

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

The Maples

Tokers Green, Reading, RG4 9EY

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Date of Inspection: 12 February 2014

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

Respecting and involving people who use services	✓	Met this standard
Care and welfare of people who use services	✓	Met this standard
Requirements relating to workers	✓	Met this standard
Staffing	✓	Met this standard
Supporting workers	✓	Met this standard
Assessing and monitoring the quality of service provision	✓	Met this standard
Records	✓	Met this standard

Details about this location

Registered Provider	Disabilities Trust
Registered Manager	Mrs. Jacqueline Anne Dandridge
Overview of the service	The Maples is a residential care home for up to 15 people who have autism and accompanying learning disabilities.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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Summary of this inspection

Why we carried out this inspection

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

- Respecting and involving people who use services
- Care and welfare of people who use services
- Requirements relating to workers
- Staffing
- Supporting workers
- Assessing and monitoring the quality of service provision
- Records

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 12 February 2014, observed how people were being cared for and talked with staff. We reviewed information given to us by the provider and talked with commissioners of services.

What people told us and what we found

At our last inspection on 5, 6 & 10 September 2013 we identified concerns about the way the provider respected and involved people who use the service. This was because they did not always protect people's privacy, dignity and independence. At this inspection we found the provider had taken appropriate action to ensure people's privacy, dignity and independence were respected.

During our last visit, we identified concerns about people's care and welfare needs not being met. At this inspection we found the provider had taken appropriate action to ensure people who use the service experienced care, treatment and support that met their needs.

At our last inspection we found the provider did not operate effective recruitment procedures. At this inspection we found the provider had taken appropriate action to ensure people were cared for, or supported by, suitably qualified, skilled and experienced staff.

During our last inspection we found the provider did not take appropriate steps to ensure that, at all times, there were sufficient numbers of suitably qualified, skilled and experienced staff. At this inspection we found the provider had taken appropriate action to ensure there were enough qualified, skilled and experienced staff to meet people's needs.

At our last inspection we found the provider did not have suitable arrangements in place in order to ensure that staff were appropriately supported with training, supervision and appraisal. At this inspection we found the provider had taken appropriate action to ensure people were cared for by staff who were supported to deliver care and treatment safely

and to an appropriate standard. Staff had been properly trained and supervised.

We previously identified concerns about the way the provider assessed and monitored the quality of service they provided. This was because they did not have an effective system in place to regularly assess and monitor the quality of service, or identify, assess and manage risks to the health, safety and welfare of people who use the service and others. At this inspection we found the provider had taken appropriate action to ensure they had an effective system to regularly assess and monitor the quality of service that people receive, and to assess and manage risk.

At our last inspection we identified concerns about the way the provider protected people from the risks of unsafe or inappropriate care and treatment because they did not maintain accurate and appropriate records. At this inspection we found the provider had taken appropriate action to ensure people's personal records were accurate. Records required to protect people's safety and wellbeing were being maintained. Other records in relation to people employed by the service were also accurate.

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

More information about the provider

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

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

Our judgements for each standard inspected

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

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

Reasons for our judgement

At our last inspection on 5, 6 & 10 September, we identified concerns about the way the provider respected and involved people who use the service. This was because they did not always protect people's privacy, dignity and independence. We asked the provider to make improvements to ensure this standard was being met. They sent us an action plan on 14 January 2014 and told us they would meet this standard by 1 February 2014.

On the day of our last visit, we observed that doors to people's rooms did not have any information to identify who they belonged to. The acting manager told us they had been thinking about including door numbers or people's photographs on their doors, but had "not got around to it". At this inspection we observed door numbers and a picture on people's room doors. We asked the manager about these additions and they explained that people who use the service had been consulted about what they would like on their doors and these requests had been met. We saw documentary evidence to confirm this.

