Inspection Report

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

Oakwood Grange

Oakwood Road, Royston, Barnsley, S71 4EZ

Tel: 01226709077

Date of Inspection: 04 June 2014

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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
Cleanliness and infection control	✓ Met this standard
Management of medicines	✓ Met this standard
Staffing	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Ideal Care Homes (Number Two) Ltd
Registered Manager	Mrs Susan Dooler
Overview of the service	Oakwood Grange has 60 bedrooms which are set out over two floors with en-suite facilities. Upstairs has 29 bedrooms and is predominantly for people with a diagnosis of dementia who need residential care and downstairs has 31 bedrooms for people who need residential care. There is access to a garden area on the ground floor.
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'.

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 4 June 2014, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members, talked with staff and reviewed information sent to us by commissioners of services.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

What people told us and what we found

At the time of this inspection, 59 people were living at Oakwood Grange. We observed the care those people received, spoke with eleven people who used the service, five family members, two healthcare professionals, the registered manager and three members of staff, as well as reviewing relevant documentation.

Two adult social care inspectors carried out this inspection. We considered all the evidence we had gathered under the outcomes we inspected. We used the information to answer the five questions we always ask: Is the service safe, effective, caring, responsive and well led?

Below is a summary of what we found.

Is the service safe?

People received safe and appropriate care that met their needs and supported their rights. Assessments of needs were carried out, in order that a plan of care could be formulated. Where required there were risk assessments in place for people who used the service in relation to their support and care provision. This meant actions could be taken to minimise any risks, whilst at the same time, taking the least restrictive option. Risk assessments were completed in consultation with people or when best interest decisions had been made.

The home had policies and procedures in relation to the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). We found the manager had the necessary knowledge to apply for a DoLS if necessary. This meant that appropriate safeguards in line with current legislation were in place to protect people's safety and welfare.

People were cared for in a clean environment and protected from the risk of infection because staff were provided with appropriate training and guidelines which were followed. People who used the service and their family member's comments about cleanliness and hygiene were positive and they thought the home was kept really clean. In the family member survey for March 2014 one relative had commented, "the home is always clean and tidy whenever I visit". On the inspection a family member and their relative said, "it doesn't smell. [Family member's] room is always clean and the washing is immaculate".

Discussions with people who used the service, family members, staff and a review of records and checks of medicines evidence people were protected against the risks associated with medicines. This was because the systems and processes in place to manage medicines were effective in practice.

There were sufficient numbers of suitably qualified, skilled and experienced staff on duty to safeguard the health, safety and welfare of people who used the service. In addition to care staff during day time hours there were housekeepers, cooks, laundry staff, administration and management staff on duty.

Systems were in place to make sure the manager and staff analysed and learnt from events such as accidents and incidents, complaints, concerns, whistleblowing and investigations. Appropriate action was taken to minimise the risk of further events and help the service to continually improve.

Is the service effective?

People's health and care needs were assessed with them and people and/or their family members were involved in their care plan. The support people received promoted a good quality of life for people using the service.

Is the service caring?

When we spoke with people who lived at the home and their family members they all said 'good care' was provided. Comments about the service included, "they're lovely lasses. They'll do anything to help you. We get up when we're ready and they let us know if anything's going on. Some people come in to sing. Staff come and talk to us and we tell them anything. It's home from home. The doctor's on call", "it's excellent care. I can't fault it. They have all the equipment they need and everything we ask, they've done. There's plenty of activities. Whenever we visit [family member's] clothes are always clean, their nails are clean and mum's hair's immaculate. I feel privileged my mum's here. We're involved with all discussions about mum's care and we've been involved in the care plan. I listen from my mum's room and know it's not put on. I've never heard a negative tone from staff", "it's perfect, I've no grumbles. If you ask, you get. You couldn't get better staff. There's enough [activities] to keep us going. They'll get a doctor. You can get a bath/shower when you want and get up and go to bed when you want. I'd rate it 10/10", "they've always treated me well. It's very nice, I like it. We seem to get along well together", "I see good quality care and they show the same diligence all of the time, be it 10:30 in a morning or 20:30 at night and it's never changed from the day I came to now. They do it right. It's professional and efficient. They take time to get to know everybody, so that they can short circuit people's thoughts and therefore ease their distress. Everyone's world exists, because they plug into it so readily. Everyone is a person. They work with health professionals. They're compassionate to the nth degree. They grieve when somebody goes. This place should be a beacon for how things should be done, because good practice is engrained", "we looked round at least 24 homes before we chose this

