

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

I Care Solutions Manchester Ltd

123 Egerton Road South, Manchester, M21 0XN

Tel: 01618820404

Date of Inspection: 10 September 2014

Date of Publication:
November 2014

We inspected the following standards in response to concerns that standards weren't being met. 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
Safeguarding people who use services from abuse	✗	Action needed
Requirements relating to workers	✗	Action needed
Supporting workers	✗	Action needed
Assessing and monitoring the quality of service provision	✗	Action needed

Details about this location

Registered Provider	ICare Solutions Manchester Limited
Registered Manager	Ms Ghazala Parveen Rana
Overview of the service	I Care Solutions Manchester Limited is a small domiciliary care agency, which is registered to provide personal care to people in their own homes. The agency provides support for adults with a range of needs.
Type of service	Domiciliary care service
Regulated activity	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'.

	Page
Summary of this inspection:	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
What we have told the provider to do	5
More information about the provider	6
Our judgements for each standard inspected:	
Respecting and involving people who use services	7
Care and welfare of people who use services	9
Safeguarding people who use services from abuse	11
Requirements relating to workers	13
Supporting workers	15
Assessing and monitoring the quality of service provision	17
Information primarily for the provider:	
Action we have told the provider to take	19
About CQC Inspections	22
How we define our judgements	23
Glossary of terms we use in this report	25
Contact us	27

Summary of this inspection

Why we carried out this inspection

We carried out this inspection in response to concerns that one or more of the essential standards of quality and safety were not being met.

This was an announced inspection.

How we carried out this inspection

We carried out a visit on 10 September 2014, observed how people were being cared for, talked with people who use the service and talked with carers and / or family members. We talked with staff.

What people told us and what we found

We carried out this inspection in response to concerns raised regarding the effectiveness of the service.

An inspector visited this service on 10 September to carry out an inspection. We were also accompanied by a registration assessor for part of the inspection. Prior to our visit we looked at all the information we hold on this service to help us to plan and focus on our five questions;

Is the service caring?

Is the service responsive?

Is the service safe?

Is the service effective?

Is the service well led?

During this inspection we spoke with five relatives, seven care staff, the director and the acting manager of I Care Solutions Limited. The registered manager was not available on the day of our visit and we were informed by the director an acting manager was in post. We were also told the acting manager was currently receiving a handover from the registered manager. As part of this inspection we also visited three people in their own homes. Below is a summary of what we found.

Is the service caring?

The people we spoke with were happy with the care and support provided by I Care Solutions Manchester Limited. Comments included; "Staff treat me and my home with respect.", and "I'm happy. I would tell them if I wasn't happy." We spoke with five relatives who also told us they found the staff to be caring. Comments we received included; "Staff are very good.", and "The carer is excellent."

Is the service responsive?

We were told by the acting manager people were encouraged to give feedback through telephone calls and at care meetings. We were also told questionnaires and surveys were not currently offered to people who used the agency but these would be introduced. However we concluded improvements were required to enable the agency to effectively monitor the quality of the service provided and introduce improvements if required.

Is the service safe?

We saw some systems were in place to ensure people were safe. We saw there was a safeguarding policy in place however this did not contain contact numbers for appropriate authorities. We spoke with seven staff and from our conversations it was clear not all staff knew who to report safeguarding concerns to. It is important staff know how and who to report concerns to as this minimises the risk of harm and abuse. We considered improvements were required to ensure allegations of abuse were responded to appropriately.

We also found appropriate recruitment checks to ensure the suitability of staff employed by the agency had not always been carried out. In one staff file we saw no evidence to show a Disclosure and Barring Check (DBS) check was in place or had been completed prior to the person starting work. In addition two staff we spoke with informed us they had not been formally interviewed prior to starting work with the agency and DBS checks had not been provided to the agency or received prior to the staff delivering care to people who used the service. We concluded improvements were required as sufficient recruitment checks help ensure unsuitable people are not employed to work with vulnerable people.

Is the service effective?

