Inspection Report

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

Martin Close

36 Martin Close, Oakridge, Basingstoke, RG21 5JZ

Tel: 01256327894

Date of Inspection: 10 July 2014

Date of Publication: August 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
Meeting nutritional needs	✓ Met this standard
Cleanliness and infection control	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Community Integrated Care
Registered Manager	Miss Tracey Kim Bugg
Overview of the service	Martin Close is a residential care home for up to five people with learning disabilities.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

Contents

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

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 10 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

This inspection was carried out by a social care inspector whose focus was to answer five key questions; Is the service safe, effective, caring, responsive and well-led?

On the day of the inspection five people were living in 36, Martin Close. One of the people who use the service was away on a family holiday, whilst another was at work. We spoke with two people and were also able to find out about people's experience of the service by observing care and talking with their families and staff. During our inspection we also spoke with the registered manager, four care workers and the relatives of three people who use the service.

This is a summary of what we found;

Is the service safe?
People's relatives told us that they trusted the manager and staff because they "really cared and put the needs of people first at all times." One relative told us, "The manager and staff are exceptional. All of the people love being there and care about one another."

People were protected from the risk of inappropriate or unsafe care because the provider had an effective system to identify, assess and manage risks to their health, safety and welfare. We found that the provider had reviewed people's risk assessments to reflect changes in their needs.

The home was clean and tidy throughout. Staff had been provided with appropriate training and guidance to ensure that they were aware how to manage the risk of infection. One relative told us, "The home is very clean and people enjoy helping with the housework."

We found that the provider had an effective recruitment and selection process. This meant that people were safe because their health and welfare needs had been met by staff who

were fit, appropriately qualified and physically and mentally able to support them.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. We found the service had been meeting the requirements of the DoLS and that relevant staff had been trained to understand when an application should be made, and how to submit one. Whilst no applications had been submitted, the manager was reviewing whether any applications needed to be made in response to the recent Supreme Court judgement in relation to DoLS.

Is the service effective?
We found that the service had effectively managed people's nutritional and hydration requirements. We saw people were supported to eat a healthy balanced diet by staff who had been trained regarding nutrition and food safety. Where concerns had been identified regarding people's nutrition we found that advice and guidance had been immediately sought from relevant health professionals.

Care practices we observed demonstrated that staff knew the needs of people and how to communicate with them. We found that people's independence had been promoted and they had been supported to pursue their interests and activities.

Where people had the capacity to make decisions about their care they had been supported to do so. Where people lacked the capacity to make specific decisions the provider had assessed this and was following the correct legal processes to make decisions in people's best interests.

Is the service caring?
People were supported by kind and compassionate staff, who spoke with people in a caring manner. We saw that care workers gave encouragement to support people who were able to do things at their own pace.

One person told us the staff, "Are my friends and help me to do what I want." One person's relative told us, "The staff are excellent and really care. Most of them have been there a long time and have built up such close bonds." Another relative told us, "The manager and staff care about the people who live in the home but also care about their families. They are always letting us know how they are."

Is the service responsive?
People's views about their care had been sought. Where people had made requests in relation to their care these had been met. We saw evidence that when people's care needs had changed the service had been responsive to this. They had recognised changes in people's needs and engaged other services to ensure appropriate actions were taken to meet these.

The service had a complaints system which was readily accessible to people. This ensured staff listened to their concerns and responded to them effectively.

We saw the service had arranged appointments for people with different health professionals in swift response to health issues identified, for example when one person experienced significant weight loss.

Is the service well-led?
The service had a registered manager in place and staff told us that the service was well led. One relative told us, "I don't think you could find a better manager. You can see they

care about the people living there and have created a real team spirit and family atmosphere."

We saw evidence that the registered manager had completed various audits in relation to the service.These included infection control, control of substances hazardous to health (COSHH), medication and health and safety. We saw evidence from the health and safety audit for example, that where issues had been identified action had been taken to address them. This meant that there were processes in place to audit the quality of the service and to take action where required.

