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

Briarmede Care Home

426-428 Rochdale Road, Middleton, Manchester, M24 2QW  
Date of Inspection: 02 July 2014

Tel: 01616532247

Date of Publication: July 2014

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

- Consent to care and treatment: Met this standard
- Care and welfare of people who use services: Met this standard
- Meeting nutritional needs: Met this standard
- Cleanliness and infection control: Met this standard
- Safety, availability and suitability of equipment: Met this standard
- Assessing and monitoring the quality of service provision: Met this standard
- Records: Met this standard
## Details about this location

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<th>Briarmede Care Limited</th>
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<tr>
<td>Registered Manager</td>
<td>Mr Adrian Riley</td>
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<tr>
<td>Overview of the service</td>
<td>Briarmede offers accommodation and personal care for up to 32 older people. The home is situated on the main road which connects the towns of Middleton and Rochdale. There is a frequent bus service that passes the home and there is a car park to the rear.</td>
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<td>Type of service</td>
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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 2 July 2014, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service and talked with staff.

What people told us and what we found

We spoke generally with several people who used the service and three people specifically about this inspection, the registered manager, area manager and three staff members. We also looked at the quality assurance systems and records. This helped answer our five questions; is the service caring? Is the service responsive? Is the service safe? Is the service effective? Is the service well led? Below is a summary of what we found.

Was the service safe?

Systems were in place to make sure that managers and staff learn from events such as accidents and incidents, complaints, concerns, whistleblowing and investigations. People who used the service said, "I have friends I can talk to or one of the staff if I had any worries. The deputy manager is wonderful and she would listen to me", "I would talk to my daughter or staff if I had any worries. I have no complaints about my care here" and "I would tell staff if I had any worries. You don't get anywhere if you don't speak your mind but I don't have any complaints". This reduced the risks to people and helped the service to continually improve.

The home had proper policies and procedures in relation to the Mental Capacity Act and Deprivation of Liberty Safeguards. Relevant staff had been trained to understand when an application should be made and how to submit one.

The home was clean, warm and free of any offensive odours. There were dedicated domestic staff to clean the home. Three people who used the service told us, "The home is always clean and tidy", "My room and clothes are kept clean" and "It is so clean and tidy. They change the bedding every day". We saw that improvements had been made to infection control procedures to help stop the spread of infection.

We saw that the electrical, fire and gas equipment had been maintained. Staff were aware of the system for having items repaired and replaced. The home and equipment was maintained and repaired to help keep staff and people who used the service free from
possible harm.

Was the service effective?
People's health and care needs were assessed with them if possible, and they were involved in writing their plans of care. The three care plans we looked at showed there had been regular reviews and any changes to people's care and condition had been recorded. However, more information around a person's end of life care would ensure their wishes were taken into account at this difficult time. People who used the service told us, "I get the care I need and what I want. I am treated like the Queen. They close the curtains and door and care for me privately", "I get the care I need and staff are careful to treat me with privacy" and "They help me with my care. I asked for a shower late on last night and had the best night's sleep in ages".

Specialist dietary, mobility, skin care and community support needs had been identified in care plans where required. Specialist equipment was provided such as pressure relieving devices or mobility aids.

The manager and other key staff audited the effectiveness of the systems they used. This included medication, the environment, infection control and plans of care. The information was used to improve the service.

The meals served at the home were nutritious and people were given sufficient fluids to help keep them hydrated. We sat in the dining room for most of the inspection. We saw that people had a choice of meal. The meal was held as a social occasion for those who wanted to eat in the dining room. All the people we spoke to around lunch time said the food was good. Three people also told us, "The food is reasonable. I am a picky eater and for me there is not a lot of variety. What we do get is hot and nice. I have a small appetite. I like my sandwiches and they will always make them for me", "I like the food and you can ask for something else" and "The food is very good. We get good choice and plenty of it".

Was the service caring?
People were supported by kind and attentive staff. We saw that care workers showed patience and gave encouragement when supporting people. There was a friendly atmosphere within the home and we observed that staff interacted and chatted to people who used the service throughout the day. Three people who used the service told us, "The staff are nice and you can have a laugh and joke about things. The staff know what they are doing and I keep them in check and if you need help the staff come right away", "I find it all right here. One of the things I did not like they have fixed for me. The staff are pleasant and polite. Staff are hard working and know what they are doing" and "The staff are very nice. The manager and new deputy are lovely".