We saw no evidence in two care records that some people's health needs had been assessed or care had been planned to meet their needs. The manager told us that they would review the care provided and update the care records to reflect people's current needs. We considered improvements were required to ensure people received effective care.

Is the service well led?

The service had a manager in place who has been registered with the Care Quality Commission since June 2014. At this inspection the registered manager was not present. The CQC had been informed by the director of the company that the registered manager was leaving and an acting manager was currently in place.

We asked the acting manager and the director what audits were in place to identify, assess and manage risks relating to the health, safety and welfare of people who used the service. For example audits of timekeeping, medication and care records. We were told there were currently no audits carried out. We asked to see any previously completed audits and were told these had not been completed. We considered improvements were required to ensure risks to people who use the service were promptly identified and action taken to minimise risk.

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 21 November 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

We spoke with the acting manager and the director of the agency and asked how people were supported to understand the service that the agency could provide. We were told the agency arranged to meet people prior to the agency delivering care and their individual needs and preferences were discussed with them. We asked if any written information was provided to people and were told that the documentation had been reviewed and this was currently being printed by an external stationery company. The acting manager told us people were provided with a copy of the agency's business terms and conditions and complaints procedure. We were also told the acting manager contacted people who used the service, or their relatives to seek feedback from them after they had started to receive support from the agency.

We spoke with one relative who told us they had been contacted by the agency after their family member had started to use the service. This showed us people were able to give feedback regarding the service provided.

We also visited three people in their own homes and viewed their care records. In the three records we viewed we saw copies of the business terms and conditions and complaints procedure were in place. This showed us people had access to information about the service I Care Solutions Manchester Limited could provide.

From the documentation we viewed we saw that people who used the service and relatives were asked to sign their care plans when appropriate. We spoke with five relatives and received feedback regarding the level of involvement the agency had with them. All the relatives we spoke with told us staff from the agency had met with them to discuss the care and support their family member needed. Comments we received included; "They spoke to us about what we needed.", "We met to discuss first", "Yes I was involved from the start", "I feel consulted in a less formal way" and "We were asked about what (my family member) wanted and needed but it was really rushed." All the relatives we spoke with told us they felt involved in the care and support of their family member and were confident that their views were recognised. This showed us when appropriate; relatives were involved in the support the agency provided.

We also spoke with three people who used the service. All the people we spoke with confirmed they had been involved in the development of their care package. One person told us the manager had phoned them and asked if they were happy with the care and support provided. All the people we spoke with told us they felt involved in the service provided and they were able to speak with staff. This showed us people were consulted and enabled to make decisions relating to their care and support.

All the people we spoke with told us they felt treated with dignity and respect and relatives confirmed they had no concerns in this area.

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

Our judgement

The provider was not meeting this standard.

The provider did not take proper steps to ensure that people's needs were assessed and care and treatment was planned and delivered in line with people's individual needs.

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

All the people and relatives we spoke with told us they were happy with the care and support provided. We were told; "Staff treat me and my home with respect.", "I'm happy with I Care." and "I'm happy. I would tell them if I wasn't happy."

We looked at three care records and saw an assessment of needs was carried out before people received care and support from the agency. The acting manager told us and we saw in the care records, that following the assessment a care plan was developed. This is important as care plans provide instruction to staff on the care and support a person needs and has agreed to.

However, we noted improvements were required in two of the care records we viewed. For example we saw in daily records a person was receiving care for which they had not been assessed. We discussed this with the person who told us they had been receiving the care interventions for some time. In the record we viewed we could not see evidence the care intervention had been assessed or any instruction to inform staff of the support the person required. We discussed this with the acting manager who did not give an explanation for this. They assured us they would address this.

We also saw in the same care record an assessment had been carried out regarding the person's mobility needs. We asked the person what care they received and looked at the care record. We noted some of the mobility equipment the person told us they used was not documented within the risk assessment. We looked at the person's care plan and saw no instruction to inform staff what the mobility equipment was used for or how to use the equipment safely. It is important that mobility equipment such as transfer sheets and transfer aids are risk assessed and information included in care plans so staff can support people safely in accordance with their needs and preferences. We considered the person's care needs had not been appropriately assessed and care planned to ensure the safety and welfare of the person. We concluded improvements were required.