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

All staff we spoke with were proud to work for the service and committed to providing quality care for the people they supported. One key care worker spoke passionately about the steps taken by one person to become more independent and how they took pride in the person's achievements. They told us, "It is a great feeling when you see someone you support every day taking small steps and becoming more and more independent." A key worker is a member of staff who has overall responsibility for the provision of the person's care. A relative told us, "The manager and staff are wonderful. They are so caring and attentive but so dedicated to helping them achieve their potential and get the most out of life." Another relative said, "They love their home visits to see us but are always really happy to go back. Sometimes we find this a little disappointing but it is so reassuring."

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We looked at all five people's care files. The manager told us that they had completed a full needs assessment with the person and where necessary their relatives before they had moved into the service. The care plans were person centred and included clear instructions for staff on how to meet people's needs. This meant that the service had completed an initial assessment of people's needs to ensure they could support them safely.

The records we saw were detailed and up to date. We noted that regular reviews of the care records and risk assessments had taken place. All records had been reviewed every 12 months or more frequently where required. Each person had an "annual support review map" to enable staff to identify when each care plan required review. This meant that people's care needs had been assessed and there were processes in place to ensure that their needs were met and kept under review.

Care plans provided guidance about how to meet people's care needs. We spoke with staff who told us that the care plans and associated risk assessments identified people's care needs and how to meet them. One person we spoke with told us, "They know me and

what I like" and "they know how I like to do things." This meant that the care plans were sufficiently detailed for staff to provide people's care as they wished and required.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. We saw that where risks to people had been identified there were plans in place to manage them. For example, a person had a care plan in relation to a health condition, which provided staff with guidance on how to manage this and any associated risks.

The registered manager told us how they supported people's independence whilst managing the risks to them. We saw evidence that this had been documented in their care plans. This meant that the risks to people had been managed whilst staff had ensured that people's independence had been promoted. For example, we observed three people attend a gymnastic session at a local 'active life' centre. Care staff told us that one person preferred to be shown how to use equipment by the instructors, whilst another wished to explore and use the equipment alone. The third person preferred socialising with other people whilst using the equipment. We observed that staff offered different support to each person during this session, in accordance with guidance in their personal support plans.

Where people had a specific care need this had been met. For example, in people's health records it had been identified how often people needed to see health professionals including their GP, optician and dentist. People's records demonstrated that they had attended these appointments at the frequency indicated in their care plan. This meant that the service had effective processes to maintain people's health and wellbeing.

We saw that people's social care needs had been met and each person had their own activity schedule. Four people had been on holiday since the last CQC inspection and we saw that each person had a support plan and risk assessment in relation to these. The other person was due to go on holiday in September 2014. People's monthly activities had been documented on their records so that they could see what they had participated in and identify what they wanted to do. We noted that people attended a wide variety of activities including swimming, horse riding, badminton and kurling.

We saw evidence that where people had identified an interest to undertake a specific activity staff had facilitated this. For example, one person had recently been supported on a short break to Belgium to see their favourite singer. We saw that other people had visited London to watch the 'Changing of the Guard' and various theatre shows. One person had been supported to work in a supermarket canteen, whilst another person had progressed through college and had recently commenced work in a young adults employment scheme. This meant that the provider had ensured that people had a good level of community presence and participation.

We observed staff as they interacted with people in accordance with their communication support plans and noted that staff were sensitive to their needs. This meant that staff understood people's communications.

There were arrangements in place to deal with foreseeable emergencies. We reviewed people's hospital assessments which provided the essential information for nursing staff if people required a hospital admission. There were also documents prepared to provide relevant "missing person" information to emergency services if required. We saw there were appropriate contingency plans in the event of power failure and other emergencies. The service had suitable fire safety and evacuation procedures, which had been tested

regularly.

Meeting nutritional needs ✓ Met this standard

Food and drink should meet people's individual dietary needs

Our judgement

The provider was meeting this standard.

People were protected from the risks of inadequate nutrition and dehydration.

