

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

## Woodland Court Residential Home

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Date of Inspection: 16 May 2014

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

<b>Respecting and involving people who use services</b>	✓ Met this standard
<b>Care and welfare of people who use services</b>	✓ Met this standard
<b>Safeguarding people who use services from abuse</b>	✓ Met this standard
<b>Staffing</b>	✓ Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓ Met this standard

## Details about this location

Registered Provider	Woodland Court Care Home Limited
Overview of the service	Woodlands Court Residential Home provides accommodation and personal care for up to 30 older people some of whom may have a diagnosis of dementia.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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## Summary of this inspection

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### Why we carried out this inspection

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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.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 16 May 2014, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members and talked with staff.

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### What people told us and what we found

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We spoke with five people who lived at Woodland Court Care Home. We spoke with the deputy general manager, duty home manager, three members of staff and a district nurse. We spoke with representatives of people who used the service. We were unable to ask all of the people their experience of the service because they had limited ability to communicate with us.

At our inspection we observed how staff delivered care and treatment and how they communicated with people who used the service. We looked at people's assessments and support plans and their daily records.

We also used this inspection to answer our five key questions; is the service safe, effective, caring, responsive and well-led?  
Below is a summary of what we found.

#### Is the service safe

We found the service safe because the provider had a policies and procedures that explained how to identify and report safeguarding concerns and we evidenced that staff were following the procedures. We spoke to people who used the service and they told us that they felt safe living at Woodland Court Care Home. Representatives of people who used the service told us that they knew how to raise concerns and felt they would be taken seriously.

The provider showed us safeguarding concerns they had identified for people who used the service and the referrals they had made to the local authority safeguarding team.

The care records we saw all contained an assessment of people's capacity in respect of the care and treatment they would agree to. We saw support plans that contained a risk assessment for each person. The risk assessments we looked at had been reviewed and were up to date. People who used the service told us that they were respected. One person told us that the staff respected their wishes and always asked them how they

would like their care delivered.

At our inspection we spent time observing the staff and their interactions with people who used the service and saw them talking calmly and sensitively to the people they cared for. We also observed staff offering choice to people and control over their care. A person who used the service told us "I have plenty of choice over what I want to do, my carer respects my independence".

The provider and staff understood their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). The provider had recognised a deprivation of a person's liberty and had made an application to the local authority. We looked at the application and saw that the provider had consulted relevant professionals to discuss any changes that may have been needed to the care and support plan.

The provider had a service risk policy. The policy outlined actions that needed to be taken in specific situations; for example, flood, fire, missing person and staff shortages. There were emergency plans in place for people who used the service. We looked at training records for staff and saw that they had received training on the policy and understood what to do in an emergency.

Is the service effective

The service was effective because people told us that they were happy with the quality of service that they received. People also told us they felt their needs were being met. Representatives of people who used the service told us their relative's care was being well met and that their relative was content and happy.

We saw care plans were regularly reviewed and this included discussions with people's representatives, general practitioners, district nurse and community psychiatric nurse. The care plans included information about people's health conditions, wishes and preferences and advanced wishes.

We saw from the care records we looked at people were given choices about what activities they liked or disliked what they preferred to take part in. A representative of a person who used the service told us their relative enjoyed the activities and family and friends were invited to attend the activities with their loved ones. One representative told us "the range of activities on offer keeps people active".

People were encouraged to be as independent as possible and this included going out and being part of their community. The people who used the service were also encouraged to undertake as much of their personal care as they could. People who used the service told us the care they received was appropriate and met their individual needs. Representatives of people who used the service told us the provider was maintaining a good quality of life for their relatives.

Is the service caring

The service was caring because people received care and treatment from people who were patient and attentive. We observed staff giving people one to one attention and giving them the time to make choices about their care. A representative of a person who used the service told us "many of the people at the home are confused and become easily upset, staff identify this and give people the time they need to discuss their feelings".

A person who used the service told us "the staff are very good, I am always asked what care I would like them to undertake and what I would like to do for myself". Another person

told us "I sometimes like to go out to buy my own clothes and when I ask staff to help me do this, they do help me".