We looked at a second care record and saw the person received support from I Care

Solutions Manchester Ltd and another care agency. At the time of our inspection the person was being supported by a member of staff from another care agency.

We looked at the I Care Solutions Manchester Ltd care records and saw a care plan which identified the other agency supported the person with their diet and hydration. We looked at the daily notes and saw an entry within which showed us the person had been supported to eat by staff at I Care Solutions Manchester Limited. We looked at the care plan and saw no instruction on how the person was to be supported, or evidence to show a risk assessment had been carried out.

We discussed this with a member of staff from another care provider and were told the person had particular dietary needs. The staff also told us I Care Solutions Manchester Ltd provided care outside the documented plan. We discussed this with the manager and Director and were told the staff also provided additional hours of support. The acting manager told us the care plan required updating and this had been allocated to a member of staff who had not completed this. We also asked why the care plan for the person's nutritional needs did not detail the support the person required, or why a risk assessment had not been carried out. The acting manager told us they would review the person's care and update the care record.

In the record we viewed we also saw the care plan for the person's communication needs was blank. It is important people's needs and preferences are documented so staff can provide safe and effective care and support. We concluded the person's communication needs had not been assessed and care planned to meet the person's needs. This placed the person at risk of inappropriate care and welfare.

In the third care record we viewed, we saw information was presented in a different format. We noted the risk assessment for mobility stated a hoist should be used. We looked at the person's 'daily tasks' and saw this did not detail the equipment the person required to support them to mobilise safely. We saw the care plan was last reviewed in 2013. We discussed this with the relative who told us they were happy with the care and support provided. We discussed this with the manager who told us new documentation was being printed and the care plan required reviewing. The manager assured us that this would be carried out without delay.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was not meeting this standard.

The provider did not have suitable arrangements in place to ensure that service users are safeguarded against the risk of abuse by means of responding appropriately to any allegations made. This placed people at risk as appropriate safeguarding processes may not have been followed.

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

During the inspection we asked seven staff what they would do if they suspected someone was at risk of harm and abuse. The staff we spoke with could give examples of types of abuse and the signs and symptoms of these. They told us they would inform the manager by using the on call system.

We also asked who they would report concerns to externally, if this was required. Two staff told us they would report concerns to the local safeguarding authorities. Comments we received from five staff included; "I'm not aware of who to report it to outside I Care.", "I'm not sure if I would report it to a family member.", "I just can't think of the name." "I don't know the answer." "I'm not sure." It is important staff know who to report concerns to so allegations of abuse can be responded to promptly and the risk of harm minimised.

We looked at the policy for safeguarding and saw it contained no external contact numbers for staff to access and asked the staff if they knew how to contact the local safeguarding authorities. The staff we spoke with told us they would look on the internet for contact details, contact the police and ring the on-call system. Staff should know and be able to contact the appropriate external authorities in order to respond appropriately to any allegation of abuse. This ensures people are protected and any incidents are reported promptly to allow appropriate investigation to be carried out as required. We concluded the agency did not have suitable arrangements in place to ensure people were safeguarded against the risk of abuse.

We asked the staff if they had received training in safeguarding. All the staff we spoke with told us they had not attended this training with I Care Solutions Manchester Limited. We viewed a training matrix provided to us by the manager and saw the training was provided in June 2013 and three staff were recorded as having attended this. The information the matrix showed us was in conflict with the verbal information we had received from staff as this documented that three staff had attended this training. This was a concern to us as the

provider should have suitable arrangements in place to ensure people are protected from the risk of harm and abuse.

The most recent training matrix provided to us showed us no staff had received recent training in safeguarding procedures. It is important staff receive training and information in this area so the risk of harm and abuse is identified and staff know the procedures to follow to report allegations of abuse promptly.

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

Our judgement

The provider was not meeting this standard.