one. The staff are very, very good and do their job well. A lot go the extra mile. They always keep us informed if [family member's] ill or had a fall. We visit a number of times a week at different times and it's always the same. We've seen [family member's] care plan a number of times" and "they've been really good at managing [family member's] health conditions. We couldn't put [family member] anywhere safer. I'm not frightened. They know mum and everyone's welcome and treated the same. They try and make each person special. I would recommend it".

We saw staff engaging with people who used the service. This demonstrated positive relationships had developed. Staff treated people with kindness and compassion when providing their day to day care and responded in a caring way to people's needs. Our observations of staff demonstrated they had a clear knowledge of people's individual likes and preferences.

Is the service responsive?

Services were organised so that they met people's needs. People were provided with stimulation through activities and were supported to maintain relationships with family members. Staff responded promptly to any changes in people's needs and care plans were updated accordingly.

Is the service well-led?

The leadership, management and governance of the organisation was focused on the delivery of person-centred care. The service worked well with other agencies and services to make sure people received their care in a joined up way.

The service encouraged an open and transparent culture, promoting communication with people, staff and other stakeholders.

Staff we spoke with told us they felt supported by the manager and felt they were able to raise any concerns with her. Comments by staff included, "I love working here, it's amazing", "I think it's a well led service. The manager's strict but fair because she wants the home running to the highest standard. It's a good staff team. If staff don't feel they can raise concerns with the manager they can complete the staff survey anonymously" and "senior care staff and managers listen to us".

Discussions with staff demonstrated that they were clear about their roles and responsibilities.

Our review of records and conversations with staff showed us that discussions about best practice, improved ways of working and incident reviews were common throughout formal team meetings and informal discussions.

The service had a quality assurance system in place. Records seen by us showed that identified actions were addressed within identified timescales.

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

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 being planned and delivered in a way that ensured people's safety and welfare.

Reasons for our judgement

The manager explained the systems and process in place for the assessment and care planning of people who used the service to ensure that people's needs were met. This included an initial assessment by the manager or deputy.

The manager said no-one had a DoLS in place, but systems were in place to apply for an authorisation if one was required. This demonstrated that safeguards in line with current legislation were being implemented appropriately in order to protect people's safety and welfare.

The manager explained to maintain continuity of care, in particular for people with dementia staffing was arranged so that in the main staff worked on one particular floor.

Comments from people who used the service and their family members about their experience of the care provided by the home included, "it's excellent care. I can't fault it. They have all the equipment they need and everything we ask, they've done. There's plenty of activities. Whenever we visit [family member's] clothes are always clean, their nails are clean and mum's hair's immaculate. I feel privileged my mum's here. We're involved with all discussions about mum's care and we've been involved in the care plan. I listen from my mum's room and know it's not put on. I've never heard a negative tone from staff", "it's perfect, I've no grumbles. If you ask, you get. You couldn't get better staff. There's enough [activities] to keep us going. They'll get a doctor. You can get a bath/shower when you want and get up and go to bed when you want. I'd rate it 10/10" and "I see good quality care and they show the same diligence all of the time, be it 10:30 in a morning or 20:30 at night and it's never changed from the day I came to now. They do it right. It's professional and efficient. They take time to get to know everybody, so that they can short circuit people's thoughts and therefore ease their distress. Everyone's world exists, because they plug into it so readily. Everyone is a person. They work with health professionals. They're compassionate to the nth degree. They grieve when somebody goes. This place should be a beacon for how things should be done, because good practice is engrained".