Is the service responsive

The service is responsive because people receive a pre admission assessment and this was followed up with a further assessment within seven days to assess whether a person's needs had changed. Each person who used the service also had their individual support plan reviewed every month. In the records we looked at we saw that support plans reflected people's individual needs and had been updated monthly.

We saw the provider had a complaints policy and information was available in communal areas that explained how people who used the service and visitors could make a complaint. We spoke with people who used the service and they told us they knew how to make a complaint and it would be taken seriously. A representative of a person who used the service told us they were reminded of the complaints policy at residents and families meetings.

We spoke with people who used the service and they told us the quality of care they received was good. People also told us they knew how to comment and offer suggestions and that their views on the service were welcomed by the provider.

Is the service well led

The service was well led because the provider had a consistent system for ongoing monitoring of the service provided at Woodlands Care Home. The outcome of audits and actions required to improve the service were discussed with staff in team meetings. The staff we spoke with talked to us about the outcome of audits and actions assigned to individual staff needed to improve the quality of service delivered to people who used the service.

The provider supported staff to undertake national qualifications. Staff induction and ongoing training was provided and staff had regular supervision.

On the day of our inspection the service did not have a registered manager in post. However a deputy manager was present who provided additional management support to staff. We found the management arrangements in place did provide strong leadership and an open positive culture. Staff were aware of their roles and responsibilities and were supported well by their manager. We were told by that they were in the process of recruiting to the registered manager's post.

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

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## **More information about the provider**

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Please see our website [www.cqc.org.uk](http://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

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### Our judgement

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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.

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### Reasons for our judgement

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The provider had an admissions policy. The policy clearly stated that nobody would be declined admission on the basis of their origin, religious beliefs or cultural background. The policy also stated people had a right to independence, choice and fulfilment. The staff we spoke with understood the admissions policy and this was reflected in the ongoing reassessment of the records of people who used the service.

Most of the people who used the service had their own bedroom however two of the bedrooms were used to accommodate couples or people who wished to share a room with another person. We spoke with a person who used the service who shared a bedroom and they told us that it had greatly improved their quality of life because they could share a room with a person they liked.

The people who used the service had limited mobility, memory loss or a diagnosis of dementia. Some people had advanced dementia and so were not able to talk with us. Therefore we observed how the staff interacted with people using the service to determine if they were involving people in the decisions about their care and treatment. We found that people expressed their views and were involved in decisions about their care and treatment because they told us that they felt respected and involved in decisions about their care. People told us that the provider respected their wishes and involved them in all aspects of their care and support.

Through a process called pathway tracking we looked at the care records of four people who used the service. In the care records we looked at we saw people had been involved in their care plan and assessments. Each person had a profile of their life on their file that detailed specific wishes and preferences about their care. Where people had not been able to verbalise their wishes representatives had been consulted and their views had been taken into account. We also saw people using the service or their representative had signed a consent form giving the provider consent to hold and to share their information with relevant professionals. This meant the provider could routinely discuss concerns about the people they cared for.

In the four care plans and assessments we looked at we saw people who used the service had been supported to make as many choices as possible about their personal care, choice of clothing and activities they wished to engage in. For people with sensory impairment there was a sign in their bedroom reminding staff to use visual aids to communicate with the person. The deputy general manager gave an example where bespoke training had been given to staff to better understand the needs of one person who had a personality disorder who needed specific communication methods to be adopted.

We spoke with members of staff who explained the importance of offering choice to people and involving them in all aspects of their daily life. Staff also explained how they had received training in communicating with people who had dementia to ensure people were communicated with appropriately. The five members of staff we spoke with were able to talk to us about how they engaged with the people they supported and the importance of talking to people calmly as to determine what the person wanted.