Appropriate checks were not undertaken before staff began work and effective recruitment and selection processes were not carried out to ensure unsuitable people were not employed by the agency.

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 asked the acting manager to describe the recruitment process to us. We were told people completed an application form, were interviewed and if successful references and Disclosure and Barring Checks (DBS) were completed. Recruitment checks are important as they allow the manager to identify if potential employees are unsuitable to work with vulnerable people.

We were told by the director that while the DBS check was being completed the staff member spent time in the office familiarising themselves with the policies and procedures and also completed 'shadowing.' This is a process where a new member of staff works with an experienced member of staff to become familiar with the role and responsibilities. We looked at a recently recruited staff member's file and saw no evidence references had been obtained and no evidence of a disclosure and barring check being completed or applied for. We asked the director and acting manager if the DBS check had been completed or references applied for. We were told these were currently being done. We asked if the person was currently delivering care and support to people who used the service and were told they were. We considered improvements were required as sufficient checks should be carried out to ensure the suitability of staff employed.

From the records we viewed we saw that if a staff member disclosed a previous criminal conviction, risk assessments were not completed to ensure any identified risks were assessed and minimised. We discussed this with the director who told us they had not completed a risk assessment but would do so in the future. We concluded improvements were required to ensure unsuitable people were not employed by the service.

We spoke with three members of staff who told us they had not completed disclosure and barring checks. We asked them if they were currently providing care and support to people who used the service. They told us they were. Two of the members of staff told us they had not been interviewed. They explained they had visited the office but an interview had not been carried out. One member of staff told us they had visited the office after providing

care and support to a person who used the service. Following the inspection we referred our findings to the local authority. We considered improvements were required as the proper recruitment checks had not been followed to ensure unsuitable people were not employed by the agency.

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 to ensure that staff received appropriate training that enabled them to deliver safe and effective care. This placed people at risk of receiving care and support that did not meet their needs.

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 carried out this inspection in response to concerns raised regarding the effectiveness of the service.

On the day of the inspection we were told by the director approximately 16 people were employed by the agency and the majority of staff had been with the agency for over 12 months.

We were provided with two training matrices which showed us some staff had received training in Moving and Handling in February 2014 and August 2014. We asked seven staff if they had received any training in moving and handling and five staff told us they had not. This was in conflict with the training matrix provided to us as this documented the five staff had attended training in moving and handling. All the staff told us they understood some training was currently being arranged in this area.

The training matrix we viewed also showed us staff had received training in medication awareness. We looked at six staff files and saw no evidence within the files to evidence staff had received recent training in moving and handling, first aid, medication awareness or infection control. We were told by the director medication training had taken place, as had moving and handling and the certificates were currently being printed by an external stationery firm.

We asked the acting manager what arrangements were in place to ensure staff received appropriate training, supervision and appraisals. We were told that at present the acting manager was reviewing the staff files in place and recording the training activities people had completed. We were told further training was being booked. We asked for, but were not provided with evidence of this. We concluded improvements were required as the agency did not have suitable arrangements in place to ensure staff received appropriate training that enabled them to deliver safe and effective care.

Five of the seven staff we spoke with told us they had not received an appraisal or supervision, but they were able to meet with the director or manager and discuss any concerns they had. They told us the acting manager had informed them they would receive supervisions and appraisals and a schedule was being developed. However, we concluded improvements were required to enable staff development needs to be identified and training provided to enable staff to deliver safe and effective care.

The acting manager told us they carried out unannounced checks to enable them to assess the performance of staff. We looked at six staff files and saw evidence in two of these files that checks had been carried out. In another file we saw a communication sheet which showed a spot check had been carried out in 2013. In three files we saw no checks had been carried out. We asked the acting manager if they had an overview of who had received checks or a plan of the checks to be carried out. The acting manager told us they did not have any documentation which demonstrated this and they were currently reviewing the information in the files in order to establish this information. We concluded improvements were required as the agency did not have suitable arrangements in place to ensure staff received appropriate training and supervision that enabled them to deliver safe and effective care.

