

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

Dimensions 2 Buckby Lane

2 Buckby Lane, Basingstoke, RG21 4PS

Tel: 01256334820

Date of Inspection: 03 July 2014

Date of Publication: August 2014

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

Care and welfare of people who use services	✓ Met this standard
Meeting nutritional needs	✓ Met this standard
Management of medicines	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Dimensions (UK) Limited
Registered Manager	Miss Andrea Jane Campone
Overview of the service	Dimensions 2, Buckby Lane is a residential home providing care and support for up to four adults with needs arising from a learning disability. People may also have needs within the 'Autistic Spectrum'.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

Contents

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

	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
More information about the provider	6
Our judgements for each standard inspected:	
Care and welfare of people who use services	7
Meeting nutritional needs	9
Management of medicines	11
Supporting workers	13
Assessing and monitoring the quality of service provision	15
About CQC Inspections	17
How we define our judgements	18
Glossary of terms we use in this report	20
Contact us	22

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 3 July 2014, observed how people were being cared for and spoke with one or more advocates for people who use services. We talked with people who use the service, talked with carers and / or family members and talked with staff.

What people told us and what we found

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

On the day of the inspection three people were living in 2, Buckby Lane. We spoke with two people who use the service. One person had complex needs and was not able to communicate with us verbally. However, we were able to find out about their experience of the service by observing care and talking with their family and staff. During our inspection we also spoke with the registered manager, a lead support worker, four care workers, a visiting health professional and a financial appointee. We also spoke with the parents of the three people who use the service.

This is a summary of what we found;

Is the service safe?

Relatives of people told us that they trusted the manager and staff to "keep their relatives safe and well." One relative told us, "I couldn't do any better. I am so pleased they are there because the staff are always quick to realise if they are poorly and do something about it."

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

Two people had appointees to ensure their finances were managed properly and to protect them from financial abuse. We spoke with one of the financial appointees who told us that they had reviewed the person's finances with the person's key worker in September 2013. We saw this review had been recorded within the person's support plan,

The provider had an effective process to manage medicines safely. During our inspection

we observed two care workers administer medicines appropriately, in the way people preferred, detailed within their medication plan.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. We found the location to be meeting the requirements of the DoLS. Whilst no applications had been submitted, the manager was reviewing whether any applications needed to be made in response to the recent Supreme Court judgement in relation to DoLS.

Is the service effective?

We found that the provider had an effective system to ensure staff received appropriate learning and development. We reviewed staff records which showed the provider supported staff with an effective system of training, supervision and appraisal.

We found that the service had effectively managed people's nutritional and hydration requirements. Where necessary people had assessments and plans completed by speech and language therapists. We saw people were supported to eat a healthy balanced diet by staff who had been trained regarding nutrition and food safety.

Care practices we observed demonstrated that staff knew the needs of people and how to communicate with them.

Where people lacked the capacity to make specific decisions the provider had assessed this and had followed the correct legal processes to make decisions in peoples' best interests.

Is the service caring?

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

One person told us the staff, "Are are nice, they are my friends". One person's relatives told us, "The staff are excellent. You can feel that they really care for the people in the home and it is not just a job." Another relative told us, "Their key worker is always looking to do things which improve the quality of their life."

Is the service responsive?

We saw evidence that when people's care needs had changed the service had been responsive to this. They had recognised changes in people's needs and engaged other services to ensure appropriate actions were taken to meet these.

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

On the day of our inspection we saw the service had arranged appointments for people with different health professionals in swift response to health issues identified whilst providing personal care.

Is the service well-led?

The service had a registered manager in place and staff told us that the service was well led. We found there were processes and systems in place to monitor the quality of the service provided.

One care worker told us, "Things have definitely improved since the new manager and team leader arrived. Now there is always someone to discuss problems with and things get done about them."

We read the provider's business improvement plan for the service. We noted that identified actions in relation to required improvements had been allocated to specific people, together with relevant target dates to achieve them. We found the registered manager had monitored progress of these actions.

