

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

## Direct Health (Sheffield)

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Date of Inspections: 30 June 2014  
25 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

**Management of medicines** ✗ Action needed

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

**Complaints** ✓ Met this standard

## Details about this location

Registered Provider	Direct Health (UK) Limited
Overview of the service	Direct Health Sheffield is a domiciliary care service. The agency office is based in the Attercliffe area of Sheffield. They are registered to provide personal care to people in their own homes. At the time of our inspection the service was providing personal care for approximately 200 people. There were approximately 100 staff employed by the agency.
Type of service	Domiciliary care service
Regulated activity	Personal care

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## Summary of this inspection

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### Why we carried out this inspection

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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.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 25 June 2014 and 30 June 2014, talked with people who use the service and talked with carers and / or family members. We talked with staff, reviewed information given to us by the provider and talked with commissioners of services.

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### What people told us and what we found

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Two adult social care inspectors carried out this inspection. This was a scheduled inspection in addition to checking improvements had been made following concerns identified at our last inspections of 2 October 2013 and 11 February 2014.

On the 11 February 2014 we took enforcement action against the provider and issued a warning notice to protect the health, safety and welfare of people using the service. As well as assessing whether improvements had been made in these areas, the focus of the inspection was to answer five key questions; Is the service safe, effective, caring, responsive and well-led?

Over the course of 4 days we visited the services office and spoke to the agency manager, area manager, 2 care coordinators and 4 support staff. We checked records and we spoke with 25 people who used the service and 12 of their relatives. We also visited 5 people in their own homes and spoke with them, and 5 of their relatives about the care and support they received and checked records at their home relating to their personal care.

Below is a summary of what we found. The summary describes what people we spoke with told us, what we observed and the records we looked at.

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

Is the service safe?

Care and treatment was planned and delivered in a way that was intended to promote people's welfare. Staff used risk assessments. There were risk assessments in place with people's planned care. These gave details of how individual risks to a person could be removed or minimised.

Staff were aware of potential environmental risks and said documentation to reflect any changing risks was always updated and communicated to all staff.

We found that one person was not protected against the risks associated with medicines because staff were not administering their medication at the correct times and some medication was not being administered at all. The person's medication chart was not being accurately completed by staff.

Is the service effective?

People and their relatives told us they were actively involved in making decisions about care and support. People's health and care needs were assessed with them and their representatives, and they were involved in writing the support plans. People and their relatives said support plans were up to date and reflected their current needs.

Is the service caring?

People and relatives of people who used the service said they felt their privacy was respected when staff assisted them with care and support. They said, "staff are always friendly and polite" and "staff treat him with respect, they always make sure curtains are drawn and he is appropriately covered when they are washing him."

Care workers we spoke with demonstrated a good understanding of the people's needs and were able to give examples of how they promoted people's independence.

We asked people and their relatives for their opinions about the support provided. Feedback and comments were very positive, for example; "mums care staff are brilliant", "staff really know my husband, they are excellent" and "very happy with my care", "a good team of carers", "can't praise the carers enough" and "the care staff are smashing, beyond description, they are very reliable."

The majority of people and their relatives we spoke with said that many aspects of the service had improved. They said care workers generally read their care plans and followed the tasks in them. They said their care plans had been reviewed recently by a care coordinator and said that staff were visiting on time and staying the allocated time to provide care and support.

We spoke again with five people and their relatives who we had spoken with or visited during our inspection in February 2014 to ask them how they found the service 'today' compared to the service in February 2014. People said, "the care staff are more reliable, we have had no missed visits, we are generally happy", "I now know which care staff are coming and at what time, I've much more confidence in the agency" and "the carers who come know what they are doing, things are much better, staff come on time, I'm very happy."

When speaking with staff it was clear that they had a good knowledge of the person's interests, personality and support needs.

People and their relatives who used the service said their care needs had been recorded and staff provided support in accordance with their wishes.

Is the service responsive?