People and family members told us of activities that took place including a two weekly exercise class, outside entertainers and the Salvation Army. Some people told us they liked to go for a walk around the grounds.

Family members described how the service carried out an assessment of their family member before they were admitted. This was to see if the service could meet their needs, whether they would get on with other people who used the service and to obtain information about their life history. The provider may wish to note some said they hadn't been involved with their family member's care plan since they had been admitted to the home.

We spoke with two healthcare professionals. We asked them about their experience of the home and one of them said, "the staff are incredibly caring, the care's good, it's a credit to them, they work with us. I've no concerns and feedback on the ground is generally positive".

We saw staff engaging with people who used the service. This demonstrated positive relationships had developed. Staff treated people with kindness and compassion when providing their day to day care and responded in a caring way to people's needs. Our observations demonstrated that staff had a clear knowledge of people's individual likes and preferences.

There was a relaxed, friendly atmosphere and we saw good humour, banter and laughter taking place between people who used the service and staff. We saw that people went about their daily lives and moved around the home as they wished. Throughout the day we saw a number of people spending time reading newspapers and carrying out word searches. We observed staff talking with people and music playing and people singing along, which encouraged discussion with people about their school days. We saw people engaged in a ball activity with a staff member. On the contrary, downstairs a number of people sat passively throughout the day, watching tasks take place around them.

We saw that people had received a good level of personal care and support, this was evidenced by people's hair being brushed / styled, clean lenses in their glasses, wearing their hearing aids if necessary, and them appearing clean and wearing clean clothing.

Staff were able to describe the different care needs of people living at the service. This evidenced that they knew people well and that care was provided in accordance with people's individual preferences and abilities and their diversity was recognised and respected.

Staff were able to describe how they would meet people's needs when they became anxious or angry. They explained how this would be recorded in the person's care plan. Staff said any incidents would be recorded and the direct care provided and records reviewed if necessary to ensure it accurately reflected the person's needs and support they required.

We looked at four people's files to confirm an assessment process had taken place and that the care we observed was being delivered in accordance with their plan of care. There were care plans in place for a variety of needs including, falls, nutrition, mobility, medication and personal care. We found involvement with health and other professionals was logged and risk assessments were in place. A daily communication record detailed how the person had been, the care provided throughout the day as well as any medical interventions. We found that information about the care provided to people as described by

staff was in place.

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 cared for in a clean, hygienic environment.

Reasons for our judgement

We looked at the systems in place to assess the risk of health care associated infections and to prevent, detect and control the spread of the infection. We also checked that appropriate standards of cleanliness and hygiene were in place in relation to the premises, equipment and materials.

People who used the service and their family member's comments about cleanliness and hygiene were positive and they thought the home was kept really clean. In the family member survey for March 2014 on relative had commented, "the home is always clean and tidy whenever I visit". On the inspection a family member and their relative said, "it doesn't smell. [Family member's] room is always clean and the washing is immaculate".

The manager told us a cleanliness and infection control policy was in place, together with systems and processes to manage the risks associated with infections and cleanliness. This meant staff had a procedure to refer to should they need to. She explained that staffing was also arranged so staff worked in the main on one floor, thus minimising the risk of the spread of infection.

The manager told us staff received infection control training. Our review staff's training records confirmed this and staff told us about it when we spoke with them.

The manager told us that Personal Protective Equipment (PPE) was available for staff to control the spread of infection. PPE is equipment, such as gloves and aprons available for staff to prevent the spread of infection. This was confirmed by staff when we spoke with them and our observations during the inspection. When we spoke with people and their families they also confirmed staff used PPE and that PPE was available for staff to use.