You can see our judgements on the front page of this report.

More information about the provider

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

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

Our judgements for each standard inspected

Care and welfare of people who use services

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

On the day of our inspection there were three people being supported by the service. One person was not able to communicate verbally with us, whilst the other two had limited verbal communication. We were able to find out about each person's experience of the service by observing care and talking with their families and appointees.

The provider had protected people against the risks of receiving unsafe or inappropriate care because their current support plans and risk assessments had been reviewed to ensure they were still appropriate. The registered manager told us that people's support plans should be reviewed annually or more frequently when required. These reviews should involve the person, their representative, health professionals and the person's key worker. A key worker is a member of staff who has overall responsibility for the provision of the person's care.

We looked at all of the care and support plans for people living in the service. We saw their support plans documented circumstances when the person needed support and what they could do for themselves. There was guidance for staff on how to best provide the required support and promote people's independence. Support plans were person centred and had been written with the individual and where appropriate their family. There were sections entitled 'What works for me', 'What doesn't work for me', 'How to support me well' and 'Dreams for the future'. This meant that the assessment, planning and delivery of people's care had been developed with them and those acting on their behalf.

We found that two people's detailed support plans and person centred reviews had not been updated in accordance with the provider's policy. However, we found that an action plan had been created by the registered manager to ensure that all of these would be fully reviewed before 30 September 2014. The registered manager had been appointed in April 2014 and had identified the requirement to update support plans. They told us that they had spoken with staff in supervisions to ascertain if people had any changes in their needs which required to be addressed immediately. Staff we spoke with told us that changing

needs had been addressed in risk assessments, which we saw had been completed in September and October 2013. We noted that the provider had identified that one person required an updated assessment by a speech and language therapist which they were in the process of arranging. This meant that the provider had reduced the risk of people receiving unsafe or inappropriate care by assessing their needs.

All staff we spoke with told us that they had been updated with any changes in people's needs by reading the service's communication book before each shift. We read the book and saw that significant changes had been recorded. We examined people's health booklets, which also contained their health appointments. For example on the day of inspection one person had an appointment with their GP. We saw that staff had discovered a person required treatment for a skin condition and had quickly made an appointment. During our inspection one person received treatment from a chiropodist. We spoke with the chiropodist who told us that they visited the service every six weeks. They told us that care staff notified them quickly when people required treatment. For example, the chiropodist had been notified immediately when one person had developed an infection. We saw that one person had a phobia in relation to scalpels so alternative solutions had been found using less intrusive treatments. This meant staff had responded promptly to identified changes to people's needs

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. Each person had a support plan which identified and assessed the risks associated with the activities of daily living, including the action needed to reduce risks. For example there were risk assessments to support people whilst they went on holidays and attended external entertainment events. We saw that one person had their own fitness programme and clear instructions on how to use different types of gym equipment safely.

Throughout our inspection we observed staff treated people with dignity and supported them in a calm and patient manner. This was demonstrated when two people attended an activity at a local gymnasium. We observed staff supported one person appropriately with their anxieties, whilst communicating effectively with the other to ensure their safety. We saw people supported in an appropriate manner walking to the bus station and whilst exercising in the gym. We observed that people who use the service were relaxed and comfortable with the care staff. Care workers were able to tell us about all of the people they were supporting and their individual needs.

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

Food and drink should meet people's individual dietary needs

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

We found that people had been supported to receive adequate nutrition and hydration. The manager told us that a nutritional assessment had been completed to establish people's dietary and hydration needs. We saw these recorded in people's nutrition plans. This meant that the provider had identified where people were at risk of poor nutrition and dehydration.