People's preferences, interests, aspirations and diverse needs had been recorded and care and support had been provided in accordance with people's wishes. People who used the service were encouraged to provide as much information about their past lives and what they liked or did not. This information gave staff the knowledge to treat people as individuals.

People lived in a comfortable environment and were able to personalise their rooms to make them feel more at home. Three people told us, "I am doing fine here. I like to stay in my room. I get my meals here because I want to. I like this room. I have a good view and as you can see I have lots of family photographs and Manchester City football club memorabilia", "I have a lovely room. Quiet and peaceful" and "I am very happy here in my nice room. I have lots of my own things to make it like home".
Was the service responsive?
People completed a range of activities in and outside the service regularly. Each person had their known hobbies and interests recorded. One person told us, "Because I stay in my room I do my own thing. I rarely join in activities but they do ask me. I like to watch television, read my Kindle, do word searches and knitting". Only one of the three people we spoke with wanted to join in activities. There were activities on offer and some people attended. However, the registered manager was in the process of employing a person to provide activities and entertainment to try to help stimulate the people at the home. Activities were suitable for the people accommodated at the home.

The registered manager held regular meetings with people who used the service and staff. Each day staff attended a 'handover' meeting to ensure they were up to date with people's needs. Staff were able to voice their opinions at meetings and supervision sessions.

Was the service well-led?
The service worked well with other agencies and services to make sure people received their care in a joined up way. There was a system for providing information to other providers in an emergency.

Records we looked at were up to date and policies and procedures had been reviewed by the registered manager. The records were stored securely and easily available for inspection.

The service had good quality assurance systems. The registered manager undertook regular audits of the service. Records seen by us showed that identified shortfalls were addressed promptly and as a result the quality of the service was continually improving. Two staff members we spoke with told us of their involvement with care plans which was suitable for their roles. They said they had been well trained and the home was clean and tidy. They told us, "I like working here most of the time. It can be stressful, especially the management side. I like caring for people the most. I have had good support when I need it. I think the care staff do their very best to deliver good care." and "I like working here. I like interaction with the residents and the banter is very good. We get good support from management. The new manager is very approachable. There is a good staff team and we get loads of training – enough to do the job".

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

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<th>Consent to care and treatment</th>
<th>✔ Met this standard</th>
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<tr>
<td>Before people are given any examination, care, treatment or support, they should be asked if they agree to it</td>
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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. Where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

Reasons for our judgement

We looked at three plans of care during this inspection. People who used the service, or where necessary, a family member, had signed their plans of care to agree to the care and treatment they received. People had also signed an agreement to have their photographs taken to be used for identification purposes. The people we spoke with all said the care they received was what they wanted. Staff we spoke with gave good accounts of giving people choice to ensure people got the care they needed.

The registered manager told us that they had held a best interest meeting with family and the relevant professionals to make the least intrusive care decision. Some staff had undertaken training around the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoL’s). This meant that where people lacked the mental capacity to make safe decisions, staff acted in accordance with legal requirements to protect people’s rights.
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

Prior to admission two staff from the home assessed people to determine if the home could meet their needs. Further information was gained from professionals such as social workers and if necessary family members. This meant staff were able to form an initial care plan and that people were suitably placed at this care home.

We looked at three plans of care during this inspection. At the last inspection some care plans were not kept up to date and therefore staff may not be aware of changes to a person’s needs. The management of the home had put a care plan auditing system in place to prevent this from occurring. The plans of care we looked at were personal to each person and contained a past life history and a record of people’s likes and dislikes. The plans contained medical and social histories which helped staff treat each person as an individual. We looked at the daily diaries and found that where staff had noted any changes, either senior care staff or management had updated the plans to keep care current. We noted that one person had some pressure area problems. Staff called in the district nurse who provided suitable equipment. When the problem was resolved different pressure relieving devices were provided. The care plan reflected the changes. The care plans were reviewed on a regular basis and we saw that they provided staff with meaningful updates. People’s needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

There was a section in each care plan to record the last wishes of people who used the service. However, the provider may wish to note that the details were not always sufficient to ensure that the care and treatment people received at this difficult time was what they wanted. We spoke with the owner, area manager and registered manager about the importance of obtaining people’s last wishes. We had confidence that this would be completed in the near future.