We saw that the provider had a system in place to monitor incidents. The system was electronic based and was therefore accessible to all the senior management team of Direct Health. We raised two issues of concern with the provider following our visits to

people in their own homes. During our office visit at the agency we saw evidence that our concerns had been documented and follow up action had been taken by the provider to address these issues.

We found that a policy and procedure was in place for handling complaints to ensure that any complaint was responded to appropriately.

Relatives and people we spoke with told us they were 'a lot happier' with the service. When we asked them if they did want to raise a concern, or were worried about anything what they would do, they all said they would go to the manager and talk to them. They said, "I see the manager face to face" and "I can phone the office with problems, things are better now."

Is the service well-led?

We looked at a sample of the service's policies and procedures. We found the policies and procedures to be detailed, clearly written and easy to understand. Policies and procedures had been reviewed and updated in line with service requirements.

The service had a quality assurance system. We saw evidence the care coordinator and manager completed monthly audits to ensure systems were in place to promote people's safety. The manager, people and their relatives said support plans daily records and medicine records were checked regularly by the managers as part of the quality assurance measures in place. This helped to ensure people received a safe, good quality service at all times.

People and their relatives said the manager and care coordinators completed 'direct observation' visits in people's homes to observe how staff provided care and support for people who used the service. We saw evidence that the manager and care coordinators also spoke with people at these visits to check that they were happy with the support they had received.

Staff said they were clear about their role and responsibilities and said they were 'much happier' at the agency. They said "we are supported and there is more consistency in our visits."

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

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## **What we have told the provider to do**

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We have asked the provider to send us a report by 21 August 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.

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## More information about the provider

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

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

## Our judgements for each standard 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

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### Our judgement

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The provider was meeting this standard.

People's privacy, dignity and independence were respected. People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

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### Reasons for our judgement

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People who used the service and their relatives told us a care coordinator or manager had visited them prior to a service being offered and explained about the agency. People spoken with felt that they had been given enough information to make a decision about whether to use the agency.

People told us the care workers knew them well and the support provided was individual and based on choice. They said they were now having regular care workers visit them which had helped to ensure there was more consistency in their care. People said, "they (care staff) are good, they listen to me and give me a choice about what I want to eat and what clothes I want to wear."

People and relatives of people who used the service said they felt their privacy was respected when staff assisted them with care and support. They said, "staff are always friendly and polite" and "staff treat him with respect, they always make sure curtains are drawn and he is appropriately covered when they are washing him."

We looked at a range of records and people's support plans. These contained information about the person's preferred name and identified the person's usual routine and how they would like their care and support to be delivered. The records included information about individuals' specific needs. Relatives confirmed records have been reviewed and updated to reflect people's wishes on a regular basis.

People and relatives of people who used the service said they were involved in discussions and reviews about care. They said, "someone has been from the office recently we sat and went through the care plan to make sure it was OK." Another person said, "I am partially sighted and the manager who came to see me was good, I can't see to read my notes so they spent lots of time reading the notes to me to make sure I agreed with it."

Care workers we spoke with demonstrated a good understanding of the people's needs and were able to give examples of how they promoted people's independence.

Staff told us that the issue of privacy, dignity and choice was discussed at training events and at staff meetings. They were able to describe how they maintained people's privacy and dignity and how important this was for people. All staff gave examples of how they maintained people's dignity and respect inside people's homes. Staff described how by offering choice to people they promoted independence, privacy and dignity.

The agency had staff who were 'dignity champions' their role was to promote good practice relating to people's dignity and respect. There was an information board available within the agency's office which provided up to date information on how to promote people's dignity, information about training events and information and photographs from previous 'dignity days' that staff at the agency had taken part in.

We found a statement on privacy and dignity was included in the agency's policy on service delivery. Staff said that dignity was included in the company's induction training and staff handbook. This showed that important information and guidance was available to staff.

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

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**Our judgement**

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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.