Relatives of people told us that staff knew what people liked and disliked and always listened to them. Staff told us that the menu was reviewed frequently. Choices were made by people on a weekly basis with their key worker using photographs of their favourite foods. On the day of our inspection we observed people choosing and eating their breakfast. We saw that each person made a choice which they communicated to staff in different ways. For example one person indicated their choice using facial gestures, another person communicated their preferred option using sign language, whilst another went into the kitchen and was supported to prepare their chosen breakfast. This meant that the service had ensured that people could choose a balanced diet relevant to them.

We saw menus showing the meals that were offered. These showed that consideration had been given to the variety of different needs of people living in the service. Where people had difficulties with eating or swallowing the menus had been tailored to reflect this. We saw that the menu readily identified who enjoyed which meals and where people required a different alternative. We saw that the service had nutritional profiles of each person, which identified their preferences and any particular food allergies.

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

Care records we read showed that people had dietary plans which had been reviewed by speech and language therapists to ensure people's health and wellbeing. They also demonstrated that people had been weighed monthly to monitor any significant weight gain or loss. We noted that the weight charts had been analysed by the service and that any concerns had been raised with the person's GP.

Staff told us how they recorded what people had consumed, which we saw in their daily records. We also noted that staff had recorded when meals and fluids had been declined and the reasons for this. We saw that where people had a risk of choking, this had been identified in their care plan. There was clear guidance for staff on how to support this person to minimise the risk of choking. We saw staff providing support to this person in accordance with this guidance whilst they were eating their breakfast and lunch. This meant the provider had identified any nutritional risks and had implemented measures to manage them.

People were supported to be able to eat and drink sufficient amounts to meet their needs. We observed staff supported people with sensitivity and respect during the lunchtime meal. We saw one person enabled to use supportive equipment, in accordance with their nutrition plan. We found that people had been enabled to eat and drink as independently as possible. For example, we saw one person identified at high risk of choking, was supported to eat and drink safely. We noted that this was in accordance with guidance within their nutrition plan. We saw a person who could not communicate verbally inform the care worker that they were not enjoying their meal. The care worker then discussed other options with them before preparing a different meal of their choice.

We observed that meals had been presented in an appetising way to encourage people's enjoyment. The staff involved in food preparation knew about the benefits of a balanced diet and had read the guidance within people's nutrition plans. We found that all staff had completed training in relation to providing the appropriate nutritional support to people. We spoke with staff who were able to demonstrate their knowledge of fortified, soft food and pureed diets. We noted that all staff had also completed training in relation to food preparation and hygiene and infection control. This meant that the provider had ensured that food and drink provided was safe, nutritionally balanced and supported the individual health needs of people.

Staff we spoke with demonstrated a high level of understanding of how to support people's nutritional health needs. Staff were aware of the importance of giving extra fluids during the recent hot weather. This included attending to the needs of people who were not able to drink independently. Relatives confirmed that they felt people were offered a balanced diet and supported where required.

We inspected the kitchen and the food cupboards, which were clean and hygienic. We saw that staff had completed daily cleaning schedules and checks in relation to the temperatures of the fridge, freezers and cooked food. We examined the food cupboard and found that it was well stocked and organised in a way to ensure that use by dates on products had not expired.

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

We found that medicines had been safely administered and that the medicines given had been appropriately recorded. We viewed the medication file which contained profiles of people. These profiles contained personal details and a description of any medical conditions, diagnoses or allergies. Details of the supplying pharmacy and prescribing doctors were also shown. We saw this file clearly listed the name of the medicine, the dose required, the times it should be administered, how it should be taken and any side effects. This also included medication procedures for handling medicines prescribed as required and homely remedies.

At the time of our inspection none of the people at the home were prescribed controlled drugs, although we saw the provider had a policy in relation to this. We noted there was information provided regarding the way people took their medication, for example if they needed support to swallow. We saw the provider had a system whereby the staff giving medication completed a weekly stock check. This meant there were effective processes to record the handling and administration of medicines.

Staff told us about the action they would take if a person refused to take their medication. They explained a variety of approaches they would try before accepting the person's decision. The medication would then be recorded as 'refused'. Staff said that they would then contact the GP for advice.