There were risk assessments for people’s nutritional, mobility and risk of falls needs. There was a section in the care plan to record any action the district nurses had taken with regards to skin care and a body map was available to show staff any possible affected areas. We saw that advice was taken from professionals and equipment provided if a risk was highlighted. Care and treatment was planned and delivered in a way that was
intended to ensure people's safety and welfare.

Plans of care contained many details of the professionals and specialists people had access to. They included hospital consultants, dieticians and community psychiatric nurses. People had their own GP and on the day of the inspection we saw one person had opted to go to the local surgery to see her doctor. Other routine appointments were arranged for podiatrists, opticians and dentists. People's care and treatment reflected relevant research and guidance.

People we spoke with were satisfied with their choice in attending activities. Two of the people we spoke with preferred not to join in. Activities provided included games such as bingo, remembrance activities and outings. One trip had been to a museum in Salford. The newly registered manager had decided that activities could be improved and was in the process of employing a person specifically to provide activities and interests. Activities were provided at the care home but would be improved when the new staff member was employed.

We spent most of the inspection in a quiet corner of the dining room which overlooked part of the lounge. We observed the interaction between staff and people who used the service. Staff were pleasant and talked with people, sometimes exchanging light hearted banter. We saw that people were cared for individually and when care was given, such as moving and handling, it was done in a safe manner using the correct equipment. One lady said she had been introduced to a lady she could converse with and this had started a friendship. The care we observed was given in a way people were comfortable with.
Meeting nutritional needs

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 spent most of the inspection in a quiet corner of the dining room. We observed that people were able to choose one of the two options available and people told us they could ask for something else if they wished. One person was assisted to eat in a discreet and individual manner. People sat in groups of three or four and were able to socialise during the unrushed meal. One member of staff was responsible for ensuring the dining room was clean and set up for each meal. The tables were set with cloths (changed if soiled after the meal), glasses for juice and a full range of condiments for people to flavour their food to taste. A choice of fruit juice was served with the meal. The meal we observed looked nutritious and tasty. The care home used a recognised food company who supplied the meals and the cook warmed the food up to a safe and desired temperature. The company is recognised as providing nutritionally balanced meals. Special diets, such as for people with diabetes were provided and what people ate was recorded by staff. People’s weights were regularly recorded if any nutritional risk was identified. The people we spoke with were complimentary about the meals. People were provided with a choice of suitable and nutritious food and drink.

There were set times for drinks throughout the day, although the dining room staff member said people could have a drink at request. We observed people had their choice of tea or coffee and people in their rooms had water or juice available. Snacks such as biscuits or cakes were offered. People were supported to be able to eat and drink sufficient amounts to meet their needs.

The cook carried out checks to ensure the food served was heated to the correct temperatures. We saw that fresh fruit, vegetables and other food was available to supplement the system used. The environmental health department had given the service a four star good rating at their last inspection which meant the food preparation, storage and delivery was safe.
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

At the last inspection of December 2013 the provider did not meet this standard. Some aspects of infection control practice were unsafe and posed a risk of cross contamination. The provider sent us an action plan which told us what they had done to improve infection control.

We looked at the system for infection control and visited areas of the home where problems had been identified. We checked that staff were using the correct bags for disposing of clinical or contaminated waste. We also looked at the auditing system management were now using to record the checks they made. We found that waste was being disposed of safely. The areas commodes were cleaned contained yellow bags for the disposal of paper towels and an ample supply of cleaning and hand washing products. Staff also had gloves and the correct coloured aprons to protect themselves and people who used the service from possible bacterial risks. Senior staff checked that night staff had put the right bags in place and the registered manager conducted further checks during the day to keep up good infection control standards. We were given access to the audits and saw the registered manager or senior staff took action to rectify any problems. We spoke to three staff who were aware of what bags should be used for laundry, normal and contaminated waste. The staff we spoke with were aware of the safe disposal of waste.

The sink in the laundry was clearly identified as not to be used to store soiled linen. There were updated procedures for staff around how to handle soiled linen. The laundry was sited away from any food preparation areas and used a recognised system to wash clothes. This system is automatic and guarantees to wash clothes clean and kill bacteria. However, the system works at low temperatures and the bags normally used (red alginate bags) do not dissolve as required. The provider had sourced a different type of bag to ensure staff were able to handle soiled linen safely.

