

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

Keychange Charity Rose Lawn Care Home

All Saints Road, Sidmouth, EX10 8EX

Tel: 01395513876

Date of Inspections: 27 May 2014
23 May 2014

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2014

We inspected the following standards as part of a routine inspection. This is what we found:

Care and welfare of people who use services	✓	Met this standard
Cleanliness and infection control	✓	Met this standard
Management of medicines	✓	Met this standard
Staffing	✓	Met this standard
Assessing and monitoring the quality of service provision	✓	Met this standard

Details about this location

Registered Provider	Keychange Charity
Overview of the service	Keychange Charity Rose Lawn Care Home is registered to provide accommodation for 29 people who require personal care. The home is situated in Sidmouth, Devon.
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

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 23 May 2014 and 27 May 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, talked with staff and reviewed information given to us by the provider.

What people told us and what we found

We considered our inspection findings to answer questions we always ask;

Is the service safe?

Is the service effective?

Is the service caring?

Is the service responsive?

Is the service well led?

This is a summary of what we found.

This inspection was undertaken to follow up that required improvements had been made in relation to care and welfare, infection control and medicines management following our previous inspection in October 2013. Following the inspection the provider sent an action plan to us detailing the improvements being made

On the day of our inspection there were 27 people living at Roselawn with one person currently away from the home.

We spoke with nine people using the service, the deputy manager and nine staff supporting them. In addition we spoke to a registered manager from one of the provider's other homes, the provider's operations manager and an agency care worker working at the home.

We also spoke to a visitor and three district nurses who visits the home to support people living there.

Is the service safe?

The deputy manager ensured there were staff on duty with the appropriate qualifications,

skills and experience required to ensure people's needs were met.

The deputy manager understood their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty safeguards (DoLs). The deputy manager told us that there had been no reason to restrict or deprive people using the service of their liberty, in line with Deprivation of Liberty Safeguards legislation.

The home had suitable arrangements in place to reduce the risks of people receiving inadequate nutrition or becoming dehydrated.

The home was clean and had processes in place to maintain a clean environment. A person living at the home and a visitor told us "they keep it nice and clean here" and "it is lovely here they keep it beautifully clean".

Is the service effective?

People's health and care needs were assessed and their care plans and assessments were reviewed monthly. Specialist dietary, mobility and equipment needs had been identified in care plans where required. This showed that people were having care delivered effectively or in accordance with their assessed needs.

It was clear from our observations and from speaking to people and staff that they had a good understanding of people's care and support needs and that they knew them well.

Visiting district nurses told us that they had seen improvements at the home. They told us they were working with the home and felt staff would benefit from additional training in catheter care and tissue viability.

Is the service caring?

People were supported by staff who were understanding and sensitive to their needs. We saw that staff showed patience and gave reassurance and encouragement when supporting people.

People at the home told us they were happy at the home. Comments included, "I am very comfortable here" and "We are very well cared for".

Is the service responsive?

The home had appropriate systems in place for gathering, recording and evaluating information about the quality and safety of the overall service. Systems were in place to make sure the deputy manager and provider learnt from events such as accidents and incidents. This reduced the risks to people and helped the service to continually improve.

People told us they knew how to make a complaint if they were unhappy. A complaint received since our last inspection had been acted upon promptly and in line with the homes complaints policy and procedure. People can therefore be assured that the home acts upon complaints, they are investigated and action is taken as necessary.

Is the service well-led?

The home do not currently have a registered manager in post. The provider Keychange Charity had put in place support for the homes deputy manager in the absence of a

registered manager. The provider's operation manager and registered manager from one of the provider's other homes visited a minimum of weekly. This meant that the provider had ensured the home was managed by a person supported by competent managers in the absence of a registered manager at the home.

Staff were confident in the deputy manager, they told us since she had taken charge there was a positive atmosphere amongst the staff. Comments included "X has done really well" and "X has done a great job, we are now working as a team".

The provider's representative undertook a monthly compliance visit. This showed that they worked with the deputy manager and the staff to ensure the standards that people expected at the home were maintained.

There had been communication difficulties between the local district nurse team and the home. Systems were being put into place to remedy this to make sure people received their care in a joined up way.

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

Care and welfare of people who use services

✓ Met this standard

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 28 October 2013 and 5 November 2013 we made a judgement that care and treatment at Roselawn was not consistently delivered in a way that was intended to ensure people's safety and welfare.

During this inspection we followed up previous concerns to check improvements had been made. We found improvements had been made. We saw records showing the incidents of falls at the home had dramatically reduced. The home had implemented new falls guidance assessment documentation. The document had a system to identify the level of concern immediately following a fall and a clear protocol advising staff of actions they needed to take. The staff completed a post falls review monitoring document for up to 48 hours after the accident. The deputy manager told us they felt the reduction in falls at the home was due to increased staffing levels and staff training. We asked care staff why they felt the levels of falls had decreased at the home. They told us it was due to their better understanding, checking the environment for falls risks, recognising changes in people's health and the new protocol in place. This meant the home had systems in place to ensure people's safety and welfare were met.

