

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

Havelock House Nursing Home

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Date of Inspection: 02 July 2014

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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	✗	Action needed
Cleanliness and infection control	✗	Action needed
Supporting workers	✗	Action needed
Assessing and monitoring the quality of service provision	✗	Action needed

Details about this location

Registered Provider	Havelock House Nursing Home
Registered Manager	Mrs Sandra Jones
Overview of the service	Havelock House is a nursing home which provides permanent and respite nursing care.
Type of service	Care home service with nursing
Regulated activities	Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury

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 2 July 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?

At the time of our inspection there were 24 people living at Havelock house. Not everyone who lived at the service could tell us about their experiences, those who could told us they were happy with the care provided. We were told, "I have been here about a year, it's like a second home." And, "They look after you." We also spoke with relatives and visitors to gain feedback from people who could not tell us about their experiences of living in the home.

We reviewed records about the assessment and monitoring of the quality of the service, policies, information around supporting and training staff, care plans and associated documentation.

Below is a summary of what we found.

Is the service safe?

We saw that care plans and risk assessments were in place. These had been written and reviewed regularly to ensure that information provided to staff was up to date and relevant.

The staff we spoke with demonstrated an appropriate level of understanding around how to recognise and report abuse. However not all staff had received all the mandatory training. No staff had received training in dementia care since commencing employment at the service.

Is the service effective?

Staff spoken with knew people and were able to tell us about their needs. People we spoke with who lived at Havelock House and relatives of people told us that the staff were

supportive and provided good care. One relative told us, "I visit almost every day, staff are on the ball."

Is the service caring?

We observed staff talking to and supporting people in a kind caring manner. Relatives and visitors spoken with told us they found staff to be kind and caring at all times. We were told, "Staff are lovely, they pick up on X's mood, they know them and tell me how they've been when I come in."

Is the service responsive?

We saw that referrals had been made to outside agencies and other professionals including GP's and Tissue Viability Nurses (TVN). We saw that one person living in the home required increased levels of care and supervision. It was unclear what assessments had taken place to ensure that the service was able to meet this person's needs.

Is the service well-led?

The service had a registered manager. There was no deputy manager, however the manager told us that they were supported in their role by the activities co-ordinator who covered when the registered manager was unavailable. Staff and visitors told us if they had any concerns they raised these with the activities co-ordinator who we were told was very approachable and readily available around the home when they visited. If the co-ordinator was unavailable they would happily speak to the manager.

Staff meetings had only taken place once in the last year. A residents meeting had taken place in June 2013. Staff supervision and appraisals had not been completed in the last 12 months. The activities co-ordinator had started to gain feedback in resident satisfaction questionnaires. We saw that two of these had been completed, one in May and one in June 2014. Relative's feedback forms were last completed in 2011.

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 22 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.

More information about the provider

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

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

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

People expressed their views and were involved in making decisions about their care and treatment.

We spoke with people who lived at Havelock House and their relatives. We were told, "I have been involved in things, they ask me what I want and how I want it, I am able to do things the way I like." And, "If I need something I ring my bell, I ask for what I need."

We met with visitors and relatives on the day of the inspection. They told us they were happy with the standard of care their family member received. We were told, "X came here for respite and when we needed somewhere for X to stay we asked for Havelock. We wanted X to come here, they are happy here and the staff know them." We asked family members if they felt involved in decisions about their family members care. We were told that the activities co-ordinator (who also carried out home visits for assessments) had visited their family member at home and they had all been involved in the assessment.

We saw that care documentation included information about people's individual choices and preferences. One person's care plan included information that they liked their curtains closed at night and a cup of tea when they were woken up. People we spoke with confirmed that their preferences were met. This meant that people's individual needs had been sought and this information had been used to ensure care planning was person centred and met their individual needs.

We saw that staff were kind and supportive to people who lived in the home. One person told us, "We picked Havelock for the staff, not the décor, it's the staff that make it."

We saw staff offered people choices and respected the choices that were made, we saw that choices of drinks and meals were offered to people throughout the day.

We spoke with nursing and care staff. Staff told us that they provided care in a dignified

and caring way. Staff explained that they always knocked on people's doors before entering and always asked if the person was happy for care to be provided. We saw evidence of this during the inspection. Staff told us if someone appeared agitated or anxious they would try and alleviate this by speaking calmly to the person. We saw staff providing care to a resident who was showing signs of anxiety and confusion during the inspection. This was done in a calm and reassuring manner. This showed us that staff understood the importance of allowing people to make choices about their care and treatment.

