

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

Sevacare Merton

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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 ✓ Met this standard

Care and welfare of people who use services ✓ Met this standard

Safeguarding people who use services from abuse ✓ Met this standard

Supporting workers ✓ Met this standard

Assessing and monitoring the quality of service provision ✓ Met this standard

Complaints ✓ Met this standard

Records ✗ Action needed

Details about this location

Registered Provider	Sevacare (UK) Limited
Registered Managers	Mrs Barbara Hyacinth Locke Mrs Tracey Sheedy
Overview of the service	Sevacare Merton provides personal care and support services to people in their own homes. At the time of our inspection sixty five people were receiving personal care and support from the service.
Type of service	Domiciliary care service
Regulated activity	Personal care

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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 announced 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 2 September 2014, checked how people were cared for at each stage of their treatment and care and talked with people who use the service. We talked with carers and / or family members, talked with staff and talked with commissioners of services.

What people told us and what we found

This visit was carried out by a single inspector who helped answer questions we always ask; Is the service caring? Is the service responsive? Is the service safe? Is the service effective? Is the service well led?

Below is a summary of what we found. The summary is based on looking at records and from speaking with eight people using the service and the relatives of two others. We also spoke with the care services area manager and the registered manager.

If you want to see the evidence supporting our summary please read the full report.

Is the service safe?

People we spoke with felt safe receiving care and support from the service. People said, "I feel very safe in my home and with the carers.", "The staff are lovely, I feel quite safe with them" and "We feel very safe at home with the carers."

The service had assessed potential risks to people's safety, health and welfare in their homes. There was appropriate guidance for staff on how to manage these risks to keep people safe from harm when they received care and support. However this information was not always accurate or up to date. This put people at risk of unsafe or inappropriate care as staff did not have access to up to date information about people's care and support needs. We have asked the provider to tell us how they will make improvements and meet the requirements of the law in maintaining accurate records, which are fit for purpose.

Staff received appropriate information and training on how to protect people from the risk of abuse, harm or neglect.

Is the service effective?

People using the service and their relatives were involved in planning and developing their

care and support. Their choices and preferences for how this was provided was used to develop their plan of care.

Staff received regular and appropriate training to ensure they were able to meet the specific needs of people using the service.

Is the service caring?

People spoke positively about the staff that cared for them. People said, "I receive wonderful help", "The staff are lovely. They ask what I need and I tell them what is necessary " and "They make sure everything is done for and always make sure I'm comfortable before they leave."

Is the service responsive?

People told us they were comfortable raising any issues and concerns with the registered manager who dealt with these quickly. People said, "They do their best for you and will try very hard to get things right", "They act quickly when you need them to. I feel they are quite responsive "and "They are willing to be flexible. I spoke to someone just yesterday to see if the time of the morning call could be changed."

The service had responded to peoples' concerns about late and missed visits and had made some improvements to reduce the incidences of these.

Is the service well-led?

The views and experiences of people using the service and their relatives were sought by the service. People said the registered manager was approachable and always willing to listen to them.

Regular checks were carried out by the provider and registered manager to assess and monitor the quality of service provided. Where improvements were needed, staff took appropriate action to make these.

The service shared learning from incidents with staff and took appropriate action to reduce the risk of these reoccurring.

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 29 October 2014, 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 ✓ 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 views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

People's privacy, dignity and independence were respected.

Reasons for our judgement

We discussed with the care services area manager and the registered manager how people using the service, and their representatives participated in making decisions about the care and support they wanted and needed. The registered manager told us the majority of people using the service were funded by a local authority and as such care and support packages had already been planned prior to people being referred to the service. However, they advised senior staff carried out a home visit prior to the service commencing, and carried out an assessment of needs to check that the care and support package matched people's expectations. This was also carried out for people who privately funded their own care and support.

We looked at the care records of six people using the service and noted an assessment of care and support needs had been carried for each person prior to them using the service. This was detailed and covered people's healthcare needs, current medications, preferred communication needs, mobility needs, diet and nutritional needs, personal care needs, skin integrity and people's long term goals and objectives in relation to their care and support. There was evidence that people had been able to express their views and were involved in making decisions about their care and treatment during these visits. For example people were able to state any special requirements they may have had in relation to their diet or their preference for the type of carer they had. We noted this information was then used to develop a care plan for the individual.