All of the staff had received equality and diversity training and were able to explain how they respected each person for their individuality, skills and abilities. We observed the staff asking people what food they wanted to eat at breakfast and lunchtime. We observed staff making changes to what people had planned to eat because they had changed their mind. We also observed staff giving time for people to express their views and wishes. For example, some people regularly wandered around the home and care staff would ask them where they wanted to go and if they needed any support. This meant that people's diversity, values and human rights were respected.

We spoke with five people who used the service who told us that they felt the staff respected them and treated them fairly. One person told us "I can choose what I want to do, I prefer my own company and if I want my meals in my bedroom I can". Another person told us, "there are a number of entertainment sessions going on and I can choose whether I want to be part of them". One person told us "it feels like my home, I feel involved with what goes on here". We spoke with a representative of a person who used the service who told us that people are treated respectfully. They also told us that families were involved in their relatives care. This meant that they were reassured and involved in decisions about their relative.

The provider employed an activities coordinator who worked three days a week. We looked at the activity schedule for Woodland Court Care Home and saw that regular and varied activities were arranged throughout the week for people who used the service. At our inspection we observed an entertainment session that had been arranged for the people who used the service. We observed staff interacting and supporting residents to be engaged in the activity.

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

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**Our judgement**

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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.

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**Reasons for our judgement**

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We found people experienced care, treatment and support that met their needs and protected their rights. We spoke with people who used the service about the care they received. We also observed how staff interacted and delivered care and support. We spoke with the representatives of people who used the service and asked them about the care and welfare of their relative. We also spoke with a visiting district nurse. We looked at the care records of four people who used the service and looked at daily recordings of peoples care and support.

In the records we looked at we saw each person had an individual file containing their needs assessment, care plan, risk assessment and daily contact sheet. There was a photograph of the person on the front cover of the file and an 'at a glance' profile of the person's care and support needs. This meant that staff could easily summarise the needs of a person in an emergency.

In the records we looked at we saw there was a needs assessment on each person's care records. We saw people, their representatives and relevant professionals had been involved in developing the assessment. Prior to admission a pre assessment was undertaken and this was followed up within seven days to assess whether people's needs had changed. Each person who used the service also had a dependency level assessment which assessed mobility, personal care, feeding and continence.

Care plans had been completed on all of the records we looked at and they had been reviewed and updated monthly. Support plans included communication needs, lifestyle, personal care needs, pain and medication management and end of life care wishes. Specific restrictions under the Mental Health Act and guardianship were clearly recorded on the records we looked at. We spoke with care staff who told us that they were involved and contributed to the review of the care plan. Staff also told us that they talked to people who used the service about the review of their care. In the records we looked at we saw that people's representatives had also been involved in the review of care plans. People's representatives told us that this gave them reassurance that their relative's welfare was being regularly re-assessed.

The deputy general manager showed us evidence that the quality of care planning was

audited within monthly inspections that they undertook. The audit included an assessment of the quality of the support plan and whether it has reviewed. Also audited monthly was safeguarding alerts, dementia care needs and person centred planning. We spoke with a representative of a person who used the service and they told us that the care plan for their relative met their needs.

At our inspection we spoke with a district nurse who was visiting people who used the service. They told us that they had been involved in the assessment and review of people's care. We also saw evidence that the person's social worker had been involved in reviews as had the person's doctor. Any decisions taken in the best interests of a person who used the service was assessed and risks to the person identified. Significant decisions about medication and treatment were assessed with the person's representative as they arose and were made for specific situations.

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

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## **Our judgement**

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The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

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## **Reasons for our judgement**

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People who used the service were protected from the risk of abuse because risks were regularly assessed within their care and support plan. We spoke to people who used the service and they told us that they felt safe at Woodland Court Care Home. One person told us "I could tell anyone of the carers or the manager if someone was disrespectful or hurt me". Another person told us that they were treated with dignity. We spoke with a representative of a person using the service and they told us that they had no safeguarding concerns but would know how to report concerns if they occurred.

The provider had an up to date safeguarding policy and procedure. The policy outlined the types of abuse that could occur and how to report safeguarding concerns. The policy set out the responsibilities of staff to report any safeguarding concerns they had for people who used the service. Training for staff on the policy formed part of the mandatory induction training and refresher training was delivered every six months by the deputy general manager.