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

Our judgement

The provider was not meeting this standard.

Care and treatment was not planned and delivered in a way that ensured people's safety and welfare was 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

We looked at three care plans in full and other related care documentation. We looked at daily charts and records completed by care and nursing staff.

We saw that each person who used the service had an allocated registered nurse (RN) and keyworker. Allocated nurses were responsible for ensuring documentation was up to date for people. Keyworkers told us their role included making sure people had everything they needed. This meant that staff knew people they were providing care for, and were able to tell us about their needs.

People living at Havelock House had a pre admission assessment completed and this had been used to facilitate care plan development. The RN had written care plans and associated risk assessments for identified care needs. We found that these had been updated and reviewed monthly.

We saw that staff completed tick boxes on care charts in people's rooms to show what care people had received. This included washing and dressing and other personal care needs. Information was written into the communication book to be shared at handover, this included appointments or if someone had been unwell. We were told by staff that handover took place three times a day. We saw that care staff handed over information to the RN and it was the RN who documented the care and information about accidents or incidents, mood and behaviour in people's daily records.

We saw that one person who lived in the home required constant supervision. Staff were calm and spoke kindly to this person, however they were not able to supervise this person at all times and staff told us they felt it was difficult to meet this person's needs as they had to care for other people in the home. Staff told us, and the manager confirmed that this person's level of care needs had increased over recent weeks. No evidence was seen to identify changes made by the service to show this had been addressed. It was therefore unclear how the provider had ensured that staff were able to meet this person's increased level of need. We saw that this person had experienced a number of falls in the previous

month. It was unclear what actions had been taken in relation to the number of falls this person had experienced, or whether any assessments had taken place to ensure that the home were able to meet this person's needs. Incident reports seen showed that staff had found this person on the floor a number of times. This had been in communal areas and their own bedroom.

We saw that staff were constantly having to return to the lounge to attend to this person. This impacted on the care other people received as staff were called away from other tasks, for example, assisting other residents at lunch time. Staff were seen to respond promptly to this individual's needs, however by doing so staff were unable to complete care needs for other people using the service in a timely manner.

The home had an activities co-ordinator who worked weekday mornings and provided a range of activities for people. On the day of the inspection a church service was taking place at the service in the morning. The home had previously organised visiting entertainers, and we saw photographs of past events. Other activities provided included quiz's and games. Group activities had taken place, and visitors and family members were encouraged to get involved. Staff told us that family members had been involved in cooking and gardening at the home, a number of photographs were displayed showing previous activities. One to one visits were provided for people who stayed in their own rooms, and trips out had taken place when possible. The co-ordinator met with people living in the home to find out what activities they would like to have. Relatives we spoke with told us, "There is usually something happening."

We asked the manager if there were plans in place in the event of an emergency evacuation. The manager was unsure if this had been arranged by the provider. Information had been included in people's care files regarding assistance people would require in the event of an emergency. However, no evacuation plans were in place in relation to people's mobility or communication issues in the event of an emergency evacuation.

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

Our judgement

The provider was not meeting this standard.

People were not protected from the risk of infection because appropriate training and guidance was not in place.

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

We looked at communal areas and a number of people's bedrooms. We saw that the standard of cleanliness around the home had been well maintained.

We were told that domestic staff carried out daily, weekly, monthly and six monthly tasks. These included day to day cleaning around the home. Staff told us that housekeeping also did carpet and curtain cleaning and responded to the needs of people in the home. However, no tasks were documented when completed and there was no documentation to show the on-going cleaning schedule and how this had been achieved. We were therefore unable to evidence what regular tasks had been completed and how often this had taken place.

We looked at the infection control policy and saw that this was out of date, with the most recent policy seen dated 2010. This meant that up to date information had not been provided for staff to ensure they were providing care which met expected standards of cleanliness and infection control.

We saw that infection control training had not been completed in the last 12 months by a number of staff. This included nursing, care, kitchen and housekeeping staff. We raised this with the manager during our inspection. The manager booked infection control training during the inspection. This is now due to take place on 31 July 2014 for people whose training was out of date. This meant that staff had not had training to ensure they were providing care and treatment which met standards expected to prevent the spread of infection. Staff had not had training to ensure that they were aware of the appropriate infection control procedures to be followed.

We spoke with staff and they demonstrated basic knowledge around infection control. One staff member told us "I wear apron and gloves when giving care."

