

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

Redlynch House Residential Home

19 Hillcrest Road, Hythe, CT21 5EU

Tel: 01303264252

Date of Inspection: 12 June 2014

Date of Publication: July 2014

We inspected the following standards as part of a routine inspection. 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	✗ Action needed
Safety and suitability of premises	✗ Action needed
Staffing	✓ Met this standard
Assessing and monitoring the quality of service provision	✗ Action needed

Details about this location

Registered Provider	Redlynch Residential Home Limited
Registered Manager	Mrs Susan Hambelton
Overview of the service	Redlynch House provides accommodation and personal care for up to 13 older people.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

Contents

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

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

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 June 2014, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members and talked with staff.

What people told us and what we found

An adult social care inspector carried out this inspection. The focus of the inspection was to answer five key questions; is the service safe, effective, caring, responsive and well-led?

During this inspection we spoke with six people who used the service, two relatives, one health care professional and two visitors. We observed how people spent their time and their interactions with staff. We reviewed care plans and other records relating to the management of the home.

Below is a summary of what we found. The summary describes what people using the service, their relatives and the staff told us, what we observed and the records we looked at.

Is the service safe?

People and relatives told us they felt the service was safe. Safeguarding procedures were in place but did not give staff clear guidance of how to process a safeguarding alert to make sure action was being taken to safeguard people from abuse.

Risks associated with people's care delivery were identified during assessments, and staff had guidance for staff to follow, to make sure people were being cared for as safely as possible.

Some areas in the service were in need of redecoration and repair to make sure people were living in a service which was adequately maintained.

There were systems in place to record accidents/incidents but these had not been analysed to identify trends and patterns to make sure that the staff learnt from events, to prevent them from happening again.

At the time of the inspection there was sufficient staff on duty to meet the needs of the people using the service.

Staff had received training in the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DOLS). There were no Deprivation of Liberty Safeguards authorisations in place, and no applications had been made.

Is the service effective?

People had their needs assessed prior to moving into the service, including visits to the service.

People told us that they were satisfied with the care they received, and felt their needs were met. Relatives said they were satisfied with the care and support people received. We saw that staff knew the people well and understood people's care and support needs.

Care plans were in place for each person, which were personalised with details of people's routines, and staff demonstrated they knew how to care for the people in line with their preferences and choices.

People had access to health care professionals to make sure their health care needs were met.

Staff meetings were in place to give staff an opportunity to voice their opinions of the service. However, the programme of regular supervision and appraisals were not being completed to make sure staff development was recorded and achieved.

Is the service caring?

People told us the staff were kind and caring. They said: "The staff are friendly, kind and caring". "The food is good". "Would not want to be anywhere else". "The place is terrific; you could not get a better place". "I am very fond of the home, it is a family atmosphere". "Staff know us well and could tell if we were unhappy".

Relatives spoke positively about the staff and said that staff were kind and respectful.

Staff said: "This is a family run service; everyone wants the best for the residents". "We always put the residents first".

People told us they were treated with dignity and had their privacy respected.

Is the service responsive?

The last survey was sent to people using the service last year and the annual service for this year was in the process of being sent out to people so they had an opportunity to voice their opinions of the service. However, there was a lack of evidence of other opportunities to offer views and feedback, such as residents meetings.

We found that there were limited activities in place. People told us that there were not many activities in the home, however some people said this was fine as they were happy doing what they wanted to do. We saw that people were able to spend time as they wished within the service.

Is the service well-led?

Quality assurance processes were in place. Staff told us they were clear about their roles and responsibilities and that they felt supported by the management team. They told us the management team were very approachable.

Systems were in place to ask people their views about the service; however people were not routinely involved in their care reviews.

The service did not have effective systems in place to provide on-going monitoring of the care being provided; therefore shortfalls found during this inspection had not been identified and acted upon.

Staff felt supported by the registered manager, even though supervision was not up to date and they had not been receiving an annual appraisal .

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 19 July 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 privacy, dignity and independence were respected.

Reasons for our judgement

People who used the service understood the care and treatment choices to them. They said: "The staff always knock before they come in, they are polite and respectful". "I can do what I want here".

A relative said: The staff are very welcoming and definitely treat us all with dignity and respect".

Each person had a care plan detailing their needs and choices in relation to how their care was provided and how they preferred to be supported. People told us that they had the choice of when to get up and when to go to bed. There were choices of meals, snacks and drinks.