Reasons for our judgement

We found that people had been supported to receive adequate nutrition and hydration. The registered manager told us that a nutritional assessment had been completed to establish people's dietary and hydration needs when they first began to use the service. This meant that the provider had identified whether people were at risk of poor nutrition and dehydration.

Relatives of people told us that staff knew what people liked and disliked and always listened to them. Choices were made by people on a weekly basis with their key worker, using photographs of their favourite foods. The registered manager told us that a different person chose the main meal each day, which they also cooked. We noted that groceries and ingredients used were fresh. These had been purchased by people and staff twice weekly. A relative we spoke with told us, "The food is marvellous and they all take their turn to cook." Another relative said, "I would go there for my dinner because they always have fresh fruit and veg."

Where people had difficulties with eating or swallowing the menus had been tailored to reflect this. We saw that the menus readily identified who enjoyed which meals and where people required an alternative. We saw that the service had nutritional profiles of each person, which identified their preferences and any particular food allergies.

During the inspection we observed people communicated with staff to request drinks and noted that staff provided these or supported the person to make them. This meant that people were given a choice of suitable and nutritious food and drink, which met their diverse needs.

Care records showed that people had dietary plans which had been reviewed by their GPs to promote people's health and wellbeing. For example, one person had a skin condition, which was partially controlled by a diet rich in fruit and vegetables. We saw that all of the people had been encouraged to eat fruit with their meals and there were bowls of fruit readily available for snacks at any time.

Key workers told us that they had weighed people monthly to monitor any significant weight gain or loss. We noted that the weight charts had been analysed by the service and that any concerns had been raised with people's GP. For example, recent monthly

monitoring had identified one person had a significant weight loss. Staff immediately notified the GP and subsequent analysis found the weight loss had been connected to anxiety related to their medication. We found this person had an "eating and drinking" plan directing staff to encourage them to eat frequently, whilst always respecting their decision if they declined.

Staff told us how they recorded what people had consumed, which we saw in their daily records. We also noted that staff had recorded when meals and fluids had been declined and the reasons for this. We saw that where people had a risk of choking, this had been identified in their care plan. There was clear guidance for staff on how to support people to minimise the risk of choking. We saw that one person had support when required to ensure that food had been cut into small pieces. This meant the provider had identified any nutritional risks and had implemented measures to manage them.

We noted that one person had an eating and drinking plan to ensure they did not gain weight. We saw how this person had been supported by the provider to learn about nutrition and how to manage their own weight. Another person lived with a condition that could lead to a loss of appetite and dehydration. Staff told us how they supported this person to remain hydrated in accordance with their care plan and how they monitored the person's appetite. We saw this recorded in their food and fluid charts.

We observed meals had been presented in an appetising way to stimulate people's enjoyment. The staff involved in food preparation knew about the benefits of a balanced diet and had read the guidance within people's nutrition plans. We spoke with staff who were able to demonstrate their knowledge of fortified, soft food and pureed diets. The registered manager told us how most people preferred semi skimmed milk, whilst one person had milkshakes fortified with full fat milk, in accordance with their nutrition plan.

We noted that all staff had completed training in relation to food preparation, safety and hygiene. This meant that the provider had ensured that food and drink provided was safe, nutritionally balanced and supported the individual health needs of people.

Staff we spoke with demonstrated their understanding of how to support people's nutritional health needs. Staff were aware of the importance of drinking extra fluids during hot weather. Relatives confirmed that they felt people were offered a balanced diet and supported where required.

We inspected the kitchen and the food cupboards, which were clean and hygienic. We saw that staff had completed daily cleaning schedules and checks in relation to the temperatures of the fridge, freezers and cooked food. We noted that all cooked food had the temperature checked with a probe, which had the calibration checked weekly. We saw different coloured chopping boards and utensils for different types of foods, and that different food groups were appropriately stored separately in the fridge. We examined the food cupboard and found that it was organised in a way to ensure that use by dates on products had not expired. This meant that the service had ensured that people had been provided with food which had been stored and cooked safely in a hygienic environment.