During our last visit we observed the home's door locks were operated by an electronic key fob. Care workers used a key fob that opened all of the doors, including people's private rooms. On most occasions, we observed staff protecting people's privacy by knocking on their doors before entering the rooms. However, we observed two occasions when staff used the key fob to enter people's rooms without knocking first.

At this inspection we asked the manager what steps had been taken to address this issue. They told us staff had been reminded about the importance of protecting people's privacy and dignity. We did not observe any occasions where a staff member entered a person's room without knocking first. The manager also explained that the main doors to the buildings were now left open, so people were able to move more freely around the premises.

At our last inspection we observed one occasion where a person who required the support of a care worker in order to maintain their dignity. None of the staff had noticed and we had to direct staff to the person so they could provide appropriate assistance. During this visit we observed staff speaking to people who use the service in a respectful and caring

way on all occasions. One care worker was observed supporting a person to attend activities and another care worker was observed supporting a person to be involved in household tasks.

The Maples also had a learning centre where people who use the service could participate in activities of their choosing. Written plans were available on the wall of the learning centre although people who use the service did not have a personal copy of the timetable. During this visit we saw timetables were available in people's rooms, where they wanted them, and also in the shift office. People were able to access appropriate information in relation to their care and were able to make decisions about what activity they wanted to participate in.

When we reviewed people's care plans we previously found little evidence of individual's involvement in making decisions about their care, where they were able. On this occasion we saw care plans and risk assessments had been updated and included evidence about how people had been involved in this, where they were able.

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

At our last inspection on 5, 6 & 10 September, we identified concerns about people's care and welfare needs not being met. We asked the provider to make improvements to ensure people who use the service experienced care, treatment and support that met their needs. They sent us an action plan on 14 January 2014 and told us they would meet this standard by 1 February 2014.

During the last visit we looked at the care records for two people who use the service. In one person's records we found some risk assessments were out of date and there had not been a recent review of care. We also identified the person had not seen the dentist or optician since June 2011, and no future appointments had been made. At this inspection we looked at the records again. We found evidence the person had recently visited the dentist and optician, and information was included about the outcome of the appointments. Future appointments had also been noted.

We also saw that all of the risk assessments and care plans had been reviewed and updated and were now relevant to the person's welfare and safety in the home's new buildings and environment. The provider had also completed a Health Action Plan (HAP) for the person. An HAP holds information about the person's health needs, the professionals who support those needs, and their various appointments.

When we last looked at the second person's care records we noted a clinical psychologist had recommended the person be supported by two members of staff at all times during the day. The recommendation was in place to ensure there were enough staff to support the person's challenging behaviour, and reduce the possible risk of harm to the person and others.

We spoke with the manager about this at that time, and they told us staff were supporting the person most of the time on a two to one basis, but they felt the person's behaviour was improving so they were trying one to one support to enable the person to become more independent. We asked what risk assessments or plans were in place to manage possible risk caused by a reduction in staff support. The manager told us there were none and they were "seeing how it goes." At this inspection we found the risk assessment had been reviewed and the person was being supported by two members of staff at all times. This

meant the provider had carried out a suitable assessment of need for the person, and had identified possible risks and how they should be managed.

We previously noted that most of the person's care plan was based on assessments undertaken at the person's previous home. There were few assessments and plans in place to enable staff to support the person with their care needs in the new home. At this inspection we saw that the person's care needs had been completely reviewed and there were plans in place to enable staff to support the person in the new home. There was also evidence of how the person had been involved in making decisions about their care.

During this visit we also noted the person had recently undergone a planned medical procedure. There was a detailed plan in place to manage the person's care before, during and after the procedure. Risk assessments had been completed and there were detailed plans in place to manage any changes in the person's behaviour that may occur. There was comprehensive information for staff on how to support the person appropriately following the procedure.

Requirements relating to workers

✓ Met this standard

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

At our last inspection on 5, 6 and 10 September, we found the provider did not operate effective recruitment procedures in order to ensure that persons employed were of good character, or ensure that information specified in Schedule 3 was available in respect of a person employed for the purposes of carrying on the regulated activity. We asked the provider to make improvements to ensure this standard was being met. The provider sent us an action plan on 14 January 2014 and told us they would be compliant with this regulation by 22 January 2014.