Each person's bedroom contained their own belongings and their rooms were personalised to their choice.

Staff demonstrated a sound understanding of protecting people's privacy and dignity. They supported each person individually with their personal care in the privacy of their bedroom or one of the bathrooms. Before staff entered people's bedrooms they knocked on the door to check it was alright for them to come in. The atmosphere at the service was homely and relaxed. This meant that people were treated with dignity and respect.

Staff had received training on the Mental Capacity Act and Deprivation of Liberty Safeguards. People were encouraged to make as many as decisions as possible for themselves for example to have the annual flu jab. There were appropriate procedures in place for making more complex decisions on behalf of those people who lacked capacity. This meant that the service acted in the best interest of people using the service.

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

People experienced care, treatment and support that met their needs and protected their rights. People and relatives told us they were satisfied with the care being provided.

Concerns were raised to the Commission that care plans and risk assessments were not up to date.

We looked at four care plans and found that regular reviews of the care plans was in place, however these were only signed by staff and did not indicate how or if people using the service had been involved in the review of their care. There was no evidence to show how people or their representatives had been consulted and agreed with their care plan. Therefore the provider might find it useful to note that we could not be assured that people were being supported in the decisions about their care, to make sure they were receiving the care in a way that suited them best.

The registered manager completed care needs assessments before people moved into the service so that people could feel confident their needs would be met. The care plans were personalised to each individual, showing what they could do for themselves, such as what areas they could wash themselves and when they needed help. One person said: "You get a nice bath here; the staff are ever so gentle". "The staff really care about us". "They let us do as much as we can and then help if we need them". A staff member commented: "We offer a personalised service for each individual".

People maintained good physical and mental health because the service worked closely with health and social care professionals. People were supported to attend appointments and the service made referrals for extra support when needed . Health needs were monitored closely and all appointments with professionals were recorded with the outcome of the visit. This meant that people were bring supported to access the health care they needed. Relatives told us that the service kept them informed about their relative's wellbeing. All relatives spoken with said they were satisfied with the care being provided. One relative said: "The staff always update us if my relative is unwell".

We found that there were assessments in place to make sure people's skin was kept as healthy as possible. There were pressure relieving cushions in place for people who needed them and pressure relieving mattresses on beds. Body maps in care plans showed any areas on a person's body that may be at risk of a pressure sore and these were dated and monitored to ensure that people's skin remained healthy and intact.

Potential risks had been identified and recorded. When a risk was apparent it was assessed with action recorded that staff should take to reduce the risks. For example, one person with diabetes had their blood sugar levels monitored regularly. There was information in their care plan describing the symptoms of when this person's condition become unstable so that medical assistance could be requested promptly. One health care professional told us that the service was timely in accessing their services when people needed support with their health care needs. This meant that staff had guidance about how to meet people's care needs.

The contact details for people's next of kin and other important people were recorded in people's care plans; however we saw that there was limited information about people's background and life events, family and hobbies. This meant that staff might not have the knowledge about people's life history so they could talk to them about it.

We observed the care being provided and we found that staff interacted positively with people. They spoke to them as they walked by and involved them in conversation. People chatted with the staff and each other and the atmosphere in the home was relaxed.

There was no formal programme of activities. People said they enjoyed the garden and the hairdresser called on a regular basis. Staff told us that sometimes the people using the service went shopping into the local town.

People said: "We don't have outings or many activities here, but that's fine." "I don't want many activities as I do what I want and it does not bother me". Another person said that the local church called round on a regular basis. The registered manager told us that they would review the activities and speak with people individually to assess what they would like to do to enhance their social interaction.

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

Our judgement

The provider was not meeting this standard.

People who used the service were not fully protected from the risk of abuse, because the provider had not taken steps to ensure that protocols and procedures were in place to report suspicions of abuse.

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

Reasons for our judgement

People were not fully protected from abuse.

People told us they felt safe living at Redlynch. People said: "I feel much safer here than living at home". "I feel safe here".

The service had a safeguarding policy in place, however this was not detailed to show staff what to do if they needed to report any concerns to an outside agency. A copy of the Kent and Medway safeguarding protocols were not available for reference. There was a whistle blowing policy in place and we saw that the registered manager had discussed this policy at the recent staff meeting.

Records showed and staff confirmed they had received training in safeguarding vulnerable adults, however not all staff we spoke with were able to tell us the correct procedure for reporting abuse outside of service. This meant that staff did not have the current guidelines to make sure they handled any suspicion of abuse appropriately in order to keep people safe.