People's diversity, values and human rights were respected. The care plans we looked at reflected people's stated preferences for how care and support should be provided to them and took account of their specific cultural, spiritual and personal beliefs. Staff were instructed to support and encourage people to make choices and decisions about what they wanted when they received care and support and these should be documented.

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

We spoke with some of the people using the service and their relatives and asked them for their views about the care and support received. One person who recently started to use the service said, "It was a bit strange at first but I've got used to it and they've been good. They come on time and they are polite and chat to me every time they're here." Another told us, "They are quite good. I have a good rapport with them and they come on time. They come and do what they should be doing." And another said, "They do provide the care that they should. The ones that are good are very good. Timing can be an issue. Sometimes one carer will be here and we end up waiting for a second carer to turn up which can be a cause of anxiety."

We discussed with the area manager and registered manager how the service dealt with late or missed calls. They told us the service used an electronic monitoring system that enabled staff in the office to monitor, in real time, staff arrival times at scheduled visits. Where staff were more than fifteen minutes late, office based staff contacted them by telephone to find out the cause of the delay. The registered manager advised that people waiting for a late running member of staff were contacted and given an update about how the service would deal with this. They told us out of business hours the service was monitored by an out of hours team and managers on call. The area manager acknowledged that late or missed calls had been an issue for the service and these were now monitored on a weekly basis by managers to ensure improvements were being made. We were shown evidence of this monitoring and noted the number of late calls reported had reduced over a period of three months (June 2014 to August 2014).

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We looked at the care records of six people using the service. The service had developed people's individual care plans using the information they had gained from an assessment of people's care and support needs. Most care plans we looked at were individualised and reflective of people's preferences about how they received care and support from staff. There were instructions and guidance for staff on how to meet people's care and support needs which respected people's specific preferences and choices. For example, one person had specific instructions on how they liked their food to be prepared and presented to them.

We saw staff kept notes recording the details of each visit they made to people's homes. We were able to check a sample of notes made by staff. We noted the care and support delivered by staff, on the whole, reflected what had been planned. However in some instances information was basic, particularly where people had refused care and support that had been planned. It was unclear how any concerns or issues staff may have had, where people continuously refused planned care or support, were reported to managers. However the registered manager told us they reviewed these notes, which we were able to evidence as part of their weekly audit checks, and any issues or concerns about an individual would be picked up through these checks.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. We saw from the care records we looked at, the service had carried out risk assessments to identify potential risks to people's health, safety and welfare in their homes. There was guidance for staff on how to manage these potential risks to keep people safe when they received care and support.

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

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

We asked some of the people using the service and their relatives whether they felt safe when they received care and support from carers. People told us that they did. One person said, "Everything is perfect and runs so well. I don't get stressed and I feel very safe in my home and with the carers, especially as they have to do hoisting. They work very well to make me comfortable when I'm getting washed." Another told us about their carer, "She doesn't make me feel uncomfortable. If I did I would tell her to go away but I don't have a problem with what she does." Another said about their carers, "I feel quite safe and comfortable with them."

Following concerns that were raised with us in light of two recent safeguarding investigations, carried out by the local authority, we checked that people who use the service were protected from the risk of abuse because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. We looked at the service's 'safeguarding vulnerable adults policy' which gave information and guidance to staff about the types of abuse that could occur and the signs staff should look for to indicate possible abuse, neglect or harm. Staff were instructed to report any concerns they had about a vulnerable adult to a manager. There was information for staff about what to do if these concerns were raised out of office hours. The policy set out managers' roles and responsibilities for responding appropriately to a safeguarding concern which included reporting this to the local authority, who have a statutory duty to investigate this.

We saw from staff training records that all staff employed by the service had received recent training in safeguarding of vulnerable adults. This gave assurance that all staff were provided with the necessary information about their roles and responsibilities for identifying and reporting any concerns they had about a vulnerable person.

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

We asked some of the people using the service and their relatives for their views about the staff that cared for them. The majority of people spoke positively about their experiences. One person said, "I have a wonderful carer, who does everything so well." Another told us, "I think they are very, very good." And another said, "It's a good service. The carers are good." One person told us, on occasion, they had been sent staff they did not feel were appropriate. They said they had raised their concerns immediately with the registered manager who ensured these staff were not sent again. They told us, "I think 95 per cent of the staff are good."