Discussions with staff confirmed they were clear of their role in relation to preventing the spread of infection.

We found that rooms used to dispose of waste were secure, which meant access was restricted to those that needed it, minimising the risk of the spread of infection and maintaining people's safety.

Our observations of the home was that it was kept clean, which meant the systems in

place to maintain cleanliness and prevent the spread of infection were effective in practice.

Records were seen of a sample of systems in place to prevent and detect any risks associated with the spread of infection. This included evidence of waste disposal.

Management of medicines ✓ Met this standard

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 them.

Reasons for our judgement

We looked at the systems in place for the safe management of medicines.

Some people who used the service spoke about their medication. They told us they were given their medication either before or after their meals, depending on what the instructions said and that staff stayed with them until they'd swallowed it. One person explained they had their medication at specific times and staff always brought them it in a little pot with a drink.

Family members confirmed people's comments. One relative had observed staff giving their family member medication and said they had 'no concerns'. Another family member explained the service had arranged for a medication review for their family member and as a result their medication had been prescribed in liquid form because their family member was refusing to take their medication. They said when their family member refused their medication, staff always returned to try and encourage them to take it. Another family member said, "they're meticulous with the medication when they're giving it out. They always make sure the cabinet's locked".

When staff gave people their medication we saw they did not handle people's medication. We saw that medicines were taken to people on an individual basis to minimise the risk of people being given the wrong medication. People were not rushed and staff were patient with people giving them time to take their medication.

Some people refused to take their medicines. When this happened we saw that staff had a patient approach and explained they would return later.

The registered manager confirmed a medication policy/procedure was in place for the safe management of medicines.

The registered manager said before staff took on the responsibility for medicines they completed medication training and their competency to administer medicines safely was checked through observations. This was confirmed by staff when we spoke with them and by the records we saw.

Discussions with staff evidenced they knew the arrangements in place for the management of medicines at the home, including obtaining, recording, safe keeping, safe administration and disposal.

Where medicines were prescribed 'as required', individual guidelines were in place for the administration of those medicines. The records we looked at confirmed those medicines were administered in line with the guidance.

Medicines were stored in a locked cabinet in a 'treatment room'. We saw that safe systems were in place when medicine trolleys were in communal areas, to minimise the risk of people accessing medication. This meant prescribed medicines were stored safely in line with current and relevant regulations and guidance.

We looked a medication audit that had been carried out in April 2014. We found where actions had been identified to improve practice and identify any shortfalls these had been acted upon, demonstrating the service did monitor the quality of the service to identify improvements that were needed.

Staffing ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

We checked there were sufficient numbers of suitably qualified, skilled and experienced staff on duty to safeguard the health, safety and welfare of people who used the service.

Overall, when we spoke with people and their family members they spoke highly of staff, saying as with everywhere there were some better than others, but generally there were enough staff and that they were 'approachable'. One specific comment included, "it feels understaffed, because they've not always enough time to spend with people and they need stimulation. The social side is not as good as the caring side. Sometimes staff are not always visible".

The registered manager told us that the current residency level was 59. We discussed how staffing levels were determined. They told us 'through dependency levels of people'. They told us during the day a deputy and three care staff worked on the residential unit and on the dementia unit, a deputy and five care staff. Two of the five care staff on the dementia unit worked part time, which meant between the hours of 7:00 and 8:00 and 20:00 and 22:00 there were six members of staff. The additional member of staff at those times was allocated to work where there was the most need. At night there was a deputy and a member of care staff on one floor and on the other a senior and a member of care staff. The deputy and senior alternated floors so that they knew the needs of all people living in the home, because of the nature of their role. The manager also explained that to maintain continuity for people staffing in the main was arranged so the same staff worked on the same floor.

The manager said currently there were two senior care vacancies at the home.

In addition to care staff during day time hours there were house-keepers, cooks, laundry staff, administration and management staff on duty.

