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

CareTech Community Services Limited - 68 West Park Road

68 West Park Road, Smethwick, Birmingham, B67 7JH  
Tel: 01215651632

Date of Inspection: 15 July 2014  
Date of Publication: August 2014

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

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<th>Standard</th>
<th>Result</th>
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<tr>
<td>Consent to care and treatment</td>
<td>Met this standard</td>
</tr>
<tr>
<td>Care and welfare of people who use services</td>
<td>Met this standard</td>
</tr>
<tr>
<td>Requirements relating to workers</td>
<td>Met this standard</td>
</tr>
<tr>
<td>Assessing and monitoring the quality of service provision</td>
<td>Action needed</td>
</tr>
<tr>
<td>Records</td>
<td>Action needed</td>
</tr>
</tbody>
</table>
Details about this location

<table>
<thead>
<tr>
<th>Registered Provider</th>
<th>CareTech Community Services Limited</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registered Managers</td>
<td>Mrs Jayne Louise Kilburn</td>
</tr>
<tr>
<td></td>
<td>Mrs Yvonne Whitehouse</td>
</tr>
<tr>
<td>Overview of the service</td>
<td>68 West Park Road is a care service that accommodates up to 12 people who require personal care with a learning disability.</td>
</tr>
<tr>
<td>Type of service</td>
<td>Care home service without nursing</td>
</tr>
<tr>
<td>Regulated activity</td>
<td>Accommodation for persons who require nursing or personal care</td>
</tr>
</tbody>
</table>
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 15 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 carers and / or family members and talked with staff.

What people told us and what we found

We carried out an inspection on the 16 September 2013 and found that the provider was not meeting the regulations for assessing and monitoring the quality of service provision and records. The provider wrote to us and told us what actions they were going to take to improve. On our inspection of the 15 July 2014 we looked to see what actions had been taken.

From our previous inspection some action had been taken to improve the service to people. However, there are still improvements to be made.

Below is a summary of what we found. The summary is based on our observations during the inspection. There were 11 people living at the home on the day of the inspection. We were not able to speak with people as they were unable to verbally express their views so we observed where we could how people were supported and how staff interacted with them. During our inspection we spoke with three members of staff who supported people, two relatives and the manager who had been employed since our last inspection and was supporting the inspection process. We looked at three people's care records.

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

Is the service safe?

We found that the provider had a system in place to ensure newly recruited staff were suitable to work with vulnerable adults. The provider also had in place a risk assessment process to ensure that staff continued to be suitable. This meant that people could be confident that staff were being appropriately checked.

Relatives told us they felt people were safe living in the home. One relative said, "He is definitely safe". Staff we spoke with were able to explain how they would keep people safe and who they would report concern to. This meant that people had the appropriate knowledge to ensure people were safe from harm.
We found that where risk assessments were needed to ensure the safety of people they were in place.

We found that an application under the Deprivation of Liberty Safeguards (DoLS) was in place to ensure the person affected was being supported in their best interest. There was a reviewing process in place as part of ensuring the person who liberty was being deprived was still appropriate. Training records showed that not all staff had received the appropriate training in the (DoLS) or the Mental Capacity Act (MCA). The staff we spoke with were aware of the application in place for the person who was being restricted and were able to explain this. However one member of staff was unable to explain in any way what DoLS or MCA was and its impact on people. The manager confirmed that some staff were still awaiting training.

We found from our previous inspection that people's finances were not being audited regularly. Evidence we saw at this inspection showed that the balance total on one persons account was in correct and staff were not always signing when they accessed people's monies. This meant there had been no improvement since our last inspection.

We discussed with the provider two safeguarding alert that was being investigated. The manager confirmed both investigation had been concluded and were found to be unsubstantiated.

We have asked the provider to tell us what improvements they will make in relation to ensuring the service is safe to meet people's needs.

Is the service effective?

We looked at three people's care records and found that pre-admission assessments were not in place to identify their support needs. We saw that support plans were in place and the provider was using specific support plans to identify how people with diabetes should be supported by staff. Staff we spoke with were able to describe the needs of people. This meant that people could be assured that staff would know how what their support needs were.

Care records showed that the need to see a health professional like a dentist or optician was highlighted in people's health action plans. However there was no evidence to show that people were having access to dentist, opticians and chiropodists where needed. We saw blank appointment forms that had not been completed. The manager told us that people were able to see their doctor or other health professionals when needed, these appointments were just not being recorded as they should have been. This meant that documents were not being completed sufficiently or accurately to reflect the support people were receiving.