At this inspection, the registered manager told us that no new care workers had commenced employment since our last inspection. The deputy manager told us that seven new workers were in the progress of being recruited. A new process in the recruitment of the workers had included a day at the location where the candidates were required to undertake learning about how the service operated and where relevant documentation was obtained from employees. We did not look at the files for these applicants because they had not commenced carrying on the regulated activity. However, this was a positive step taken by the provider to prevent workers commencing employment without the necessary checks in place in the personnel files.

The registered manager and deputy manager told us that a staff member from the central human resources department had undertaken a full audit of the existing care worker personnel files after our last inspection. We asked to see a copy of the audit results and were informed that only verbal feedback was given to the location. However, the location undertook an audit of the personnel files. We looked at this and saw that all files were checked for details such as right to work documentation, identification, Disclosure and Barring Service (DBS) criminal record checks and medical histories. We looked at nine personnel files to check that the provider had obtained the requirements for each of the care workers. We found that the documents had been placed in the personnel files or were in the process of being received.

We looked at two personnel files for care workers that were the most recent to start work. We checked for evidence of the Schedule 3 documentary requirements. This included proof of identity including a recent photograph, a DBS disclosure, checks of prior health and social care conduct and where applicable, written explanations of the reason for leaving those positions. We saw the personnel files also contained written application

forms, interview notes and decision making tools completed by the provider's staff prior to the commencement of the workers. The content of these documents showed the provider was checking whether new workers had the skills, knowledge and experience to work at the location with vulnerable adults.

The location used agency care workers on a frequent basis. Providers are required to have the same information about requirements related to workers for third party staff as for their own staff. We looked at the information for agency workers that the location had on file. This was not in accordance with the requirements of the regulation or Schedule 3. We wrote to the provider to request further information immediately after the inspection. The provider sent information to us about 20 agency workers that had recently worked at the location or continued to carry on the regulated activity. From the evidence we received, we were able to verify that the information required for agency workers to verify they were fit and of good character to undertake the regulated activity was available from the third party suppliers. The provider may find it useful to note that this information must be available at the location for each staff member who carries on, manages or works for the purposes of the regulated activity.

We interviewed the location's deputy manager who took primary responsibility for all requirements related to workers, overseen by the registered manager. The deputy manager was knowledgeable about the requirements of the regulation, the documentary requirements of Schedule 3 and of recruitment and selection procedures. The deputy manager told us that new workers would not commence until all aspects of the requirements related to workers had been satisfied. However, the deputy manager was not aware that satisfactory documentary evidence of relevant qualifications for new workers needed to be available. There were two personnel files we looked at where the workers had relevant qualifications related to their roles, but evidence of their courses was not available. We communicated this with the deputy manager who told us they would obtain copies of the qualifications promptly for the personnel files.

The provider may find it useful to note that their recruitment and selection policy was due for review in December 2012 and contained some out of date information.

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

At our last inspection on 5, 6 and 10 September, we found the provider did not take appropriate steps to ensure that, at all times, there were sufficient numbers of suitably qualified, skilled and experienced persons employed for the purposes of carrying on the regulated activity. We asked the provider to make improvements to ensure this standard was being met. The provider sent us an action plan on 14 January 2014 and told us they would be compliant with this regulation by 1 February 2014.

We spoke to the deputy manager about staffing levels. We were told that safe and effective staffing levels, based on people's needs, had been implemented promptly after our last inspection. Where necessary, this included the use of bank or agency workers with the right knowledge and skills to provide support and care to people who use the service. The deputy manager told us the staffing numbers did not fall below the established levels unless people were absent from the location for an extended period of time. We checked this against the rotas and attendance records for November and December 2013 and February 2014.