The manager provided a sample of staff rotas to confirm the staffing numbers on each unit. We looked at the staffing rota for the week of the inspection and this confirmed in the main staffing numbers that had been described by the manager and staff.

When we spoke with staff they felt overall that during the waking day there were enough staff on duty, but it could be very busy. They told us the staffing levels were as described

by the manager. One staff member said, "staffing levels are good. You can give time to ladies to do their nails".

Two adult social care inspectors undertook this inspection and spent their time on each floor. The provider may wish to note, we saw that staff spent more time stimulating people in activities upstairs than downstairs.

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 in place to regularly assess and monitor the quality of service that people received and had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people using the service.

Reasons for our judgement

The manager of the home was registered with CQC. She understood her responsibility in regard to the management of the regulated activity and was supported by the registered providers. The submission of notifications confirmed the service were complying with their registration requirements and that the service encouraged an open and transparent culture, promoting communication with people, staff and other stakeholders. This meant that in the main, the service reported incidents to stakeholders of the service and took appropriate action, including action to minimise the risk of the similar incidents recurring.

We spoke with the manager about the quality assurance policy/procedure that was in place. She explained the systems in place to ensure a quality service and to identify, assess and manage risks. This included various quality audits, complaints and surveying stakeholders of the service. From these, she explained an action plan would be implemented if necessary to make improvements to the service. The manager also explained that the outcomes from audits and improvements were discussed in team meetings and within staff supervisions if needed.

The manager told us that resident meetings were held which provided people with an opportunity to say what they thought about things like meals. This was confirmed when we looked at records. A notice board in the entrance hall provided people with information about what they had said and what the service had done in response to this. This demonstrated systems were in place to listen and act upon people's comments about the quality of the service provided.

Family members also confirmed they had completed surveys about the quality of the service. One relative described how they had responded positively to this and had never complained because they had never had any issues. Representatives told us they would go to the manager if they had any concerns, as she responded to requests immediately.

When we spoke to family members they said, "it's very well led by the managers and deputies, in fact everybody, they all play their part" and "[the manager] sets the culture, so it must be well led".

Staff told us team meetings were held and this included feedback on incidents/accidents. Comments by staff included, "I love working here, it's amazing", "I think it's a well led service. The manager's strict but fair because she wants the home running to the highest standard. It's a good staff team. If staff don't feel they can raise concerns with the manager they can complete the staff survey anonymously" and "senior care staff and managers listen to us". Staff also explained each shift there is a staff handover where incidents/accidents get identified and discussed.

We saw evidence of the handover documentation that staff spoke about and the manager provided a staff meeting from the previous month as evidence of meetings.

There was a system of audits in place to ensure the quality of the service provided and to identify any improvements. This included a summary and analysis of accidents, near misses and incidents, complaints/compliments, floor management folder, medication, catering, infection control, pressure sores, weight loss, bed rails, maintenance, fire, care profiles, dependency, surveys, minutes of resident's meetings, staff meetings, health and safety and safeguarding. We looked at a sample of the audits that had taken place. The provider may wish to note not all of the full range of audits had taken place in April and May and 'signed off' by the area manager. We saw that, where necessary, action plans had been implemented to improve the service with completed dates for action and that these actions had been carried out.

Oakwood Grange had a complaints policy/procedure in place. The manager said that people, relatives, other stakeholders and staff were encouraged to make complaints and share comments they had so that poor practice and service improvements could be made. This was confirmed by people, relatives, stakeholders and staff we spoke with and that they had no concerns. The service currently had one complaint that was still being investigated under safeguarding procedures.

The provider may wish to note, we looked at a number of policies/procedures that were relevant to the areas we inspected, for example, safeguarding and infection control. The policies/procedures had not been updated since September 2011, which may mean they do not contain the latest guidance for good practice.

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@cqc.org.uk
Write to us at:	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA
Website:	www.cqc.org.uk