We saw that the medicine management records had been completed correctly. We saw that people had been prescribed 'as required' medication (PRN). We saw that records had been completed to indicate when someone had been given medication. We looked at the records for people who were prescribed PRN medication. We saw there was clear guidance from the GP to staff on when to administer PRN medication. There was also detailed information about the medication, its use, effects and side effects. This meant that PRN medication was only used when absolutely necessary.

We observed people being given their medication in a calm and respectful manner. Staff asked the person if they were ready to take their medication and waited for them to respond before starting the process. All medication was administered by one staff member

and witnessed by another. We saw one member of staff read out the details from the medication record, whilst the other read out the details from the actual medicine container. This was to double check they were the same, to prevent any medication errors. The care worker who administered the medicine signed the medication administration record (MAR), whilst the other member of staff signed the medication witness form.

Staff told us that the team leader had often monitored the administration of medicines and emphasised the need to follow the correct procedure. Relatives told us that they had seen staff supporting people with their medicine in an appropriate and friendly manner, using the same routine. They told us that they knew what medicines were currently being administered to their family member and that the manager always kept them informed if there were any changes. This meant that medication was given to people appropriately and safely.

We found that medicines were kept safely. We saw that the medicines for each person were stored separately in a lockable cabinet. We noted that the home had a system for monitoring and recording the temperature of the cabinet. The keys to the medication cabinet were kept securely by the senior support worker on duty. Staff told us that keys were never taken off the premises and the medication cabinets were never unlocked or unattended when medicines were being administered. Medicines were disposed of safely. We were told by staff that any damaged pre packed containers or unused medicines were correctly stored in the locked cabinet before return to the pharmacy.

We looked at staff files and saw that all of the staff had completed training in relation to the administration of medicines, which was up to date. Staff we spoke with had a good knowledge of the different medicines taken by people they supported and especially in relation to the application of creams. Care workers were able to tell us about different people's allergies, for example one person was allergic to certain antibiotics.

The registered manager told us that a person was currently completing a transition process with a view to living at 2 Buckby Lane in the near future. This person had complex needs requiring different medicines. We found that the provider had arranged for staff to shadow care workers at other services which administered similar medications to other people supported by the care group.

The provider had an effective system for auditing the management of medicine and staff were aware of the importance of recording all medication errors. There had been one medication error since the last CQC inspection. We found that this error had been notified appropriately and investigated to identify the necessary learning from the incident. Staff told us how actions taken, including additional training and a competency assessment of medication administration, ensured the risk of repeating this error was reduced.

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

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

We found that the provider had a structure which included one-to-one supervisions every two months, annual appraisals and group meetings. We spoke with staff who confirmed that they had received regular supervisions. We looked at the provider's training matrix and computer records and saw evidence that staff had received a one-to-one supervision and an annual appraisal since the last CQC inspection, in accordance with the provider's protocol. The registered manager and assistant manager observed care practice daily, which was then discussed in staff supervisions. This demonstrated that the service had a process to support staff to improve and develop their skills.

Staff told us the registered manager and assistant manager were very approachable and available to provide support and guidance. Staff said that they were able to talk through issues about their role or about the people they supported with their supervisors. For example one care worker told us that they had raised concerns regarding one person's risk of choking during a supervision. The registered manager told us how they had arranged for their nutrition plan to be reviewed by the speech and language therapist. Another care worker told us how they had raised concerns about the personal care received by one person before going to bed and their continence plan. We found that these concerns had been addressed as an agenda item in a subsequent staff meeting. We saw individual supervisions and the minutes of one-to-one meetings contained within the staff computer records we looked at. This meant that staff had received appropriate support to deliver care which met people's needs and their own professional development.