In November 2013, there were nine people living at the service who required the support of eight care workers during the day and four care workers at night. We looked at the rota records from 25 November to 1 December. During this period, the required number of staff were present at the location for all shifts. In December 2013, the same number of people lived at the location which necessitated the same level of staffing. We checked staff attendance records for 23 to 29 December. This period included Christmas day and Boxing day, where some people who use the service went to stay with relatives or friends. During this period, we saw appropriate levels of staff were on shift at all times. On the days where people had gone out for the holidays, staffing numbers were reduced to match the requirements of the people that remained at the service.

The deputy manager informed us that a more clear rota system had been implemented at the location in February 2014. This had led to a single system for viewing staffing requirements, the number of staff that were scheduled to work and which staff had worked. We found this was a clear and more robust method of determining whether there were sufficient numbers of staff at all times. The new system also flagged in advance for senior staff and managers whether bank or agency workers were required. The deputy manager told us that the number of people living at the service had increased to ten in February

2014, which required a subsequent increase in the number of care workers for the day shifts.

We again checked a seven day period of staff records consisting of 3 to 9 February. In most of the shifts during this period, the provider met or exceeded the number of staff required to provide support to people who use the service. However, we saw that on three out of 21 possible shifts, there was one less staff member present than had been determined. There were no people who use the service away during these shifts and no record of why the provider could not maintain their staffing level on these shifts. For example, there may have been staff sickness, or unavailability of agency or bank workers. On the three shifts we were unable to determine that the shortage had caused any impact on the care or support to people who use the service.

The provider had a robust system for engaging agency staff on shifts. We saw agency staff were always directly supervised by the provider's own staff and allocated to support people with less complex needs. Where agency workers were required to provide one to one or two to one support, they did this with oversight of the permanent care workers. Agency workers were required to undertake a documented first day induction before they began supporting people who use the service. Where possible, the provider tried to use the same agency staff so that there was some consistency of care for people who use the service.

We observed staffing on the day of the inspection. We saw there were sufficient staff available to meet people's needs. The deputy manager and registered manager were available in addition to the care workers who supported people who use the service. At various times throughout the day, both managers were involved in direct care activities. For example, we saw the registered manager dealt with service commissioners and relatives and the deputy manager worked with members of the multidisciplinary team. We saw some people who had behaviours that challenge had satisfactory numbers of staff to support them. This included where people required one to one or two to one support.

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

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

At our last inspection on 5, 6 and 10 September, we found the provider did not have suitable arrangements in place in order to ensure that persons employed for the purposes of carrying on the regulated activity were appropriately supported in relation to their responsibilities. The provider did not enable them to deliver care and treatment to service users safely and to an appropriate standard, including by receiving appropriate training, supervision and appraisal. We asked the provider to make improvements to ensure this standard was being met. The provider sent us an action plan on 14 January 2014 and told us they would be compliant with this regulation by 22 January 2014.

We looked at the location's training log where all training completed by care workers was documented. We saw this was now being kept accurate and up to date on a month-by-month basis. We saw where staff training gaps had been identified for individuals, appropriate training had either been undertaken or was booked to take place. For example, we saw two staff were booked to attend safeguarding vulnerable adults training in February 2014. We saw that another seven staff were required to renew their fire training and this had been booked for various dates in February 2014. The training log also showed the topics staff were expected to undertake and their frequency which varied between one off, annually or every other year.

The provider now had a plan for care worker training for 2014. This included proposed and booked dates for the range of mandatory topics for the remainder of the year. We spoke to the registered manager who told us that they had worked with the provider's training staff, local authority and other agencies to secure repeat dates for the same training so that if staff missed a session, they could attend the next possible date. We saw the provider had organised training dates for topics that were considered good or best practice, over and above statutory or legislative subjects. For example, we saw that sessions had been secured for training care staff about being "key workers", dates were set for equality and diversity and dignity and respect training.