We found that there had been no safeguarding alerts raised at the service during the last 12 months.

There were financial systems in place to make sure people were protected. The service held monies in safe storage for some people who used the service. Staff told us how they made sure people signed for their monies. Records were in place to record all transactions, together with receipts so that people know how their money had been spent

People should be cared for in safe and accessible surroundings that support their health and welfare

Our judgement

The provider was not meeting this standard.

The provider had not taken steps to provide care in an environment that was suitable designed and adequately maintained.

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

Reasons for our judgement

People who used the service, staff and visitors were not fully protected against the risks of unsafe or unsuitable premises.

People told us that in some areas of the service there was a need to redecorate and replace the lighting. Relatives said: "The care is good however the décor could be improved but I think there are plans in place to do this".

Concerns had been raised with the Commission that one bathroom was out of use and the other bathroom downstairs had an electric bath seat which did not swivel and this posed a health and safety risk.

There were three bathrooms in the premises, one upstairs which had been refurbished with a bath hoist seat and two downstairs. One bathroom downstairs was out of order and the other bathroom had a low bath with an electric bath seat which did not swivel. Staff told us that only three people used this bath and they were able to manage to do this safely. However, there were no environmental risk assessments in place to show staff how to manage the risks safely.

Staff told us that the use of the bathroom was limited as out of 13 people using the service, three had ensuite bathrooms, three people were bed bathed which left four people using the bathroom upstairs and three people using the bathroom downstairs. This meant that although there were some restrictions in place people were still able to access bathing facilities.

The registered manager had plans to install a wet room in the out of use bathroom and was in the process of consulting an Occupational Therapist for advice. Timescales for this to be completed in the maintenance plan were six months to a year.

There was no passenger lift in the premises as the majority of people using the service were able to move around unaided. There was one hoist in operation, which had been

serviced to make sure it was safe to use. We saw that the electrical system, gas appliances and small electrical appliances had also been tested to make sure they were safe to use. There was a system in place to test the water temperatures and records confirmed that the water was within the correct temperatures. However there was no risk assessment in place to reduce and prevent Legionella. There were no tests to make sure the water was clear and the premises were safe.

There was a maintenance book where staff reported any items which were in need of repair. At the time of the inspection we found that there was a light which was not working in one of the toilets upstairs. One person using the service told us that this had been reported two days before the inspection but had not been repaired. There was also a light not working in the dining room. On 16 June 2014 following the inspection the registered manager confirmed that this work had been completed.

We found that there were areas of the home which were in need of repair. For example, the wallpaper in the entrance hall was coming off the wall, the skirting boards and paint work in the same area were in need of painting. We noted that some areas of the service were not as clean or maintained as well as they could be. For example, carpets had not been hoovered, a commode pot had been left in a bathroom, the windows needed cleaning and there was an odour in one of the toilets. This meant that the home was not being cleaned or maintained to an appropriate standard.

There was a maintenance plan in place which detailed when the above work would be carried out. The registered manager told us that care staff had been covering cleaning duties as they had not been able to employ a dedicated cleaner; however a new person had been appointed and was waiting to commence employment.

We noted that there was a rolling programme of servicing for the hoists and fire equipment. This meant that the equipment was maintained and safe for staff to use.

Staff felt the décor of the home could be improved. One staff member said: "The home could do with some redecoration but some areas, such as bedrooms, had been redecorated

There was is an accessible well maintained garden with a view across the sea and a patio area with seating. People told us they enjoyed the garden and the sea views .

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

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

Concerns had been raised with the Commission that there was not enough staff on duty. The caller stated that there was no cook or cleaner so care staff had to complete these tasks as well as caring for the people who used the service.

We found that there was a vacancy for a cook and a cleaner. The registered manager told us that they had now recruited to these posts and were currently waiting for the relevant checks to be completed before the new staff commenced employment.

During the absence of a cook the registered manager or a senior staff member had been cooking and care staff were covering the cleaning duties. At the time of the inspection the registered manager and deputy manager were on duty. The senior carer was cooking, and there were three care staff on duty with two waking night staff allocated on the rota.

The staff rota for the last four weeks showed there was sufficient staff in the morning to cover the additional duties of cooking and cleaning. However, in the afternoon between the hours of 5pm to 7pm there were two members of care staff on duty between the hours of 5pm and 7pm. Therefore the provider might find it useful to note that the lack of staff between the hours of 5pm and 7pm might result in people's needs not being fully met. The registered manager told us that this would be reviewed to make sure people were receiving the care they needed.