We saw that 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 for five people living at the home to find out how their health and personal care needs had been assessed and how the service planned to meet those needs. Each person had a care folder that contained risk assessments which included people's mobility needs, falling risks, skin integrity and nutritional status. They had been reviewed and updated regularly by the designated senior care staff.

We saw the care plans were detailed, individualised and took into account the information gathered by the risk assessments and people's level of ability and understanding. The care plans included how to meet people's personal hygiene needs, communication, mobility, nutrition and continence needs. The plans gave staff clear guidance. Examples included

guidance for staff to support somebody to use the toilet. Staff were instructed to explain the procedure to the person, give them time to understand the request and accept the procedure. It concluded by saying the person would be more likely to comply with the request.

We spoke with three district nurses supporting people at the home. They told us that they had seen improvements at the home over the past few months. They told us staff had been very enthusiastic about increasing their knowledge about administration of medication and that the home had been proactive with regard to some concerns raised. They told us there had been a few communication concerns between the home and district nurse team regarding the homes management of catheter care and understanding of tissue viability. In response they had allocated the home a designated nurse to improve the working relationship and communication between the services.

We observed staff assisting and interacting with people during our visit. We found staff were kind, were patient, reassuring and engaged in cheerful discussions. People told us they were happy at the home. Comments included, "I am very comfortable here, looked after well", "It's like being at home". "They (staff) will do anything if I ask" and "We are very well cared for".

There were opportunities for people to be engaged in activities. We saw there was an activities and events sheet for May 2014 on the homes notice board. Events included a clothes sale, music and movement and shopping. The deputy manager told us that church services were held at the home on alternate Sundays and Tuesdays and there was a weekly religious discussion group. At our first visit we saw that people were being supported by the designated activity person to go shopping. On the second day of our visit we saw that a person was encouraged to play the piano in the conservatory. One person told us it could be dull in the afternoons as a lot of the people took naps. We discussed this with the deputy manager who told us they would raise this with the activity coordinator to try and rectify this.

The service responded to emergencies appropriately. For example, we saw personal emergency evacuation plans for people at the home. Staff had considered what help or assistance each person needed in the event of a fire. Staff told us there had been a practice fire alarm on the morning prior to our visit. An agency care worker working at the home was able to tell us what the procedures were in the event of a fire alarm at the home. This meant that people were protected from risk because agency staff were informed of the homes emergency procedures.

People should be cared for in a clean environment and protected from the risk of infection

Our judgement

The provider was meeting this standard.

People were protected from the risk of infection because appropriate guidance had been followed.

People were cared for in a clean, hygienic environment.

Reasons for our judgement

At our previous inspection we made a judgement that people were not cared for in a clean, hygienic environment. Following the inspection the provider wrote to us detailing in an action plan the arrangements that would be put in to place to rectify our concerns.

At this inspection we found that improvements had been made and the home had systems in place to ensure people living at the home, staff and visitors were protected from the risk of infection.

We were taken on a tour of the building by the deputy manager. We saw that there were now star locks on the laundry room, boiler room, sluice rooms and cleaning cupboard and these rooms were all locked. We were told that staff were asked to sign each morning for a set of keys which they returned at the end of their shifts. This meant the home protected people from accessing areas of the home that may put them at risk of injury.

The deputy manager told us that the sluice had been replaced and an additional sluice installed on the ground floor since we last visited. Staff confirmed to us that the sluice was in working order.

We found the home felt very welcoming and was clean and free from odours. We looked at the laundry and saw that this area was regularly used and was kept orderly tidy and clean. The home had employed a designated laundry assistant and replaced a worn ironing board.

We looked at the kitchen area. We found it was clean and tidy and that an improved cleaning schedule for the kitchen assistant and chef had been put into place. We saw that cleaning schedules were consistently signed to show the cleaning was completed. Senior staff told us they regularly checked the cleaning schedules had been completed, however these checks were not documented.

A person living at the home told us "They keep it nice and clean here" and a visitor said "It is lovely here they keep it beautifully clean".

In December 2013 the home had been inspected by the food standards agency and were awarded a food hygiene rating of five stars, the highest rating. We saw records of the visit which recommended other improvements such as cleaning of the skirting boards in the dry food area. The chef told us these were now regularly steam cleaned. This showed the home had made further hygiene improvements on the kitchen.