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.

People were not protected from the risks of inappropriate and unsafe care and treatment as the registered person did not operate systems to assess and monitor the quality of services provided and identify, assess and manage risks relating to the health safety and welfare of people who use the service

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

The agency has a manager who has been registered with the Care Quality Commission (CQC) since June 2014. At this inspection the registered manager was not present. The CQC had been informed by the director of the company that the registered manager was leaving and an acting manager was currently in place. The acting manager had been in place for six weeks and is currently in the process of registering with the CQC.

We asked the acting manager and the Director what audits were carried out to identify, assess and manage risks to people who used the service. The acting manager told us they had not completed any audits. We asked if the manager checked records were up to date, medication administered safely and the timing of visits in accordance with people's agreements with the agency. The acting manager told us they currently relied on people who used the service, or their relatives to contact them if visits were not carried out in accordance with agreed care packages.

We were told by the acting manager a relative had made a verbal complaint regarding the timekeeping of a staff member. We saw the manager had investigated this and action had been taken. Although this showed us the acting manager had responded appropriately to the complaint, we were concerned that there was no system in place to monitor or record the incidents of poor time keeping or missed calls. It is important people receive their care and support at the time they have agreed in order to receive care and support that meets their needs. We considered improvements were required to identify, assess and manage risks relating to the health, safety and welfare of people who used the service.

We asked to see documentation of previous audits carried out. For example checks of medication records, care records, time keeping and missed calls. We were told these audits had not been completed. We concluded improvements were required to enable the agency to identify, assess and manage risks relating to the health, safety and welfare of

people who used the service.

We asked the acting manager and director if questionnaires or surveys were provided to people who used the service to enable them to give feedback on the service provided. This is important as it enables people to present their views and make suggestions in an alternative manner which may be preferable to them. We were told no surveys or questionnaires were in place and this was an area they would introduce. We concluded improvements were required to enable the agency to assess and monitor the quality of services provided and identify any improvements required.

This section is primarily information for the provider

✘ Action we have told the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Personal care	<p>Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010</p> <p>Care and welfare of people who use services</p> <p>How the regulation was not being met:</p> <p>The provider did not take proper steps to ensure that people's needs were assessed and care and treatment was planned and delivered in line with people's individual needs. Regulation 9 (1) (a) (b) (i) (ii) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010</p>
Regulated activity	Regulation
Personal care	<p>Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2010</p> <p>Safeguarding people who use services from abuse</p> <p>How the regulation was not being met:</p> <p>The provider did not have suitable arrangements in place to ensure that service users are safeguarded against the risk of abuse by means of responding appropriately to any allegation of abuse. Regulation 11 (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 21 HSCA 2008 (Regulated Activities) Regulations 2010</p>

This section is primarily information for the provider

	<p>Requirements relating to workers</p> <p>How the regulation was not being met:</p> <p>Appropriate checks were not undertaken before staff began work and effective recruitment and selection processes were not carried out to ensure unsuitable people were not employed by the agency. Regulation 21 (a) (i).</p>
Regulated activity	Regulation
Personal care	<p>Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010</p> <p>Supporting workers</p> <p>How the regulation was not being met:</p> <p>The provider did not have suitable arrangements in place to ensure that staff receive appropriate training that enabled them to deliver safe and effective care. Regulation 23 (1) (a) of the health and Social Care Act 2008 (Regulated Activities) Regulations 2010.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010</p> <p>Assessing and monitoring the quality of service provision</p> <p>How the regulation was not being met:</p> <p>People were not protected from the risks of inappropriate and unsafe care and treatment as systems were not in place in assess and monitor the quality of services provided and identify, assess and manage risks relating to the health safety and welfare of people who use the service. Regulation 10 (1) (a) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.</p>

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 21 November 2014.

This section is primarily information for the provider

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.

Contact us

Phone: 03000 616161

Email: enquiries@ccq.org.uk

Write to us
at: Care Quality Commission
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

Website: www.cqc.org.uk

Copyright Copyright © (2011) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.