The manager had not documented any checks or audits in relation to infection control. The activities co-ordinator walked around the home every day checking in people's rooms to

ensure everything was alright. However, these checks had not been documented. It was therefore unclear how the provider had ensured that appropriate levels of cleanliness and infection control procedures had been followed and adhered to, and any issues raised addressed appropriately.

During our inspection we noted that a number of toiletries and razors were on the shelf in a communal bathroom. A number of used and unused razors had been stored in a dish together. Staff were unsure who these belonged to. A further bathroom had two separate cleaning loofas hanging on the taps. Senior staff did not know who these belonged to or why they had been left hanging on the taps. Both were removed during our inspection. Neither of these issues had not been noted by staff during cleaning or during walk around checks of the home. This meant that people using the service were at risk of sharing razors and washing equipment. This meant that there was a risk of cross contamination. Staff were unaware who the items belonged to and they were being stored in communal bathroom/shower rooms which were in daily use.

We saw that sluice rooms contained yellow bags for disposal of soiled waste. Red bags were available for the use when washing soiled items of clothing or bed linen. Staff were seen to wear gloves and aprons appropriately.

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

Our judgement

The provider was not meeting this standard.

The provider did not have suitable arrangements in place in order to ensure that staff were appropriately supported in relation to their responsibilities to enable them deliver care and treatment to service users.

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 manager told us that there had been a high turnover of staff over recent months. New staff had completed or were in the process of completing an induction. We met a new member of staff who told us they were shadowing an experienced member of staff as they had only been working at the home a couple of weeks.

We were told by the manager and staff that there were a number of people living at the home who had dementia and some who could display challenging behaviour. We saw from the training matrix that staff had not received any training around dementia care or dealing with challenging behaviour. Two members of care staff told us that they had attended training prior to working at Havelock House but this had been over two years ago. This meant that staff had not received appropriate training and guidance to ensure that they were following current guidelines in relation to providing dementia care to people using the service.

The manager told us that the training provider used by the home had gone into liquidation three months previously, and they were currently trying to locate a local training company to provide all mandatory training for staff. We saw that dementia and challenging behaviour training was not included as mandatory training at the home.

We looked at the training matrix. All mandatory training was annual, this included fire safety, moving and handling, safeguarding, health and safety, infection control and Control of Substances Hazardous to Health (CoSHH). First aid and basic life support training was every three years. The training matrix showed that safeguarding and moving and handling training had been completed by most staff in February 2014. Fire safety training had taken place in 2013. Five staff were up to date with first aid/basic life support training. We saw from the training matrix that two RNs had not received training in safeguarding, health and safety and infection control since 2012. The manager told us that both RNs also worked elsewhere in a nursing capacity, and had completed training at that location. However, they had not seen any documental evidence or received confirmation from the other

employer in relation to this. Therefore it was unclear how the provider could evidence that training had taken place in the last 12 months. This meant that the provider had not ensured that staff had completed appropriate mandatory training in accordance with the organisations requirements.

We spoke with staff who told us they would like training in dementia care as they had not had any training in this area and they felt they needed it to ensure that they could provide the right care for people. One member of staff told us they had requested updated catheter care training as they felt this was important for their role, but they were unsure if this had been arranged.

We asked whether staff had received any training around Deprivation of Liberty Safeguards (DoLS) and the Mental Capacity Act (MCA). Staff had not received any specific training around MCA or DoLS. We spoke to the manager who told us that they had received training but they could not confirm the date that this had taken place as it had been some time ago. This meant that people who have limited capacity or require intervention to ensure their safety has been maintained in accordance with MCA and DoLS may not have this provided appropriately due to a lack of up to date training and guidance.

We asked for information regarding staff supervision and appraisals. We looked at the homes supervision policy. This stated that supervision should take place six times a year. We were told that the supervision of care staff had been delegated to a senior member of care staff. However the manager was unsure whether this had been completed. We saw a supervision completed by the manager for a trained staff member; however, this had taken place in 2011. No supervision documentation was available to evidence that supervision had taken place for any staff in the last 12 months. We spoke with staff who told us that they had not received supervision or appraisals. The manager told us that they were in the process of planning annual appraisals. No information was seen to evidence appraisals had taken place. The Havelock House philosophy of care was displayed in the main hallway and on the homes website. This stated 'teaching and training of staff will be an on going commitment as will constant supervision'. This meant that the service was not providing supervision in accordance with the homes policy.

This meant that the service did not have suitable arrangements in place to show that staff were appropriately supported by the receipt of appropriate training, supervision or appraisals.

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.