Following concerns that were raised with us in light of two recent safeguarding investigations, carried out by the local authority, we checked whether staff received appropriate professional development. The care services area manager and the registered manager told us all staff received regular mandatory training to support them in their roles. We were shown a copy of the service's training records and from these we noted staff had received training in; catheter care, dealing with emergencies, dementia care, food safety, health and safety, infection control, safe handling of medicines, person centred care, personal care, pressure sores, safeguarding of vulnerable adults and safe people handling. These records showed that training was up to date. The area manager told us the service used an electronic system to alert managers when refresher training was due for members of staff and the registered manager used this information to ensure staff received this training to update their skills and knowledge. This gave assurance that staff received regular training to appropriately care for, and support, people using the service.

We asked the area manager and registered manager how the service assured itself that staff were applying their learning from training, effectively. They told us team leaders carried out unannounced spot checks of staff, six monthly, and observed the care and support provided. They told us any issues identified from these checks were immediately discussed with the member of staff including any training and development needs they may have.

The registered manager also told us following the safeguarding investigations, all staff were spoken with on a one to one basis and in team meetings and the learning from these

incidents had been shared and discussed with them. The service's records indicated that all staff received a regular programme of supervision meetings and an annual appraisal. This gave assurance that staff were supported by managers to provide appropriate care and support to people using 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

We asked some of the people using the service, and their relatives, whether they were satisfied with the quality of service they received. The majority of people told us they were. Comments we received included; "So far, everything has gone well and I don't anticipate any problems.", "They are quite good. I'm happy with them.", "We're reasonably happy with the way things are.", "I don't have a problem with what she (carer) does so I'm happy with things as they are at the moment.", "This is the fourth agency we've used and I'm satisfied at this time. "And "I've got no problems and I wouldn't change anything as I have nothing to complain about."

People who use the service and/or their representatives were asked for their views about their care and treatment and they were acted on. The registered manager told us an 'annual service user satisfaction survey' was sent to people using the service and their representatives. They said the purpose of the survey was to gain people's views about the quality of service they experienced. We were shown the analysis carried out by the provider following the most recent survey in June 2014. People had been asked to rate their satisfaction with various aspects of the service they received including; the timeliness of carers, the care and support provided by them and their competency and conduct. We saw all of the people that had responded to the survey had been satisfied with the care and support they had received from the service.

Other activities carried out by senior staff to gain people's views included a six monthly review visit to each person using the service where people were asked for their views about their current care and support arrangements and whether any changes were needed to this. Unannounced spot checks of staff and telephone monitoring checks were also carried out by office based staff to check people were happy with the care and support they received. This gave assurance that people were given opportunities to provide the service with their views and experiences of the care and support they experienced.

We saw the provider carried out checks on the quality of service provided. This included audits of; people's care records, staff records, accident and incident records, complaints received and safeguarding incidents. Where improvements were needed,

recommendations had been made to the service to action. We looked at the most recent audit carried out in March 2014 and saw the service had taken action to make improvements that had been identified. For example, the service used an electronic system to monitor each visit carried out by carers. However, some of the functionality was not being used by the service which meant office based staff were not always aware when carers were late for scheduled visits. Following this audit, the system had been updated to include 'real time alerts' which meant office based staff were alerted if a carer was more than fifteen minutes to a scheduled visit.

In addition to checks by the provider, the registered manager also carried out weekly sample audits of people's care plans and risk assessments, people's medication administration records, communication sheets completed by staff, and financial transaction logs. We saw following a recent audit, actions were taken to update records where an issue had been identified.

There was evidence that learning from incidents / investigations took place and appropriate changes were implemented. Following two recent safeguarding investigations carried out by the local authority, the registered manager told us actions had been taken by the service to reduce the risks of such incidents recurring. Both incidents related to allegations of improper administration of medicines. The registered manager advised us all staff had since received refresher training to update their knowledge and skills in the safe handling and administration of medicines, which we were able to evidence from training records. The manager also told us, to test staff's knowledge and competency in this area, team leaders had recently carried out unannounced spot checks of staff to check their practice and understanding. Although we were not able to see records relating to these spot checks the manager confirmed no errors had been found from these checks.