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**Reasons for our judgement**

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On the 11 February 2014 we took enforcement action against the provider and issued a warning notice to protect the health, safety and welfare of people using the service. This was because we found the service had consistently missed people's calls; there was no continuity of care workers who were early or late when visiting people. People told us that care workers didn't read the care plans or follow all the tasks in them, for example offering showers and making food. We found that care plans were out of date and that requests for female care workers or male care workers to attend were not met. We found that care workers didn't stay for the allocated times and 'time critical calls' were not being met.

Following the inspection the provider submitted an action plan detailing the actions they intended to take in order to achieve compliance in this area to ensure people's care and treatment was planned and delivered in a way that promoted people's safety and welfare.

During this inspection we looked at the arrangements in place to ensure people experienced effective, safe and appropriate care, treatment and support. To do this we contacted and spoke with 25 people who used the service and 12 of their relatives. We also visited 5 people in their own homes and spoke with them and 5 of their relatives about the care and support they received. We checked records at their home relating to their personal care.

Overall we found that significant improvements had been made by the provider and the majority of people experienced care, treatment and support that met their needs and protected their rights.

We asked people and their relatives for their opinions about the support provided. Feedback and comments were very positive, for example; "mums care staff are brilliant", "staff really know my husband, they are excellent", "very happy with my care", "a good team of carers", "can't praise the carers enough" and "the care staff are smashing, beyond description they are very reliable."

The majority of people and their relatives we spoke with said that many aspects of the service had improved. They said care workers generally read their care plans and

following the tasks in them. They said their care plans had been reviewed recently by a care coordinator and said that staff were visiting on time and staying the allocated time to provide care and support.

We spoke again with 5 people and their relatives who we had spoken with or visited during our inspection in February 2014 to ask them how they found the service 'today' compared to the service in February 2014. People said, "the care staff are more reliable, we have had no missed visits, we are generally happy" , "I now know which care staff are coming and at what time, I've much more confidence in the agency" and "the carers who come know what they are doing, things are much better, staff come on time, I'm very happy."

One person and their family told us that although they were generally happy with the care and the care staff who visited them they were unhappy with one aspect of how staff delivered personal care. When the person described to us how care staff delivered this care it did not correspond with the care plan as to how the care should be delivered. Staff were not following the care interactions highlighted in the person's care plan. We immediately contacted the manager of the agency to address these concerns as this issue was causing the person some distress.

During the office visit we saw the action taken by the manager and staff to address the issues of concern. We contacted the person and their family again after our office visit and they told us, "things have improved, we are now getting the correct care, things are better, we are happier."

People we spoke with told us that they had regular care workers and they always received care from a male/female carer in accordance with their preference to support them. They said, "care staff don't seem as rushed." This demonstrated that Direct Health delivered the care planned to meet the individual's needs.

The provider may wish to note that some people told us that whilst the service had improved the service they received was generally better Monday to Friday. People told us that staff were more likely to be late and different staff visited at weekends. People and their relatives said they felt the quality and consistency of care was 'not quite as good' at weekends.

We looked at seven people's care files. They contained an initial assessment, support plan and risk assessments that had been carried out by the care coordinators or manager. The support plans seen were based on the individual support needed and detailed the persons' support needs, and the actions required of staff to ensure these needs were met. We found they were detailed and included information on people's interests, preferences and daily routines. We found staff had undertaken records of each visit which detailed the support provided. This showed that the agency had been responsive to the person's needs.

The care files we saw contained completed risk assessments that included the environment and moving and handling. This showed risk had been considered along with the actions required of staff to reduce risk.

The care files and risk assessments seen had been signed by the person receiving support or their relative/ representative to evidence their agreement. We found systems were in place that identified when support plans and risk assessments were due for review to ensure that they remained up to date.

We found that all care plans we checked had been recently reviewed by a care coordinator or manager at the agency .We checked care plans with people and we found evidence that they reflected the care provided by staff.

Comments captured included, "things are better, staff generally read the plan and work to them" and "my husband's care plan is a fair reflection of the care staff provide."

