

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

## Camberley Cottage

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Tel: 01276686898

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We followed up on our inspection of 31 May 2013 to check that action had been taken to meet the following standard(s). We have not revisited Camberley Cottage as part of this review because Camberley Cottage were able to demonstrate that they were meeting the standards without the need for a visit. This is what we found:

<b>Requirements relating to workers</b>	✓ Met this standard
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<b>Complaints</b>	✓ Met this standard
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## Details about this location

Registered Provider	Dolphin Homes Limited
Registered Manager	Mrs. Sally Elizabeth Leaves
Overview of the service	Camberley Cottage provides specialist care and accommodation for a maximum of six adults who have learning disabilities and complex needs.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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

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## Summary of this follow up review

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### Why we carried out this review

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We carried out an inspection on 31 May 2013 and published a report setting out our judgements. We asked the provider to send us a report of the changes they would make to comply with the standards they were not meeting.

We have followed up to make sure that the necessary changes have been made and found the provider is now meeting the standard(s) included within this report. This report should be read in conjunction with the full inspection report.

We have not revisited Camberley Cottage as part of this review because Camberley Cottage were able to demonstrate that they were meeting the standards without the need for a visit.

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### How we carried out this review

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We looked at the personal care or treatment records of people who use the service and reviewed information given to us by the provider.

We have not revisited Camberley Cottage as part of this review.

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### What we found about the standards we followed up

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This review of compliance was carried out using documentary evidence provided by the registered manager at our request. We did not speak with people who used the service or with staff as part of this inspection, nor did we visit the service.

We found, from documentary evidence supplied, that the service had carried out recruitment processes that ensured people were cared for by suitably qualified, skilled and experienced staff.

We found that the service had in place a complaints policy that supported people who used the service to make a complaint if needed. The procedure contained within that policy had been made available for persons who used the service and their relatives to read and follow. The complaint forms had been made available to people who used the service and other relevant people.

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

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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 reviewed

### Requirements relating to workers

✓ Met this standard

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

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### Our judgement

The provider was meeting this standard.

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

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### Reasons for our judgement

During our inspection of 31 May 2013 we found that, as part of the service staff recruitment procedure, some applicants had not been required to provide information which was required to be sought by the provider. The information to be provided as part of the recruitment process is detailed within Schedule 3 of the regulations of the Health and Social Care Act 2008. The registered manager told us during that inspection that some of the staff had been employed by the service for a long period and, in relation to those workers, there were some shortcomings in the documents held. This was explained by the manager as, at the time those persons had been employed, the service had not been required to ask for the information now required.

Following our inspection we asked the registered manager to provide us with recruitment files for two recently recruited members of staff. Having examined the documents received we found that there were effective recruitment and selection processes in place

We found that full recruitment procedures had been carried out in relation to those staff. The documents provided contained evidence of the person's application, full employment history, details of two referees from whom references were sought, records of clinical and professional registration and Criminal Records Bureau (CRB) advanced disclosure. It should be noted that the CRB has now been replaced by the Disclosure and Barring Service (DBS).

This meant that appropriate checks were undertaken before staff began work.

**People should have their complaints listened to and acted on properly**

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**Our judgement**

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The provider was meeting this standard.

There was an effective complaints system available. Comments and complaints people made were responded to appropriately.

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**Reasons for our judgement**

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During our inspection of 31 May 2013 we reviewed the service's complaints policy and procedure and saw that this was related to the county of Hampshire and not Surrey in which the service was based. We saw that the policy had not contained up to date information to guide people making a complaint

Following that inspection we received documents from the registered person. These included a full copy of the complaints procedure. We also saw within those documents a complaint log in which all complaints were recorded and a complaint record in which each individual complaint was recorded. The complaint record included areas in which to record the nature of the complaint, actions taken to investigate the complaint, findings of the investigation and details of communication with the complainant, including notification of the findings and satisfaction with the outcome.

A copy of the complaints policy, its associated procedure and relevant forms was contained in the information pack provided to each person who used the service. People were made aware of the complaints system. This was provided in a format that met their needs.

This meant the provider ensured people who used the service, worked at the service and visited the service were enabled to follow the complaints policy and guidance to help them to make a complaint.

## 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.

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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

### 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)

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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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