At our previous inspection, there was inadequate evidence that staff had completed the training that was recorded. This was primarily due to training records being kept stored in a variety of different locations. We looked at five personnel files for care workers at this inspection and checked for training records. We were able to corroborate that staff who

had training recorded in the log had evidence in their personnel files. The evidence consisted of a mixture of certificates following completion of computer based learning to test questions and answers. Staff who had completed the training had their knowledge and competency satisfactorily tested to ensure the support they provided to people who use the service was safe and effective.

We looked at care worker, team senior and management supervision sessions. We saw there had been an improvement since our last inspection. The improvement consisted of nearly all staff having received personal supervision sessions. Only a small number of senior staff had conducted the supervision sessions, including the deputy manager, registered manager and regional manager. We saw the supervision sessions were conducted from November 2013 to February 2014. Due to the timeframe since our last inspection, we were unable to determine that the supervision sessions had been sustained over a medium to longer term.

The registered manager provided a plan of programmed supervisions for all staff for the remainder of 2014. The plan excluded current new recruits and this would need to be considered following their induction and probation period. In three personnel files we looked at we saw examples of supervision sessions that had been conducted and saw the content was satisfactory to ensure care workers were adequately supported to perform their roles. The provider may find it useful to note that certain managers had a large portion of the supervisions to complete each month in conjunction with their routine job requirements.

At this inspection it was not possible to check whether the induction programme appropriately supported new workers in relation to their responsibilities. This was because no new workers had commenced since our last inspection. However, the registered manager told us the provider used Skills for Care's common induction standards (CIS) and we viewed the programme. A group of new workers were due to commence induction at the location in the near future and would undertake the CIS before supporting people who use the service.

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

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

At our last inspection on 5, 6 & 10 September, we identified concerns about the way the provider assessed and monitored the quality of service they provided. This was because they did not have an effective system in place to regularly assess and monitor the quality of service, or identify, assess and manage risks to the health, safety and welfare of people who use the service and others. They did not identify risks relating to the welfare and safety of people who use the service, and others. The provider did not have regard to the comments made, and views expressed by people who use the service, and those acting on their behalf. We took enforcement against the provider and asked them to make immediate improvements.

At our last inspection the provider was not able to demonstrate they had an appropriate system in place to gather information from people about the quality of service they provided. They had completed an annual quality monitoring survey in December 2012. However, they were not able to demonstrate they were analysing the results of the quality survey, identifying any possible action points, or putting plans in place to manage any concerns which may have been identified.

In November 2013 the provider invited people to participate in a new quality monitoring survey. They sought the opinions of people who use the service, family members and relevant health care professionals. They analysed the results and gave feedback to the various stakeholders in January and February 2014. There were positive comments from people including "I am very impressed with the carers" and "I am very happy with X's accommodation and most of all the care that is given to X".

The responses had been appropriately analysed and plans put in place to address any concerns identified. For example, it was identified by two respondents that it was occasionally difficult to get through to the home on the telephone. The provider had installed bells around the property so staff could hear when the phone was ringing if they were away from the main office.

During our last visit, we were able to look at the questionnaire used to gain the views of people who use the service. These were written in an easy read format and all of the

people had completed the questionnaire. However, when we reviewed the comments written on the questionnaire, it appeared that some of the comments did not express the views of people who use the service, but were those of the care worker who had completed the questionnaire. We reviewed this questionnaires used for the November 2013 survey. The provider might like to note that while most of them now showed evidence of how the person was involved in completing the questionnaire, some of them did not. The manager was able to verbally explain to us how individual's views about their care were gained.

At our last inspection we found evidence that serious incidents were not being appropriately reported or analysed, to reduce the risk of such events happening again. At this inspection we saw that incidents were being appropriately reported and root cause analysis were being completed. Incidents were also discussed at individual's multi-disciplinary team meetings and during governance meetings. This meant the provider was able to assess if changes to the care provided for a person were necessary.