We looked at the chemicals held at the home in the designated cleaning and chemical room. We saw that the chemicals were organised in an orderly fashion. We saw that the COSHH folder that gives information about the chemical contents of cleaning items held in the carer's office contained the relevant data sheets to chemicals used at the home. The provider may find it useful to note that the data sheets would benefit from being filed in order to prevent delays in accessing the relevant data.

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

At our last inspections we made a judgement that people were not fully protected against the risks associated with medicines because the home did not have appropriate arrangements in place to manage medicines.

Following the inspection the provider sent an action plan to us detailing the improvements made for the appropriate safe disposal and storage of medicines at the home. At this inspection we found that improvements had been made.

We looked at the way the home stored controlled drugs which require additional security in administration and storage. We found the home had suitable storage to store controlled drugs appropriately in accordance with the legislative requirements.

We met with the designated member of staff who was responsible for medicines at the home. We looked at the new controlled drugs register and found that it balanced against the stock held at the home.

We observed two staff administering a pain relieving medicine. We saw the medicine was given at the time it had been prescribed. The staff correctly checked and signed the controlled drug register and the person's medication administration record (MAR). This showed people were protected because there were robust processes and procedures in place for controlled medicines.

We found that medication was being stored safely in locked cupboards and two medication trolleys were safely secured to the wall in the medication room. The medication cupboards and trolleys were clean and organised which reduced risks of mistakes.

We saw the medication systems in use meant people had their regularly prescribed medicines at the time they needed them and in a safe way. We saw a list detailed clearly which staff were trained and competent to administer medication. Six staff had been trained to administer insulin by the local district nurses to support some people living at the home.

We saw staff had access to a folder containing medicine information about the potential side effects of the medication being administered at the home. This meant staff had the information they needed to identify any adverse side effects more quickly.

Medicines were safely administered. We observed staff administering medication, and found they had a good understanding about what each medication was used for. Staff did not appear rushed and discussed their medication with the person. Staff supported the person to take their tablets, then offered them a drink and waited patiently whilst the person swallowed their medicine. One person told us, "I have my sleeping tablet brought to me, they (staff) stay while I have a drink".

The home had an audit on 27 February 2014 undertaken by an external pharmacist that supplies medication to the home. We saw that the pharmacist had made a few recommendations. One of these actions recommended the home monitored the room temperature where the medication was stored. We saw that there was a thermometer on the wall in the medication room and a daily recording sheet. This meant the home followed recommended guidance from pharmaceutical professionals.

We saw the medication fridge was locked and staff had recorded daily the minimum and maximum internal temperature of the fridge. We found the readings were consistently the same and the thermometer sensor was outside of the fridge. The provider may find it useful to note that staff had not identified the thermometer was not working correctly. This could put people at risk of receiving ineffective medication if not stored at the recommended correct temperature.

Appropriate arrangements were in place in relation to the recording of medicine. A medication administration record (MAR) was completed which showed the time and date when medicine had been taken and initials of the staff member who had administered the medication. We checked nine people's MAR charts and found they were clearly written and up to date. We saw printed on the MAR chart that some prescribed medication advised the staff to use as required. There was no guidance for the staff advising them when and why to administer the prescription. The provider may find it useful to note that this could put people at risk of not receiving medication appropriately. We discussed this with the deputy manager who told us they would speak with the pharmacist and doctors to increase the guidance for staff with regard to 'required medication'.

We saw the home had topical medication administration records (TMAR) in people's bedrooms. These gave clear instructions to staff regarding the frequency of cream application required. There was a colour coded body map guiding staff which cream to apply to different parts of people's bodies. We saw that staff had recorded when they had applied the creams. Senior staff told us that they checked TMAR charts daily as part of their duties although these checks were not recorded.

We found that the medication systems allowed for a full audit trail to be completed recording the receipt, administration or return and disposal of prescribed medication. We looked at the records of a medication stock audit undertaken by the staff in May 2014. We saw they had checked stock held was consistent against the amount of medication administered. We saw the home did not hold excess stock of people's medication. We saw records that each month when people's new medication arrived at the home all unused medicines stock was returned to the pharmacy. This meant that medicines were disposed of appropriately.

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 the time of our inspection there were 27 people living at Roselawn with one person currently away from the home. People were supported by the deputy manager and care staff. There were also ancillary staff which included an activity coordinator, head of support services, a cook, a kitchen assistant, a laundry assistant, housekeepers, a maintenance man and an administrator. The staff rota showed that during the night two care staff were on duty, supported by a twilight shift until 9pm.

The deputy manager told us people living at the home had varying dependency needs with a few living with a degree of dementia and memory loss. The home did not use a dependency tool to assess the level of needs of people living at the home. The supporting manager from the provider's other home told us staffing was assessed by the deputy manager who was in day to day control. The deputy manager would assess staffing requirements considering people's needs and the amount of people living at the home.