We have asked the provider to tell us what improvements they will make in relation to ensuring the service is effective in meeting people's needs.

Is the service caring?

Relatives we spoke with told us that staff supported people appropriately and that they were caring. People were unable to share their views with us directly due to their complex support needs but we observed staff interacting with people. People were comfortable and happy around staff. This meant that people were happy and secure in how staff supported them.
We spoke to staff who had a good understanding of the people who they cared for and they were able to explain their support needs. We saw staff support people on an individualised basis. On the day of our inspection we went on a tour of the home and visited people being supported on a one to one basis in their flats by staff. The people we saw were happy and even where some people were being supported by two staff, due to their complex health needs, our observations were that people were happy and relaxed and interacting with staff. This meant that people needs were being met appropriately.

People were supported to go shopping and on trips. This was highlighted in their support plan. One person who had been out to the shops came back and gave the impression they were happy to have gone out and gestured they wanted to go back out. This meant that people were able to go out when they wanted with support from staff.

Is the service responsive?

The manager had recently been employed and was very responsive to the concerns we highlighted. The manager discussed with us the actions that had already been taken and the actions to be taken as part of improving the service. The manager recognised that there were still improvements to be made.

We found that since our last inspection there was evidence that 'relative's meetings' were now taking place on a regular basis. This meant that relatives had the opportunity to share any concerns they had with the manager.

Is the service well-led?

In this report there is the name of the registered manager Mrs Yvonne Whitehouse who was not in post and not managing the regulated activity at this location at the time of the inspection. Their name appears because they were still identified as the registered manager on our register at the time.

The service was managed by a registered manager who was supportive throughout the inspection. Evidence we saw showed that where the manager needed to act in people's best interest this was being done. This meant that people could be confident that where needed their interest would be an important part of the support they received.

We found that there were systems in place to support the learning from events like accidents, incidents and complaints. The relatives we spoke with told us they would speak with the manager if they had a complaint. We saw that the complaints process was displayed and this meant this information was available for visitors to view.

We found from our previous inspection that medication audits were not being carried out to ensure medicines were being administered safely. We saw no evidence of these audits being carried out at this inspection, which meant the provider had failed to make the necessary improvements.
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 30 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**

<table>
<thead>
<tr>
<th>Standard</th>
<th>Met this standard</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Consent to care and treatment</strong></td>
<td></td>
</tr>
<tr>
<td>Before people are given any examination, care, treatment or support, they should be asked if they agree to it</td>
<td>Met this standard</td>
</tr>
</tbody>
</table>

**Our judgement**

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

**Reasons for our judgement**

We found that support plans and other key documents were not signed by people who were able to or their relatives where people were unable to due to their complex support needs. We observed a number of people interacting with staff and found that people were able to give their consent however complex their needs were. We observed one person who due to their complex needs was assessed as requiring two staff to support them at all times of the day. We observed this person's consent being sought by way of body gestures or how they communicated so staff were able to understand them. We observed another person giving their consent to staff entering their flat and bedroom. Staff we spoke with told us they would only ever enter someone's flat if they were given permission by the person. A relative said, "Staff do seek people's consent. I was asked for my consent for X". This meant that before staff supported people their consent was given.

Where people did not have the capacity to consent, the provider acted in accordance with legal requirements. We were informed by the manager that an application under the Deprivation of Liberty Safeguards (DoLS) had been approved through the local authority who was the supervisory body. The application had been approved and was being reviewed on a three monthly basis. The application was made to ensure the person's best interests under the Mental Capacity Act (MCA) could be safeguarded. This meant that where people lacked capacity the appropriate support was in place. We spoke with three members of staff, they were all aware of the DoLS application for the person in question. One staff member we spoke with was not able to explain MCA or DoLS and told us they had not had any training, which training records confirmed. We spoke with the manager who confirmed that a meeting was taking place shortly about the changes to DoLS as part of the recent judgement in the Supreme Court. All staff would be required to attend the training session as part of updating their knowledge and skills.

Records showed that reviews were been carried out and where actions were been taken as a result of a review there was evidence to show the action taken. One relative we spoke with told us they were not always involved in reviews and the records we saw confirmed this. Another relative told us they did attend reviews at least once a year. Staff we spoke
with told us reviews were carried out, but they were not all consistent as to the frequency of reviews. The provider may wish to note that the review process should be consistent in its application and involve people or their representatives where people are unable to be involved due to their lack of capacity.
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.
People experienced care and support that met their needs and protected their rights.

Reasons for our judgement

We looked at the way people's care and support needs were delivered and managed in line with their expectations.