We spoke with 6 members of staff. We asked staff specific questions about people's care and support needs. Staff we spoke with were able to describe to us the care, treatment and support that people required to meet their needs and protect their rights.

All support staff spoken with said introductions to people they would be supporting always took place before support commenced so that people knew them. Staff and relatives spoken with confirmed that copies of support plans were kept in the person's home and at the office base so that these were accessible.

We contacted Sheffield City Council, social services contracts and safeguarding departments. They said they had noted some general improvements with the service and commented, "the number of complaints has fallen, things are brighter, but we're still monitoring."

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

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## Our judgement

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The provider was not meeting this standard.

People were not protected against the risks associated with medicines because some people were not supported safely with their medication which meant there was a risk to people's health and welfare.

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.

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## Reasons for our judgement

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We found that a policy on the safe handling of medicines was in place and accessible to staff so that important information was available to them.

We spoke with 4 people and 4 relatives of people who used the service who were supported by staff with their medication. This was confirmed in the care plans that we viewed. We saw that medication risk assessments had been undertaken. Relatives said, "I check and I know she (relative) always gets her medication, staff make sure she gets the tablets the same time every day," and "we can see that staff always sign for the tablets when he (relative) has had them, they have never missed."

We looked at medication administration records (MAR) of 4 people. We noted that there were no gaps in three records checked and the records had been signed by a member of staff.

We found that 1 person was not supported safely with their medication which meant there was a risk to this person's health and welfare. We visited the person at their home who was being supported by staff with their medication. They told us that they had not always received their medication because, on occasions, the timing of staff visits was 'too close together' meaning that there was not 4 hours between visits (the required period between the persons medication). They told us that when this happened staff flushed their tablets down the toilet and recorded 'R' which meant refused on their MAR sheet. The person said they also told staff to "flush the tablets down the loo" when visits 'were too close together'. Staff we spoke with confirmed this happened and said they were advised to dispose of tablets' this way by 'the office' (managers at Direct Health). On checking the person's MAR sheet we found the date of the chart was incorrect and the previous days tea time medication was recorded and coded a 'R' by staff, meaning medication refused. Staff told us the person had not received medication and it was flushed down the toilet because the lunch and tea time visits were not at a 4 hour interval. We also saw that there was a gap and no signature to identify whether the evening dose medication had been given on this

same day.

Because of the possible risk to the person's health and welfare we immediately contacted the manager of the agency to investigate and address the issues of concern and we referred the incident to the local safeguarding team.

We followed up this issue with the manager during our office visit to the agency. The manager and area manager confirmed that staff should not record 'R' for refused when medication was not given due to visits being too close together and they should record 'O' the MAR code for 'other'. Staff should then enter a reason why the medication wasn't given and refer the incident back to agency managers so a visit could be arranged at the correct interval so the medication could be administered safely. The manager said they had taken action to look at 'time critical calls' for this person and a care coordinator was monitoring calls to ensure the person received their medication at the prescribed time. The manager said some staff would also be receiving renewed medication training and 'observation in practice' visits by a care coordinator to ensure staff were adequately trained and safe to administer medication.

The manager told us that if any errors or omissions regarding medication were identified, these were addressed with the staff members concerned and actions put in place such as further training and observations. The medication policy instructed staff to report any medication errors or omissions. This demonstrated that there were measures in place to ensure the safety of people receiving assistance with their medication.

We spoke with staff responsible for the administration of medicines. They confirmed that they had received medication training within the last 12 months. We looked at the staff training records and noted that all staff had undertaken medicines management training.

Staff said they were monitored by the manager or senior care staff when supporting people with their medication as part of the 'supervision' and 'observation in practice' processes. We saw evidence of these supervision and monitoring visits.

## 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

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### Our judgement

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The provider was meeting this standard.

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

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### Reasons for our judgement

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There was a manager in post at the agency. They had started the registration process with the CQC.

We issued a compliance action following our inspection on 2 October 2013. This was because the provider did not have 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.