One care worker said, "Things have improved since the new manager came because we always have someone to speak to at the home if we have a problem. If the manager isn't here we always have a team leader available who is a qualified trainer." Another care worker told us, "We have a good team here who really care for the guys and work hard together to make sure they receive the best care we can give them."

The registered manager demonstrated how they had ensured that the required staff training courses had been booked and completed. They told us that all staff completed mandatory training in relation to safeguarding, moving and handling, medication, the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards (DoLS), nutrition and

infection control. Staff said they had been supported to undertake their training and that they were always reminded when courses were due for renewal. We reviewed six care worker's training files which confirmed this. All staff we spoke with told us that they were confident that the training they received had prepared them to meet the needs of the people they supported. This meant that people had been cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

We found that staff had completed an induction process recognised nationally by the care sector and had received continued development of their skills, which was relevant to their workplace and role. We saw this process recorded within the staff files we examined.

Relatives of people told us that the staff knew exactly what they were doing, which made them feel their family members were safe. They told us that the staff provided excellent care, which gave them confidence in the quality of the staff training. A relative of one person told us, "It is a happy place. The staff are better equipped than me to provide for their needs and everyone is always smiling."

Assessing and monitoring the quality of service provision

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

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

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

Reasons for our judgement

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

People and staff had been asked for their views about their care and treatment and they were acted upon. The provider completed an annual survey of people who use the service, which was in a format appropriate to their needs. We saw that the results had been collated and analysed to identify areas which required improvement.

Staff had been encouraged to share their views on the service and staff meetings were held regularly where ideas could be discussed. Staff members told us that they were able to raise concerns and discuss ideas at these meetings.

The provider's quality assurance auditor provider completed a compliance audit every three months. Where improvements had been required these were clearly recorded in an action plan with the action required. We looked at the most recent audit completed on 7 May 2014.

The registered manager told us that since their appointment in April 2014 they had identified that people required to have their support plans and needs assessments reviewed. They told us that they had arranged meetings with the assistant locality manager, lead support workers and dedicated key workers to complete reviews with people, their family and care managers.

We reviewed the registered manager's annual service improvement plan, which they had completed on 26 June 2014. The registered manager told us that they had considered the findings of the compliance audit on 7 May 2014 whilst compiling the service improvement

plan. We saw that they had identified that support plans, risk assessments and person centred reviews required to be updating. They had created actions for these to be completed by 30 September 2014. The manager had also created action plans to ensure that lone working risk assessments, staff one to one supervisions and mandatory training had been completed by 30 June 2014. We found these action plans had been completed.

There was evidence that learning from incidents and investigations took place and appropriate changes had been implemented. Records were kept of incidents and investigations. Each incident was looked at individually and details recorded of what had been done and by whom. For example, staff had recorded an incident which identified a health and safety risk regarding the storage of sensory equipment in the bathroom. We saw that the incident had been reviewed and guidance issued regarding future storage of this equipment. We noted that implementation of the guidance had been monitored.

The provider had completed detailed health and safety checks as required on a weekly, monthly and six monthly basis and we found that all care workers had completed mandatory health and safety training.

The provider had a complaints system, although there had been no complaints made since our last inspection. The last complaint had been appropriately recorded, acknowledged investigated and resolved to the complainant's satisfaction. People had been made aware of the complaints system and this was provided to them in a format that met their needs. We saw that there was a copy of the complaints policy in each person's care and support plan. This showed that the service had a clear system for receiving, handling and responding to comments.

Staff explained the communication methods people used and how they recognised if they were unhappy. Relatives of people told us that staff were very caring and responsive, which meant the service addressed minor concerns before they became a problem. This meant that people had their comments and complaints listened to and acted on, without the fear that they would be discriminated against for making a complaint.

The manager said that a staffing needs analysis had been completed which identified the minimum staffing level to provide safe and quality care. They told us that this was subject to constant review based on the dependency of each person. The manager told us that wherever possible in cases of emergency there were reciprocal arrangements with other homes within the care group to provide additional staff if required.

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.