People told us that staff responded to them promptly and there was always staff around to support them. They said: "I think there is enough staff on duty, they always come quickly when I need them". "Staff always respond well at night time and come as soon as you press the call bell "

Relatives were satisfied with staffing levels and one relative said: "I am a regular visitor and there seems to be always enough staff on duty".

We saw that the majority of the staff had achieved Diploma in Health and Social Care (formerly known as National Vocational Qualification (NVQ)) Level 2, or above, or were in

the process of doing do.

There was an induction training process which included orientation of the service and various mandatory training sessions. The induction also included new staff shadowing senior staff to get to know the people using the service and their routines. However, this was not linked to the Skills for Care Common Induction Standards. (Skills for Care publish guidance on recognised standards for induction in the care sector). The provider might find it useful to note that that we could not be assured that the induction training demonstrated that new staff had the required knowledge to deliver care to the appropriate standard. The registered manager told us that they would review the induction training.

Assessing and monitoring the quality of service provision

✕ Action needed

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 not meeting this standard.

Systems were not always effective in identifying, assessing and managing the risks to people's health, safety and welfare. Systems were not always effective in assessing and monitoring the quality of service that people received.

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

Reasons for our judgement

The provider did not have an effective system to regularly assess and monitor the quality of service that people received.

People and relatives told us they were satisfied with the service. They said they would recommend the service.

People said: "I have no complaints but would speak to the manager if I did". "We do discuss the service but we don't have residents meetings".

Relatives said: "Brilliant, I am really impressed with the service; my relative says the care is really good". "I am happy with everything here, the care is good".

The registered manager told us that they were in the process of sending out the annual quality assurance surveys so that people would have the opportunity to comment on the services being provided.

Staffs' practice was monitored through staff team meetings, and the registered manager observing staff providing the care to people using the service. However, there was no formal supervision and appraisal programme in place. This was not in line with their supervision policy. This meant that staff were not being given the opportunity individually meet with their line manager to enable them to raise any concerns and discuss their training development needs.

We found that environmental risk assessments were in place and had been reviewed or updated. However, there was a lack of audits and monitoring of the service, such as checks on medication and care plans or infection control measures. We found therefore that the shortfalls in the service had not been identified. For example, we saw that cleaning schedules did not identify all cleaning tasks, such as cleaning of carpets, or deep

cleaning of rooms. This meant people were at risk of systems that were not effective in identifying and managing risks to people's health, welfare and safety.

Records confirmed that accidents and incidents were recorded, however, these were not analysed by the registered manager to ensure appropriate action was taken to reduce the risk of further occurrence. This meant that we could not be assured that the current systems in place were effective to make sure people were as safe as possible.

The service did not have a formal development plan in place. These meant that there was no record of how improvements were being made to the service and outline any future business development needs.

People told us they did not have any complaints but would not hesitate to raise concerns if they needed to. There was a complaints system in place; however we could not fully assess if this was effective as there had been no complaints since the last inspection.

We saw that the complaints policy and procedure did not include the local authority or ombudsman details if people were not satisfied with the way the service had handled their complaint. This meant that people did not have the full information to make sure their complaints were resolved to their satisfaction.

Staff we spoke with told us that the manager was accessible and approachable. They told us they felt comfortable in bringing concerns to the attention of the registered manager and had confidence that they would act on their concerns.

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
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2010 Safeguarding people who use services from abuse
	How the regulation was not being met: The provider had not made suitable arrangements to ensure that people using the service were safeguarded against the risk of abuse. Regulation 11(1)(b)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010 Safety and suitability of premises
	How the regulation was not being met: The provider had not taken steps to ensure the people were protected against the risk associated with unsafe or unsuitable premises. Regulation 15 (1)(c)(ii)
Regulated activity	Regulation
Accommodation for	Regulation 10 HSCA 2008 (Regulated Activities) Regulations

This section is primarily information for the provider

persons who require nursing or personal care	<p>2010</p> <p>Assessing and monitoring the quality of service provision</p>
	<p>How the regulation was not being met:</p> <p>The provider had not taken steps to protect people using the service against the risk of appropriate or unsafe care and treatment.</p> <p>Regulation (2)(a)(b)(c)(I)</p>

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 19 July 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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