There was a daily audit to clean and check cushions (including pressure relieving equipment) on a daily basis to ensure they were safe for people to use. Night staff had been given new cleaning rotas, which were checked by management to maintain standards. The service used a copy of the Health Departments guidelines for infection control in care homes and their own procedures for staff to follow safe practice. There
were notices about safe hand washing techniques at various key locations. All the staff we spoke with had been trained in infection control. We toured the communal areas, toilets and bathrooms and visited people with their permission in their bedrooms. The home was found to be clean, warm, tidy and free from any 'offensive odours'. People who used the service said the home was clean and tidy. There were effective systems in place to reduce the risk and spread of infection.
Safety, availability and suitability of equipment  
Met this standard

People should be safe from harm from unsafe or unsuitable equipment

Our judgement

The provider was meeting this standard.

People were protected from unsafe or unsuitable equipment.

Reasons for our judgement

At the previous inspection of December 2013 there was some confusion over the electrical installation certification. We looked at all the certificates and maintenance records required by a care service to ensure it was safe.

The electrical installation certificate was issued in 2010 and was next due for a check in 2015. This meant that at the last inspection the equipment was safe. Further certificates we looked at showed that gas equipment, the fire alarm and call bell systems had been maintained and fire extinguishers serviced. There had been a portable electrical appliance test to ensure smaller items and people’s personal belongings were safe. The lift and hoists had been maintained regularly. The fire alarm system, escape routes, emergency lighting and hot water outlets were also checked to help protect the health and welfare of people who used the service. People were protected from unsafe or unsuitable equipment because the provider ensured the maintenance was timely and a staff member was employed to undertake repairs or replacement of faulty equipment.
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 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 used the service and others.

Reasons for our judgement

The registered manager conducted audits to ensure standards were being met. The daily checks included a walk around to talk to as many residents as possible to see if they were satisfied with their care and also checked if people were clean and tidy. Further daily checks included infection control and any health and safety issues. We saw from the records that any action to maintain standards were recorded. Further audits included the quality of care plans, medication and staff training. The area manager visited the home to conduct spot checks and also support the new manager. There had been a concern about the management of the home, however information obtained from the three staff we spoke with this concern was not reflected during this inspection. Staff said the manager was supportive and approachable. Several people who used the service were complimentary about the manager and deputies. There were satisfactory systems to monitor the quality of the service.

An NVQ assessor said she found the home to be welcoming. She said she was co-operated with and the staff were positive about their role.

The registered manager was relatively new to the post. He had held departmental meetings and said he planned to hold a full staff meeting in due course. We saw evidence that group staff meetings were held to address past issues and included housekeeping and meals. There was a suggestion box for people who used the service or family members to anonymously have their say or record any concerns. Part of the area managers role was to talk to people who used the service to gain their views and any action required was acted upon. The registered manager and area manager were devising a survey form to send out to people who used the service, family members, staff and stakeholders to further support their views. With the more pressing issues to get right to meet CQC standards we look forward to seeing the results at the next inspection and had confidence from our discussions that the surveys would be undertaken. People we spoke with were happy that they could talk to staff about care or concerns. People who used the service, their representatives and staff were asked for their views about their care and treatment and they were acted on.
We saw that by conducting audits, responding to what people wanted and staff audits there was evidence that learning from incidents / investigations took place and appropriate changes were implemented.

We saw that people had access to professionals and specialists. Decisions about care and treatment were made by the appropriate staff at the appropriate level.

There was a complaints procedure. All the people we spoke with were confident they could raise any issues with either their family or staff and would be listened to. The provider took account of complaints and comments to improve the service.
Records

People’s personal records, including medical records, should be accurate and kept safe and confidential

Met this standard

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

Reasons for our judgement

At the last inspection of December 2013 the provider did not meet this standard. Some records were either inadequate or absent. The provider sent us an action plan which told us what they had done to improve the quality of record keeping.

During this inspection we followed up on all aspects of the record keeping and found that the provider had adhered to their action plan and improved record keeping. We saw that care records were now stored securely to protect people's confidentiality. Any records we examined contained the full names (as well as people's preferred form of address) to avoid any confusion or possible mistakes. The care plans we reviewed had been updated to keep staff informed of any changes to people's needs. People's personal records including medical records were accurate and fit for purpose.

Although we did not look at staff files during this inspection we noted they were stored in a locked office only allowing access to staff who had reason to see them. We looked at some policies and procedures and many audits. Staff records and other records relevant to the management of the service were accurate and fit for purpose. Records were kept securely and could be located promptly when needed.
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:

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### 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

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