People's needs were assessed and care and support was planned and delivered in line with their individual care plan. We found that the three care records we looked at had no evidence of pre-admission assessments being carried out by the provider. This assessment would allow the provider to gather vital information about people's support needs to be able to make a decision as to whether they were able to meet people's needs before their admission to the home. We found that support plans were in place, and these showed how people's support needs were being met. All the people living in the home had complex support needs which meant they were being supported on an individual basis or by two or three staff per person. One person we observed for a short period needed two staff at all times, their support plan had this identified this and the reason and any concerns around how the person should be supported. A relative we spoke with said, "I do feel staff support X okay". This meant that people were able to get the support they needed.

Care and support was planned and delivered in a way that ensured people's safety and welfare. We found risk assessments were in place to manage any identified risks. One person we observed where documents had identified the need for two staff to be with them at all times due to their complex support needs and behaviour. We found that this was recorded and being carried out as identified. Where people were at risk of seizures there was also a risk assessment in place as part of identifying potential risks to how people were supported during a seizure episode. Staff we spoke with had a good understanding of people's support needs and the action required in the event someone had a seizure. Staff told us they had received the relevant training to ensure they had the skills and knowledge. Records we saw confirmed this. This meant that people's welfare and safety was an integral part of the care and support they were given.

We found that records showed that people had health action plans in place as part of ensuring people's health needs were identified and being met. Where people needed support from health professionals there was evidence of this taking place and been logged. One person's care records we looked at did not show any evidence of them having seen a health professional for some time. We discussed this with the manager who told us...
they were currently changing some of the care planning process left from the previous manager and would ensure action was taken to log all visits by health professionals in future. This would ensure that all health professional visits would be identified to show how people's health was being managed.

All the staff we spoke with had a good understanding of people's support needs and how to meet them. We found where people needed two staff to support them at all times, staff had the skills and knowledge to meet people's needs and the records showed that staff had received the relevant training. Staff we spoke with confirmed this. Our observations on the day were that staff interaction with people was specific to their support needs, which met individual needs. We found that people were comfortable around staff, and this made the interaction between staff and people more relaxing.

We found that people were able to decide what social interactions they took part in. Staff told us that they supported people to go to the shops to buy food and any other items they wanted. Where people wanted to go to the cinema or take part in other activities for example, going out for a meal, staff would go with them for support. Relatives we spoke with confirmed that staff ensured people were able to take part in a range of activities. This meant that people were able to take part in activities that enriched their lives.
Requirements relating to workers

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

Met this standard

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

We looked at the way staff were been recruited to ensure people would be safe from harm.

We found that the provider had a system in place to ensure that newly recruited staff were appropriately checked to ensure they were suitable to work with vulnerable people. We found that a Disclosure and Barring Service (DBS) check (previously known as Criminal Records Bureau check) and two pre-employment references were carried out. A DBS check is a criminal background check carried out on a potential new employee to ascertain whether or not they are suitable to work with vulnerable adults and children. One person who had recently been employed said, "I was required to provide this information as part of the checking process". This meant that people could be confident that staff were appropriately recruited to ensure they were kept safe from harm.

We found that the provider had a risk assessment process in place to manage recruitment situations where newly recruited staff were unable to provide references or there were concerns with the DBS check carried out. We found that there was a risk assessment process in place to ensure all staff were providing a yearly declaration for their suitability to continue to work with vulnerable people once their DBS was over a year old. Staff were also being required to complete a DBS check every three yearly. This meant that the provider had a system in place to ensure the ongoing suitability of staff to work with vulnerable adults.

One relative said, "X is safe at the home, The staff are good with X".
Assessing and monitoring the quality of service provision

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

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 spoke with relatives but their feedback did not relate to this standard.

At our previous inspection on the 16 September 2013, we found that there was no information on display to tell people and visitors how they could complain, we found that there was no forums like meetings with relatives, so people or their relatives could express their views. We found that medication audits were not been carried as part of maintaining standards and safety, and that the audit being used to check the standards around people's finances was not being documented or fit for purpose. The provider wrote to us and told us what action they were going to take to improve by 30 November 2013. We looked to see what improvements had been made at this inspection.

During this inspection we found that since our last visit to the home the provider had now displayed their complaints process in an area where visitors to the home would sign in and see the process. Relatives we spoke with told us they knew how to complain and if they had a concern they would speak with the manager in the first instance. This meant that where visitors to the home had a complaint they would now have the information displayed to allow them to complain.