Cleanliness and infection control ✓ Met this standard

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

We spoke with people, their relatives and staff to assess their views of cleanliness within the service. One person told us, "We all help to keep the house clean and tidy." Relatives told us that a high standard of cleanliness had always been maintained. A relative told us, "Whenever we visit it is spotless and everyone does their bit. " Another relative told us, "The staff are always encouraging them to do housework and other chores which supports their independence."

The communal lounge was clean, well maintained and provided a comfortable environment. We looked in one person's bedroom with their consent and saw that it had been cleaned and was well kept. We spoke with a care worker who explained how they organised their daily cleaning schedule and looked at the records of what they had done. They told us that the right equipment and cleaning materials had been supplied and saw that all cleaning products had been securely stored. This meant that the service had an effective process to reduce the risk of cross contamination.

We saw records which confirmed that staff had completed infection control training and the provider had a current infection control policy and procedure. This ensured that staff had received relevant training and had access to appropriate guidance.

The service had a daily cleaning schedule which was checked by staff during handovers. The provider had a colour coded cleaning system in operation, where specific areas of the home were cleaned with different coloured cloths and equipment, such as mops and buckets. This meant that there were processes in place to manage the risks of cross-contamination and the spread of infection within the service.

People had been protected from the risk of infection because appropriate guidance had been followed. The manager ensured that all staff had access to the Department of Health codes of practice and guidance. We saw there were standard infection control and prevention precautions including good hand hygiene practice and the use of protective equipment.

We saw that soap and hand towels were available in the kitchen and bathrooms. Guidance on hand washing technique was displayed in these areas. We saw there was an ample supply of Personal Protective Equipment (PPE), such as gloves and aprons, available in various parts of the home. Staff told us that they used PPE when necessary, particularly when supporting people with personal care, which was confirmed by our observations. This meant that people and staff had access to appropriate facilities to reduce the risk of infection.

Staff we spoke with told us that they had completed training in relation to cleanliness and the control of infection. Records within staff files we reviewed confirmed this. Staff told us that they always wore gloves and aprons to provide people's personal care. This meant that the correct processes had been followed to reduce the risk of cross infection.

We saw that audits and regular checks of the standard of cleanliness had been completed by the registered manager. We looked at the service guidance available for outbreaks of communicable diseases and staff we spoke with were able to tell us appropriate action they would take. Staff told us they were aware of the signs of infection and said they would report these immediately to the registered manager.

The registered manager had completed an infection control audit on 7 May 2014 which showed full compliance with the provider's policy. The provider might find it useful to note that this audit had identified that the kitchen bin was hand operated and had not yet been replaced.

We looked at the provider's infectious outbreak plans and saw that it contained the appropriate action to be taken. The provider carried out regular tests and risk assessments on the building's water supplies to establish if there was any legionella bacteria present within the water supply. This meant that the provider had protected people from the risk of acquiring an infection from the water supply.

Staff we spoke with were clear about their responsibility and the procedures they had to follow for transporting laundry and the wearing of protective clothing. We observed that laundry was transported appropriately through the home and the correct procedures had been followed. We saw that there was a designated area for clean laundry and a separate area for soiled laundry. This meant that there were effective systems in place to reduce the risk and spread of infection.

Staff and the manager told us about the clear lines of responsibilities for cleanliness and we saw up to date cleaning schedules for different areas. We looked at the provider's cleaning procedures, which were based on the Department of Health recommended decontamination methods. We noted that the provider had a waste management policy, which adopted recommended practice.

Requirements relating to workers ✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

There were effective recruitment and selection processes in place. We read the provider's policy and procedure to implement this process. Staff we spoke with told us that they had completed an application form and had attended an interview prior to employment. We saw copies of the application forms and records of the interviews in the five staff files we reviewed. The questions asked during these interviews had been based on the care needs and support required by people. The registered manager told us that people who use the service had been invited to take part in staff selection interviews. One care worker we spoke with told us, "The whole process was reassuring because it was so thorough it made you feel they wouldn't take just take anyone."