At our last inspection we looked at one person's care records and we noted a clinical psychologist had recommended the person be supported by two members of staff at all times during the day. The recommendation was in place to ensure there were enough staff to support the person's challenging behaviour, and reduce the possible risk of harm to the person and others.

We spoke with the manager about this at that time, and they told us staff were supporting the person most of the time on a two to one basis, but they felt the person's behaviour was improving so they were trying one to one support to enable the person to become more independent. We asked what risk assessments or plans were in place to manage possible risk caused by a reduction in staff support. The acting manager told us there were none. At this inspection we found the risk assessment had been reviewed and the person was being supported by two members of staff at all times. This meant the provider had carried out a suitable assessment of need for the person, and had identified possible risks and how they should be managed.

Other measures had been put in place by the provider to monitor the quality of service. These included regular governance meetings, provider quality monitoring visits and records audits. Where concerns were identified during these activities we saw evidence the provider had put appropriate plans in place to address them and the relevant actions were taken.

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

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

Reasons for our judgement

At our last inspection on 5, 6 & 10 September, we identified concerns about the way the provider protected people from the risks of unsafe or inappropriate care and treatment because they did not maintain accurate and appropriate records. We asked the provider to make improvements to ensure this standard was being met. They sent us an action plan on 14 January 2014 and told us they would meet this standard by 1 February 2014.

In one person's care record we previously noted that some risk assessments were incomplete. For example, data was missing, and the person's surname or dates were not entered. At this inspection we saw the care plan had been fully updated and that all entries were complete

The person also had a health action plan (HAP) included in their care records. A Health Action Plan details the actions that are required for each person, to maintain and improve their health and any help that might be needed to accomplish this. Details in the HAP should include the names and contact details for any health professionals that support the person, for example, the GP or dentist. The HAP included in the person's care record gave contact details of professionals for the home the person lived in previously. This meant the details were not accurate. We asked the acting manager about this and they told us who the person's new GP and dentist was, and how they would contact them.

At this visit we reviewed the person's HAP and saw that all of the information had been updated and now included details of the person's new GP, as well as other relevant health care professionals. This meant that staff would have access to the most up to date information about the person, and would know who to contact if needed.

In another person's care record it was documented the person was subject to a supervision order. Their access to the community had been restricted to protect them and others from harm. It was established the order was no longer in place but the person's records had not been updated to reflect this. At this inspection we found the person's care records had been completely revised and updated. A recent Deprivation of Liberty application was recorded which documented restrictions put in place to protect the person and others from harm. The records were being accurately maintained. Appropriate care could be planned, because the information recorded about the person was accurate.

At the last inspection the manager also told us the same person had recently visited the GP but there were no records of the visit, or the outcome, in the person's care record. Outcomes of other appointments the person had attended had not been recorded. At this inspection we saw appropriate information about the person's recent visits to the dentist and optician, and the outcomes of those appointments, had been recorded. All other risk assessments which were found to inaccurate at the last inspection had been updated and were fully complete.

The provider completed an internal quality assurance review in May 2013. In the report they identified several areas where records were inaccurate or incomplete. There was no evidence that concerns identified in the quality assurance report had been addressed. At this inspection, we found all of the areas highlighted in this report had been addressed. The provider had also put a plan in place to make sure that records were regularly audited to ensure they remained accurate and fit for purpose. This included audit tools for care records and a schedule for records auditing.

When we last looked at the staff training records we found the service's training matrix did not correspond to the records for individual members of staff. During this inspection we found the training matrix matched what was in the staff files in terms of certificates, tests and attendance lists. The training records had also been moved into each personnel file to make it easier to look at and verify each one. Previously the provider was also unable to locate the supervision and appraisal records for staff until after our visit. At this inspection they were able to provide these records promptly, while we were undertaking our inspection.

The provider was ensuring that people's personal records were accurate. Records required to protect people's safety and wellbeing were being maintained. Other records in relation to people employed by the service were also accurate.

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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