We found that there was evidence to show that meetings were now taking place with relatives or people's representatives so they had the opportunity to share any concerns they had. The evidence showed that four meetings had taken place since January 2014 and a further meeting was planned for July 2014. The minutes showed that where concerns were highlighted actions was taken to resolve the concerns raised. This meant that relatives were now able to share their views on a regular basis.

We spoke with the manager who had only recently been employed, they confirmed that medication audits were not being carried out as part of ensuring the appropriate standards were being maintained. This meant that systems were not in place to identify any concerns related to medicines in the absence of these checks.
We found that there were still irregularities with how people's finances were being managed. We looked at one person's records and found the money balance total was not correct. Where money was taken out of the person's account two staff were not signing and in some instances there was no signature at all. We raised our concerns with the manager who told us that immediate action would follow and an audit system instigated. The provider had failed to make the required improvements despite telling us they would be in place by November 2013.
Our judgement

The provider was not meeting this standard.

People were not protected from the risks of unsafe or inappropriate care and treatment.

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 spoke with relatives but their feedback did not relate to this standard.

At our previous inspection on the 16 September 2013, we found that there was not a specific support plan in place where people had diabetes. The care records being used lacked sufficient details on the type of diabetes, how the condition was to be managed and the physical signs to prompt staff that medical attention may be required. We found inconsistencies in one person's care records, where information was not consistent in how and when a doctor should be contacted, and staff were unable to confirm the correct information. We found gaps in care records where people had the same health condition however they did not all have the appropriate risk assessments in place. We found that people's care records contained duplicated information. The provider wrote to us and told us what action they were going to take to improve by 30 November 2013. We looked to see what improvements had been made at this inspection.

During this inspection we found that where people had diabetes there was a specific support plan now in place. This plan explained to staff what diabetes was and the appropriate actions needed in certain circumstances. Staff we spoke with were aware of people's health needs and were able to explain how they supported people generally and in an emergency. This meant that where people were diabetic staff would have the appropriate information to support them.

We found that information was still in more than one place as we found at the last inspection. One person's records we looked at there was no information available on their health checks or appointments. The form being used for this information was blank, which was a concern at the last inspection about gaps in records. We found the document used for logging when someone had a seizure was not being used in every situation. The risk assessment documentation was not being used consistently. There was evidence of different forms being used to gather the same information. We found information on people's care records that was not relevant to people's support needs now. We saw documentation that was several years out of date and should have been archived or destroyed as appropriate. The lack of clear records could result in the delivery of
inconsistent or unsafe care. The provider had failed to make the required improvements despite telling us they would be in place by November 2013.
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.

<table>
<thead>
<tr>
<th>Regulated activity</th>
<th>Regulation</th>
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<tbody>
<tr>
<td>Accommodation for persons who require nursing or personal care</td>
<td>Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010</td>
</tr>
<tr>
<td></td>
<td>Assessing and monitoring the quality of service provision</td>
</tr>
<tr>
<td></td>
<td><strong>How the regulation was not being met:</strong></td>
</tr>
<tr>
<td></td>
<td>The registered person must protect service users, and others who may be at risk, against the risk of inappropriate or unsafe care and treatment, by means of the effective operation of systems designed to enable the registered person to regularly assess and monitor the quality of the services provided in the carrying on of the regulated activity against the requirements set out in this part of these regulations; and identify, assess and manage risks relating to the health, welfare and safety of service users and others who may be at risk from the carrying on of the regulated activity.</td>
</tr>
<tr>
<td></td>
<td>Regulation 10 (1) (a) (b)</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Regulated activity</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Accommodation for persons who require nursing or personal care</td>
<td>Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010</td>
</tr>
<tr>
<td></td>
<td>Records</td>
</tr>
<tr>
<td></td>
<td><strong>How the regulation was not being met:</strong></td>
</tr>
<tr>
<td></td>
<td>The registered person must ensure that service users are protected against the risks of unsafe or inappropriate care and treatment arising from a lack of proper information about them by means of the maintenance of an accurate record in respect of each service user which shall include appropriate information</td>
</tr>
</tbody>
</table>
This section is primarily information for the provider

and documents in relation to the care and treatment provided to each service user; and such other records as are appropriate in relation to the management of the regulated activity.

Regulation 20 (1), (a), (b), (ii)

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 30 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.

<table>
<thead>
<tr>
<th>✔ Met this standard</th>
<th>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.</th>
</tr>
</thead>
<tbody>
<tr>
<td>✗ Action needed</td>
<td>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.</td>
</tr>
<tr>
<td>✗ Enforcement action taken</td>
<td>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 manager’s 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.</td>
</tr>
</tbody>
</table>
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.