The deputy manager told us they had increased the staffing levels at the home since our last visit. Staff told us "We are at last getting the right amount of staff" and "It is so much better when the right amount of staff are on duty, we are able to give people the time they deserve".

We looked at staffing rotas for four consecutive weeks. They showed skill mixes had been judged with each day shift having at least one senior carer on duty who was suitably qualified with experienced care staff working the night shifts. The deputy manager told us there was always an allocated senior member of staff that staff could contact out of office hours. Staff told us they could always contact the deputy manager for support if required.

The deputy manager told us in the event of staff sickness senior staff would try to cover with the homes own staff. If they were unable to cover the deputy manager would contact a local care agency. We saw on the first day of our visit an agency care worker on duty. This meant that the home had systems in place to effectively maintain staffing levels.

People living at the home told us staff were not rushed and had time to meet their needs. Comments included "they are all lovely, nothing is too much trouble".

We observed that staff had time to talk and interact with people. For example we saw during the afternoon tea round the member of staff engaged in conversation with each person as they offered them refreshments.

We saw a call bell audit carried out by the deputy manager from 16th May 2014 to 21st May 2014 displayed in the carer's office. The results showed the majority of bells were answered within five minutes. The deputy manager told us the call bell response time had improved since the increase in staffing but they were working for further improvement. One person told us "they (staff) don't take long to respond to the bell".

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 in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

Reasons for our judgement

The home protected people who used the service and others who may be at risk, against the risks of inappropriate or unsafe care and treatment. We know this because there was an effective system in operation which was designed to enable the provider to regularly assess and monitor the quality of the services provided.

The home does not currently have a registered manager in post. We were told that the deputy manager was in day to day control at the home. The deputy manager was supported by the provider's operations manager and a registered manager from one of the provider's other homes. We saw the supporting manager was at the home on the second day of our visit. The deputy manager told us they felt very supported and could ring for advice at any time. This meant the provider had ensured the home was managed by a competent person with the relevant support in the absence of a registered manager.

Staff told us there was a positive atmosphere amongst the staff and confidence in the deputy manager. Comments included "X has done really well", "X has made it 100% better", "X has done a great job" and "We are working as a team".

People living at the home told us they felt safe and would go to the deputy manager if they had any concerns. Comments included "I am very happy here, if I wasn't I would speak with X, they would sort it out".

At this inspection we found that communication between the staff had improved. The home had a handover folder where staff could document people's information they felt relevant, an appointment diary and two communication books. We saw that the senior's communication book passed on information regarding healthcare professional visits and medication changes. Staff told us "Communication is so much better," and "Things are written down".

We were told the provider's operation manager visits the home monthly. The operations manager told us they visited regularly to ensure the home was running safely and to support the deputy manager. They would speak with staff and people living at the home,

look at documentation and give feedback to the deputy manager. This was confirmed by the deputy manager and staff working at the home. The provider may find it useful to note there was no formal record of the operations manager's visits. This meant the provider did not have an audit trail to demonstrate they were undertaking visits to monitor the home.

We saw records of a residents and relatives meeting held in February 2014. The records showed a good attendance of people living at the home and their representatives. People had been advised about the concerns raised by CQC and how the home were working to make the necessary changes. One person's recorded comments were 'it is good to hear all this, as she felt it was needed'. Other topics discussed included activities at the home, management arrangements and laundry. This showed that people were involved and the provider took note of reports prepared by the Commission.

We saw records of two staff meetings held in January 2014 and May 2014. The records showed there had been a good staff representation at both meetings. Staff had been informed of concerns raised by CQC and how they were working together to make the necessary changes. Topics discussed included management changes at the home, call bell audits, training, completing paperwork and staff sickness. Staff told us they found the staff meetings very good and were able to raise concerns. One person commented "we get to have our say and learn what is happening".

The home identified, assessed and managed risks relating to the health and safety of people who used the service and others who may be at risk. Records showed the home completed a weekly health and safety audit. The audit looked at the environment, checked water temperatures, checked equipment and fire procedures. We found that maintenance concerns identified during the audit were recorded in the maintenance book to be actioned.

Where necessary the home had made changes to the treatment or care provided to people who used the service. For example, records showed staff had raised concerns to a person's GP regarding their changing presentation. We saw the home had followed the GPs advice and were monitoring the person.

We saw records that the deputy manager had completed a careplan audit. Five care folders had been checked and actions required recorded. We found the actions had been completed. The deputy manager told us they intend to complete a careplan audit monthly.

There had been one complaint received since our last inspection which had been acted upon promptly and in line with the homes complaints policy and procedure.

We saw that accident records were evaluated and learnt from. We found the home had consulted and acted on advice from the local falls risk team regarding people that were having regular falls.

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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