An issue was also raised following these investigations about missed visits, which had occurred out of business hours. The manager told us improved monitoring arrangements had now been introduced, which meant out of hours staff were receiving prompt notification of a late or missed call by a carer and contacting relevant managers on duty to take appropriate action. The manager confirmed appropriate disciplinary action was taken in respect of the staff member that had failed to contact the service to advise they were unable to attend a visit and that member of staff no longer worked for the service.

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available.

Comments and complaints people made were responded to appropriately.

Reasons for our judgement

We asked some of the people using the service and their relatives what they would do if they were unhappy about any aspect of the care and support provided by the service. People told us the registered manager was approachable and responsive and they felt comfortable raising any issues or concerns with them. One person told us, "I feel very comfortable raising any issues and I can speak my mind. I can talk to the manager whenever I need to." Another person said, "I know I can tell someone if I'm not happy about anything." And another said, "They do their best for you and will try very hard to get things right."

One of the people using the service told us about a time when they had experienced some problems with staff turning up late and they had contacted the manager and asked them to deal with this. They said the manager had responded very quickly to their concerns and things had improved since then.

People were made aware of the complaints system. The registered manager told us the service's complaints policy and procedure was discussed in detail with people, and their representatives, at their initial assessment visit from the service. They also told us information about making a complaint was available in the service user guide, which was provided to people when they first started to use the service. We looked at a copy of the service user guide and noted people were informed about how they could make a comment or complaint about the service. Some of the people we spoke with confirmed staff had spoken to them about how they could make a complaint if they needed to and how this would be dealt with by the service. This gave assurance that people were properly informed about their right to complain about the care and support they received.

We were shown a copy of the service's complaints policy and procedure. This provided information to people about what they could do if they had a concern or complaint about the service. This included an explanation of how and to who people could make a complaint to, and information about how long it would take for the complaint to be dealt with. We were also shown a copy of the service's complaints leaflet which was in an easy read, picture format. We noted that some of the information provided to people was out of date or incorrect. For example people were provided with details in the complaints leaflet

for other agencies and organisations they could contact if they had a concern. However one of the listed organisations, the Health Care Authority, did not exist. The Care Quality Commission (CQC) was incorrectly referred to in the service's policy and procedure. And, in the service user guide, people were advised they could make a formal complaint directly to CQC, which was incorrect. The provider may find it useful that people were not provided with all the information they needed to know in order to take their complaint further to the appropriate authority or organisation.

We looked at how the service dealt with complaints received. We noted the service had received two formal complaints in the last six months. We saw from the documentation relating to these complaints the registered manager had taken appropriate action to investigate the complaint and had provided appropriate feedback. It was clear from the information seen the service had responded promptly in acknowledging the issues that had been raised and took appropriate action to resolve this.

However we were concerned that the service had only received two complaints during this period. On further discussion with the registered manager, we were advised that complaints received from people using the service and/or their representatives had not been recorded on the service's central complaints log. They told us these complaints were documented on people's individual care records as well as the actions taken to resolve this. Therefore we were unable to review the effectiveness of the complaints procedure as we were not able to see a complete and accurate picture of all the complaints received by the service. The registered manager acknowledged that all complaints received should have been recorded in the service's complaints log, as required by the service's own policies and procedures. The provider may find it useful to note in the absence of this information, the service could not be full assured that all opportunities to prevent or reduce the impact of unsafe or inappropriate care had been maximised.

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

Our judgement

The provider was not meeting this standard.

People were not protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records had not been 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 this inspection we found that some of the care records the service maintained were not accurate or up to date. We looked at the care records of six people using the service. In two instances we found that changes to an individual's care and support needs had been identified following a review, but their care plan had not been updated to reflect this change. In another case we found that the care and support package from the local authority did not reflect what was planned in the individual's care plan.

The registered manager told us the service was required to review people's care plans every six months and their individual risks assessments, annually. They told us the service used an electronic monitoring system which alerted managers' when these reviews were due. We asked to check the system and found thirty nine care plans were overdue a six month review and thirteen people's risk assessments were overdue an annual review. The registered manager told us this system was monitored regularly to identify which records were due to be reviewed, but was unable to explain how these records had been missed. People were put at risk of receiving unsafe or inappropriate care as staff did not have access to the most up to date and accurate information about their care and support needs.

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 activity	Regulation
Personal care	Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010
	Records How the regulation was not being met: People were not protected from the risks of unsafe or inappropriate care and support because accurate and appropriate records had not been maintained. (Regulation 20 (1) (a))

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 29 October 2014.

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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