental capacity assessments had not been completed appropriately or in line with MCA 2005. Staff training records were not maintained.

People were not protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

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

Reasons for our judgement

During the inspection we read documentation relating to the assessed needs of the people who lived in the home and the way care should be provided. We found care plans and risk assessments had been reviewed regularly. We saw where a person's needs had changed which should have resulted in a new care plan being written this did not always happen. We read how comments in the review of the plan reflected the changes but the care plan remained the same. This did not enable staff to clearly identify the needs of the individual or how to care for the person appropriately.

Some people still had care plans in their files that were out of date and no longer applicable to their needs. There was no documentation to support why they were no longer required. Staff told us that the care provided to some people was provided differently to that stated in the care plans. One person's key worker who had worked at the home for one month told us they had not read the individual's care plan yet and they had learnt what the person's needs were from other staff. This did not demonstrate that care was planned and carried out in line with the care plan records.

We saw some people did not have risk assessments in place for behaviours that posed a risk of harm to themselves or others. Mental Capacity assessment records described people as not having the capacity to make any decisions about their life or lifestyles. There was a lack of documentation showing how this conclusion had been reached. This placed people at risk of being deprived of their liberty and human rights. It did not reflect how the provider had encouraged independence or had obtained sufficient information from people who knew them to enable them to act in their best interest.

We found conflicting information in different parts of the care plans. For example one person had recorded in their pre admission care assessment they had behaviours that challenged. In the provider's general risk assessment it was written that there were no issues around challenging behaviour yet a challenging behaviour care plan was in place. This did not protect people from unsafe or inappropriate care.

When we looked at the training matrix for staff we were told by the interim manager that it was not up to date. The provider told us they would send us an up to date copy, which they did. We noted significant differences in the records for staff training from the one we saw on the day of the inspection. For example we noted on the day of the inspection that 22 staff had not completed manual handling training, however with the updated version this had reduced to 12. This demonstrated the provider had not maintained records in relation to staff members training needs. The record had not been kept up to date and therefore did not accurately reflect the training requirements of the staff team. As a result the provider could not easily identify if all the staff were adequately trained to carry out safe care and treatment for people who used the service.

We found that the recruitment files for staff did evidence the checks that the provider had made during the employment process. This demonstrated that the provider had kept accurate records related to staff recruitment which protected the wellbeing of the people who used the service.

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 | Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2010 Respecting and involving people who use services |
| Diagnostic and screening procedures | How the regulation was not being met: The provider had not made suitable arrangements to ensure that the privacy and dignity of people was protected. People were not always treated with consideration and respect. Regulation 17 (1) |
| Treatment of disease, disorder or injury | (a) 2(a)(b) |
| Regulated activities | Regulation |
| Accommodation for persons who require nursing or personal care | Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010 Consent to care and treatment |
| Diagnostic and screening procedures | How the regulation was not being met: The provider did not have suitable arrangements in place for obtaining and acting in accordance with the consent of people who used the service relation to the care and treatment provided for them. Mental capacity assessments had not been completed appropriately, it was therefore not evident if the actions taken by the provider were least restrictive or in a person's best interest. Regulation 18. |
| Treatment of disease, disorder or injury | |
| Regulated activities | Regulation |

This section is primarily information for the provider

| | |
|--|---|
| <p>Accommodation for persons who require nursing or personal care</p> | <p>Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010</p> <p>Care and welfare of people who use services</p> |
| <p>Diagnostic and screening procedures</p> <p>Treatment of disease, disorder or injury</p> | <p>How the regulation was not being met:</p> <p>The provider did not ensure that people were protected against the risk of receiving care or treatment that is inappropriate or unsafe, as care plans did not reflect the current needs of people. Risk assessments did not address how risks should have been managed. People's living environments were not clean and hygienic placing them at risk of illness or infection. Regulation 9 (1)(a)(b)(i)(ii)</p> |
| <p>Regulated activities</p> | <p>Regulation</p> |
| <p>Accommodation for persons who require nursing or personal care</p> | <p>Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010</p> <p>Supporting workers</p> |
| <p>Diagnostic and screening procedures</p> <p>Treatment of disease, disorder or injury</p> | <p>How the regulation was not being met:</p> <p>The provider did not have suitable arrangements in place to ensure that staff members were appropriately trained and supported to enable them to deliver care and treatment to people safely and to an appropriate standard. Regulation 23 (1)(a)</p> |
| <p>Regulated activities</p> | <p>Regulation</p> |
| <p>Accommodation for persons who require nursing or personal care</p> | <p>Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010</p> <p>Records</p> |
| <p>Diagnostic and screening procedures</p> <p>Treatment of disease, disorder or injury</p> | <p>How the regulation was not being met:</p> <p>The provider had not maintained records relating to people who used the service, in a way that identified their needs, and planned for the delivery of their care in a way that protected them from inappropriate care or treatment.</p> <p>Staff training records were out of date and did not reflect the</p> |

This section is primarily information for the provider

| | |
|--|---|
| | provider ensured staff training was up to date and appropriate to their role. Regulation 20 (1)(a)(b) |
|--|---|

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

The provider's report should be sent to us by 11 September 2013.

CQC should be informed when compliance actions are complete.

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

About CQC inspections

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

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

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

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

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

Glossary of terms we use in this report

Essential standard

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

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

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

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

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

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

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

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

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

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

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

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

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

Responsive inspection

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

Routine inspection

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

Themed inspection

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

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