We found that appropriate checks had been completed before staff began to work for the service. This included verification of training qualifications and a Criminal Records Bureau (CRB) or Disclosure and Barring Service (DBS) check. Staff had produced identification documents, including passports and driving licences, copies of which were retained within their staff file. We noted that the provider had a process to obtain verification, where required, from the UK Borders Agency to confirm that staff had the necessary authority to work in the UK.

The provider had obtained two references from previous employers which had been verified. The reasons for any gaps in staff employment had been investigated. Staff we spoke with told us that these checks had been undertaken before they were able to start work. We noted that staff had completed occupational health questionnaires and that supervisors had undertaken return to work interviews with staff after periods of absence. This meant that the provider had taken steps to ensure that the safety and welfare needs of people had been met by staff who were fit and appropriately qualified to do their job.

We saw that staff had offers of employment and an up to date job description. Staff we spoke with were also aware of the roles of colleagues. This meant that staff were clear about their responsibilities.

Staff had completed a two week induction course nationally recognised by the care sector, which included a period of shadowing experienced staff. The induction consisted of training in areas such as medication and safeguarding. Staff completed an initial probation

period with reviews to assess their progress. We saw this recorded within their staff files.

We spoke with staff about their recruitment and induction. They all told us that they were well supported through this process and felt that they had been prepared to deliver the support required. Staff told us that they were encouraged to ask about anything if they were unsure and seek advice from the registered manager. This meant that the provider had ensured people's needs had been met by suitably qualified and competent staff.

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

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

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

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

People who use the service were protected against the risk of inappropriate or unsafe care because the provider effectively assessed and monitored the quality of the service. The manager operated auditing systems which ensured they identified and managed risks relating to the health, welfare and safety of people being supported.

People and staff had been asked for their views about their care and treatment and they had been acted upon. The provider completed an annual survey of people who use the service, which was in a format appropriate to their needs. We saw that the results had been collated and analysed to identify areas which required improvement. The service held meetings with staff and people who use the service every two months. These meetings addressed any concerns people had but were mainly for sharing information about people's progress and activities.

Staff had been encouraged to share their views on the service and staff meetings were held every two months, where ideas could be discussed. Staff members told us that they were able to raise concerns and discuss ideas at these meetings. We saw minutes where concerns regarding people's health needs had been discussed and found these had been addressed within their care plans. This meant that staff had been able to raise issues about the service and the provider had responded effectively.

We saw that any issues regarding people's health or social needs had been discussed with key workers during monthly meetings, which had been recorded. We saw evidence that where people had made requests for example, to go on specific outings this had been arranged for them. This meant that there were systems and processes in place for people to provide their feedback on the service they had received.

The provider's regional manager completed a quarterly compliance audit and visited the service monthly. Where improvements had been required these were clearly recorded in

an action plan with the action required. For example the most recent audit in May 2014 required each person to have their own separate medication folder, which we saw had been completed by the registered manager. This meant that there was a system in place for the provider to have oversight of the quality of the service provided at Martin Close.

We saw that the registered manager also assessed the quality of their service by completing their own monthly compliance audit, which they sent to the provider. We saw evidence that the registered manager had completed various audits in relation to the service. These included, infection control, Control of Substances Hazardous to Health (COSHH), medication and health and safety. We saw evidence from the health and safety audit for example, that where issues had been identified action had been taken to address them. This meant that there were processes in place to audit the quality of the service and to take action where required.

There was evidence that learning from incidents and investigations took place and appropriate changes had been implemented. Records were kept of incidents and investigations. Each incident was looked at individually and details recorded of what had been done and by whom. We saw evidence that the registered manager had completed a brief investigation in relation to a minor incident identified by a care worker and they had taken the appropriate actions. This meant that the service had been responsive to concerns raised about the quality of the service.

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.

Contact us

Phone:	03000 616161
Email:	enquiries@cqc.org.uk
Write to us at:	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA
Website:	www.cqc.org.uk