The deputy area manager told us that there was a variety of policies that staff had training on that supported prevention of harm to people who used the service. They included prevention of pressure sores, managing the care of people with dementia and a missing person's policy.

We spoke with staff who were able to identify different forms of abuse and how they should be responded to. A member of staff told us "We are told in our training that safeguarding is central to everything that we do". Another member of staff said "Many of the people who live here would not be able to tell us if they had been abused and so we have to be vigilant and watch for signs of harm". We found that the staff were able to explain how to escalate concerns if they felt their manager was not taking their concerns seriously. We looked at the staff training records and evidenced that all staff had up to date training in safeguarding. This meant that staff knew how to identify and report safeguarding concerns.

The provider had a policy on the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). The provider had made an application to the local authority to deprive a person of their liberty. We pathway tracked the application and saw all necessary steps

had been taken to minimise the need for restriction of the person's liberty. We evidenced that the provider had consulted professionals including the person's doctor and community psychiatric nurse. The person's social worker had also been consulted and asked to reassess the person to determine if the care arrangements in place needed to be changed.

The provider had sent a safeguarding concern to the local authority since their last inspection. We looked at the alert and saw that it had been made appropriately. The Care Quality Commission (CQC) had also received a statutory notification. All necessary steps had been taken by the provider to minimise the risk of harm and relevant professionals had been consulted including the person's doctor and a district nurse. We spoke with the district nurse who had been consulted and they told us that they were satisfied with the provider's actions in response to identifying the concern.

People who used the service or their representative had asked the provider to maintain people's money in a safe place. We looked at how people's money was stored and saw it was placed in a secure safe. Each person's money was secured in a separate envelope and two staff signed an inventory when money was removed. The provider may wish to note that we could not evidence an audit trail for this.

We spoke with representatives of people who used the service and they told us that they had been involved in their relatives risk assessment. Representatives told us that the provider consulted them if new risks were identified. One representative told us that the provider took safeguarding of the people who used the service seriously.

**There should be enough members of staff to keep people safe and meet their health and welfare needs**

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## Our judgement

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The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

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## Reasons for our judgement

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We spoke with the deputy general manager, duty home manager and three members of staff. We also spoke with a visiting district nurse who told us they visited people in the home most days.

On the day of our inspection the service did not have a registered manager in post. However a deputy manager was present who provided additional management support to staff. We were told by them that they were in the process of recruiting to the registered manager's post. The provider may wish to note it is a condition of their registration to ensure that there was a manager in place.

We looked at staffing rota's and saw there was a minimum of five carers and senior carer on duty throughout the morning shifts. The deputy general manager told us this was assessed on a daily basis and based on the needs of people who used the service.

On the afternoon shift there was a minimum of four carers and a senior carer on duty. During the night there was one senior carer, one care assistant and a sleeping member of staff on duty. Each bedroom was fitted with movement sensors that ensured staff were alerted should a person get out of bed. This was used because some people who used the service could not remember to use their call bell to alert staff if they needed care or support. At our inspection we observed call bells ringing and the staff answered the bell within four minutes.

We observed staff and their interaction with people throughout our inspection and saw them supporting people to eat their lunch, walk around the home and to undertake activities. We also observed staff giving individual attention to people who became distressed or disorientated. We spoke with staff and they told us they had the time they needed to give the people who used the service the individual time and attention they needed. The staff we spoke with knew the people well and were able to tell us about their wishes and preferences. This meant there were enough qualified, skilled and experienced staff to meet the people's needs.

We spoke with people who used the service and they told us the staff responded well to their needs. One person told us, "all of the staff are very nice" another told person told us that there were always enough staff to give them individual attention. A representative of a

person who used the service told us that staff were professional and skilled. One person told us, "the staff are all very nice, I'm very pleased with the care they provide".