The provider had not ensured that there was an effective system to regularly assess and monitor the quality of service that people receive.

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

Reasons for our judgement

We looked at the homes service user guide. This was in the process of being updated, and information would be given to people when they moved into the service or came for a period of respite. This included the complaints policy, information about Havelock House and the services and activities provided.

A residents meeting had taken place in June 2013. We saw the minutes for this meeting, but no further information was available to show that further meetings had been scheduled to take place. The manager confirmed that no further meetings had been arranged at the time of the inspection. It was therefore unclear how the provider had sought the views and feedback of people using the service and relatives/visitors.

The activities co-ordinator had started to gain feedback in the form of a resident satisfaction questionnaire. We saw that these had been completed by two people, one in May and one in June 2014. Relative's feedback forms were last completed in 2011. This meant that the provider did not have a system in place to continually gain feedback from people using the service and relatives to ensure satisfaction with the way care had been provided, and to address any issues which may be identified by feedback gained.

We looked at policies and procedures for the home. The manager told us that they had been sorting out the policies as they had not been well organised. We found that the policies had been sorted alphabetically into a folder; however policies were out of date and provided inaccurate information. For example, the safeguarding policy was dated 2007, and the infection control policy was dated 2009, although the manager found a policy dated 2010 during the inspection and printed this off the computer. The complaints policy was out of date and had not been updated to include accurate contact information for outside organisations in relation to the complaints procedure, or the local ombudsman. This meant that people using the service and visitors did not have access to appropriate information about how to make a complaint or raise a concern about the home should a complaint not be dealt with appropriately. All policies viewed in the policies folder required updating, this

meant that staff were not able to access up to date information in relation to the required policies and procedures at Havelock House.

The home had not completed a medication audit. We saw that the pharmacy used by the home had visited and had completed a medication audit in February 2014. A number of actions had been identified. Actions had not been signed to show they had been completed and no further follow up information documented to show whether these actions had been addressed. The manager told us they had asked nursing staff to address the actions; however we did not see any evidence of what had been completed during our inspection, as the manager was unaware if staff had completed this.

We looked at accident and incident forms which had been completed by staff. No auditing had taken place to monitor accidents and incidents. We discussed this with the manager who told us this would be implemented in the near future. This meant that the provider and manager did not have systems in place to analyse and identify accidents, incidents and falls, or identify trends which occurred.

Staff documented walk around checks which took place to identify any maintenance issues. We saw that for small issues these had been corrected immediately for example, changing of light bulbs. Other issues were reported to the maintenance worker for completion. The maintenance worker visited the service regularly. We saw that issues, when rectified, had been crossed through in the book; however, these had not been dated when completed so we were unable to determine whether actions had been taken in a timely manner.

The manager told us that legionella water checks had not taken place in the last 12 months, and was unsure if they had been completed prior to this. They informed us that this would be arranged as soon as possible. This meant that there were not appropriate measures in place to identify and manage risks to people using the service, or to visitors.

The home was due to have a fire check the day following the inspection. We saw that fire extinguisher and weekly fire alarm checks had taken place.

The manager told us that the provider visited regularly, however, the provider had not documented any checks to show that they had regularly assessed and monitored the quality of service provided. This meant it was unclear how the service was monitoring and assessing the quality of care and treatment provided.

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 activities	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services
Diagnostic and screening procedures	How the regulation was not being met: Care and treatment was not planned and delivered in a way that ensured people's safety and welfare was maintained. Regulation 9- (1) (a)(b)(i)(ii)(2)
Treatment of disease, disorder or injury	
Regulated activities	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010 Cleanliness and infection control
Diagnostic and screening procedures	How the regulation was not being met: People were not protected from the risk of infection because appropriate guidance, training and audits had not taken place. Regulation 12 (1)(a)(b)(c)(2)(a)
Treatment of disease, disorder or injury	

This section is primarily information for the provider

Regulated activities	Regulation
Accommodation for persons who require nursing or personal care	Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010 Supporting workers
Diagnostic and screening procedures	How the regulation was not being met: The provider did not have suitable arrangements in place in order to ensure that staff were appropriately supported in relation to their responsibilities to enable them deliver care and treatment to service users. Regulation 23(1)(a)(2)(3)(a)
Treatment of disease, disorder or injury	
Regulated activities	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service provision
Diagnostic and screening procedures	How the regulation was not being met: The provider had not ensured that there was an effective system to regularly assess and monitor the quality of service that people receive. Regulation 10(1)(a)(b)
Treatment of disease, disorder or injury	

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 22 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.

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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