Following the inspection the provider submitted an action plan detailing the actions they intended to take in order to achieve compliance in this area.

At this inspection we saw that the provider had a system in place to monitor incidents. The system was electronic based and was accessible to all the senior management team of Direct Health. As highlighted in outcomes 4 and 9 of this report we raised two issues of concern with the provider following our visits to people in their own homes. During our office visit at the agency we saw evidence that our concerns had been documented and follow up action had been taken by the provider to address these issues.

We looked at a sample of the service's policies and procedures. We found the policies and procedures to be detailed, clearly written and easy to understand. Policies and procedures had been reviewed and updated in line with service requirements.

The service had a quality assurance system. We saw evidence the care coordinator and manager completed monthly audits to ensure systems were in place to promote people's safety. The manager, people and their relatives said support plans daily records and medicine records were checked regularly by the managers as part of the quality assurance measures in place. This helped to ensure people received a safe, good quality service at all times.

People and their relatives said the manager and care coordinators completed 'direct observation' visits in people's homes to observe how staff provided care and support for

people who used the service. These checks covered areas such as staff punctuality, how staff communicated with people, how they provided support against the care plan, administered medication and the completion of care records. We saw evidence of this documentation. We saw evidence that the manager and care coordinators also spoke with people at these visits to check that they were happy with the support they had received.

The manager said that they regularly sent out 'Customer Satisfaction Surveys' to people who used the service and their relatives. People had been asked their opinions about such things as care, care workers, management and communication. We saw a sample of returned surveys. The manager confirmed that this information was collated at head office and a newsletter incorporating the findings was sent to all people who used the service. We spoke with staff who explained that staff meetings were held regularly and they had regular contact with the manager. They said this contact was usually every day.

Staff said they were clear about their role and responsibilities and said they were 'much happier' at the agency. They said "we are supported and there is more consistency in our visits."

Due to previous concerns about the agency, a core group had been set up which included representatives from the home management, social services, local authority contracts and specialist professionals. Meetings had recently taken place and we saw minutes of this. This arrangement showed that measures to improve the agency were being discussed by way of a multi-agency approach and CQC were kept informed about these meetings. The manager was aware of their responsibility for submitting statutory notifications to the commission.

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

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**Our judgement**

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The provider was meeting this standard.

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

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**Reasons for our judgement**

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We found that a policy and procedure was in place for handling complaints to ensure that any complaint was responded to appropriately. The policy included time scales for responses and the contact details of relevant organisations such as the local authority should people wish to raise concerns directly to them. We saw a copy of the agency Service User Guide which had been provided to every person supported by the agency. This included details on how to make a complaint and relevant contact information so that people had access to this.

Relatives we spoke with told us they were 'a lot happier' with the service. When we asked them if they did want to raise a concern, or were worried about anything what they would do, they all said they would go to the manager and talk to them. They said, "I see the manager face to face" and "I can phone the office with problems, things are better now."

Some people said they had difficulty contacting the office on some occasions and that the phone rang and nobody answered. They were unable to provide specific dates or times. We passed this info onto the manager and area manager so that this could be monitored.

We checked the complaints, comments and compliments record and found that any concerns had been fully recorded and included information on the action taken and the outcome of the concern.

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	<b>Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010</b> <b>Management of medicines</b>
	<b>How the regulation was not being met:</b> People who used the service were not being protected against the risks associated with the unsafe handling of medicines. Regulation 13.

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 21 August 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.

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**Minor impact** - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

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**Moderate impact** - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

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**Major impact** - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

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We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

## Glossary of terms we use in this report

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### Essential standard

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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)

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### Regulated activity

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These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

## Glossary of terms we use in this report (continued)

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### **(Registered) Provider**

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There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

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### **Regulations**

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We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

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### **Responsive inspection**

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This is carried out at any time in relation to identified concerns.

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### **Routine inspection**

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This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

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### **Themed inspection**

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This is targeted to look at specific standards, sectors or types of care.

## Contact us

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