We spoke with a district nurse who was visiting on the day of our inspection. They told us they visited most days and had no concerns about staffing levels. They told us people appeared to be cared for well. They also told us they thought the staff were caring towards the people who used the service.

A number of the care staff had been supported by the provider to undertake national qualifications in health and social care. A carer told us "I feel very supported by the management; I have been supported to undertake a number of courses that help me to care for people with dementia". Another staff member told us "I have received good training in managing people with dementia and the manager ensures that all of our training is up to date". This meant staff were adequately supported to deliver the care and support to people at Woodland Court Care Home.

## 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

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### Our judgement

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The provider was meeting this standard.

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

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### Reasons for our judgement

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The people who used the service and their representatives told us they were consulted about the outcome of quality audits. The deputy general manager had a standardised approach to assessing and monitoring the quality of service across the five homes they had responsibility for. An audit was carried out monthly in addition to the weekly audits carried out by staff at Woodland Court Care Home.

The monthly audit looked at a number of areas including the number of care plans that had been reviewed, quality of daily records maintained for each person who used the service and safeguarding alerts raised. The audit also looked at staffing levels, accident and incident reporting fire safety checks and meal provision. The audit considered the evidence to support that standards were being met and what actions were required if improvements were identified. The deputy general manager showed us the last audit that had been undertaken, actions for improvement and how these were being taken forward. An area had been identified in respect of the quality of daily records and the general deputy manager showed us actions that had been taken to address this.

The deputy manager of Woodlands Care Home had a schedule of routine audits and we saw that these had been undertaken in line with the provider's policy. These audits looked at medication administration and infection control. Bedroom checks were also made as was food safety. Fire tests also formed part of the audit and fire alarms were tested weekly.

The provider had an up to date complaints policy. Complaints could be made to the manager or could be made directly to the deputy general manager. Information about how to complain was also displayed in the hall of the premises. We spoke with people who used the service who told us they knew they had a right to complain and how they could make a complaint. One person told us "I would feel comfortable making a complaint if I needed to". We spoke with representatives of people who used the service and they told us they were able to make suggestions and raise issues at residents and family meetings. One representative told us "if I wasn't happy about something I would discuss it straight away with a member of staff". The provider told us they had received a complaint since their last inspection. We saw that the complaint had been taken seriously. An investigation

had been undertaken and a timely written response had been made by the deputy general manager.

The provider had an emergency plan in place for Woodland Court Care Home and it had been reviewed in February 2014. The plan included actions to be taken in the event of fire, flood, missing residents, medical emergencies and staffing shortages.

The provider held regular residents and families meeting to discuss the general running of the home and any quality of care issues. The minutes of the last meeting were displayed in the hall of the premises and we saw changes in management arrangements and the wellbeing of people who used the service had been discussed. An issue had been raised about staff not always wearing their name badges. At our inspection we saw that some staff were still not wearing their name badges and we brought this to the attention of the deputy general manager. We were told that this would be addressed again individually with staff and in team meetings.

All incidents within Woodland Court Care Home were recorded in people's daily records as were issues relating to their care and welfare. There was a handover period between shifts where the staff discussed any concerns or incidences and what needed to happen to minimise any further incidences. The staff we spoke with told us the handover sessions were important as they could pass on any information about changes in behaviour for people who used the service.

Staff also told us they received good support from the manager and that any training needs they had were identified and training supplied as to ensure that the service met good standards.

The provider had a comprehensive range of policies and procedures in relation to the quality of service provided at the home. However on our inspection we found a lot of duplication of policies and the review of many of the policies had been signed off as reviewed each year. We brought this to the attention of the deputy general manager who told us that they intended to review the policy file as a matter of priority as staff could be confused and refer to outdated policies.

## 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.

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**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.

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**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.

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**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

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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)

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### **(Registered) Provider**

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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'.

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### **Regulations**

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We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

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### **Responsive inspection**

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This is carried out at any time in relation to identified concerns.

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### **Routine inspection**

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This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

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### **Themed inspection**

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This is targeted to look at specific standards, sectors or types of care.

## Contact us

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