

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

## C & V Orchard Residential Limited

1-2 Station Street, Darlaston, Wednesbury, WS10  
8BG

Tel: 01215264895

Date of Inspection: 06 September 2012

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2012

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>Cleanliness and infection control</b>	✓	Met this standard
<b>Staffing</b>	✓	Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✗	Action needed

## Details about this location

Registered Provider	C & V Residential Limited
Registered Manager	Mrs. Yvonne Ireland
Overview of the service	<p>C &amp; V Orchard Residential Limited is a residential care home which provides accommodation for up to 32 older people some of whom have dementia or a mental health disorder.</p> <p>The home is located in Darlaston, near Wednesbury.</p>
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 6 September 2012, observed how people were being cared for and sent a questionnaire to people who use the service. 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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During our visit we spoke with the registered manager and staff about their experiences of working at the home.

We also spoke with people living at the service about whether they liked living at the home.

One person living at the home told us, "The staff are very nice here".

We spoke to a relative who told us, "I find the home very good. The staff are very friendly and very helpful".

The majority of the people living at the home, due to the nature of their needs, were unable to tell us their opinions about the home. We used other methods to better understand their opinions, to include surveys completed by their relatives and observations of care delivery.

Staff we spoke with told us they enjoyed working at the home and received appropriate training to undertake their work competently. They also told us they received appropriate support from the management team.

We looked at six key outcomes to establish whether people were involved and participated in the service they received; whether care was provided appropriately; whether the service could adequately ensure people's safety within the home; whether there were adequate infection control measures in place; whether there were sufficient staffing levels and whether there was a system for ensuring ongoing quality assurance within the home.

We found that C & V Orchard Residential Limited was compliant in five key outcomes and non-compliant with respect to quality assurance systems within the home.

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

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### **What we have told the provider to do**

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We have asked the provider to send us a report by 27 October 2012, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

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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.

We found that the people who used C & V Orchard Residential Limited were treated with respect.

There were systems in place to ensure that effective interaction took place with the people who used C & V Orchard Residential Limited to establish their views.

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### Reasons for our judgement

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We were told by staff that independence and individuality were promoted by C & V Orchard Residential Limited. The people we spoke to living at the home told us they were supported and enabled to do things for themselves.

One person living at the home told us, "I go to the pub a couple of times a week. The staff take me to the pub when I want to go".

We received a letter from a relative on 26 June 2012 which read, "[My relative] was treated with respect and dignity by all the staff and management there".

We spoke to staff about how they supported people living at the home to maintain their privacy and dignity. One staff member told us "I make sure that doors are shut and people are covered up when I am helping them with personal care".

Another staff member told us, "I give people a flannel and towel to maintain their dignity and independence when supporting them with personal care". This meant that people's dignity and privacy were maintained.

As part of our inspection we completed a tour of the premises. We viewed several rooms within the home, the majority of which contained people's personal belongings, their own furniture and decorative effects to make them feel at home. We were told that people living at the home could personalise their rooms with furniture and personal decorations if they wanted to.

We looked at shared rooms as part of our tour of the home. We found that all the shared rooms had curtain dividers between beds and also around the sink areas. This ensured that people sharing rooms had their privacy and dignity needs maintained.

Care plans had been developed for each person living at C & V Orchard Residential Limited. We looked at three care plans and one pre-assessment for someone who had just moved to the home. The care plans we looked at provided appropriate information to staff on how people preferred things to be done. The care plans also showed clear evidence of people's likes and dislikes. This meant that people should get the support they needed in a way they preferred.

We saw a 'personal hygiene gender preference' form in the care plans that we looked at. These forms were signed by people who lived in the home where possible or their next of kin. This was done to establish their wishes as to the gender of staff they wanted to help them with their personal care. This ensured that appropriate staff supported people with personal care tasks to respect their wishes and to maintain their dignity.

We saw evidence in care plans that people's independence was promoted by C & V Orchard Residential Limited. We found one example in the care plans relating to people's personal care needs. We found detailed information advising staff of the individual's level of independence. This enabled them to complete certain personal care tasks to maximise their independence levels and dignity in this area.

We found that people living at the service had their spiritual and religious needs acknowledged by the home. We were told that a vicar attended the home once a month to provide a sitting service for people who wished to observe their religious faith.

We observed people being supported by staff in the dining room on the day of our inspection. We found that staff interacted with people positively, showed people respect and responded to their needs.

We observed that staff moved people's walking frames to another room whilst they were eating their dinner. The registered manager told us that this was due to the need to reduce the risk of trip hazards. We suggested that this could be perceived as a restriction to people's freedom of movement. The registered manager told us that staff always asked people whether they were happy for their walking frame to be moved temporarily and that staff always retrieved people's walking frames when they asked for them. This meant that people were consulted about the removal of their frames.

The registered manager told us that people living at the home could access independent advocacy support through the local Age Concern service. This could prove helpful to people to enable them to have their voice heard and their rights supported should they require it. The provider might like to note that during our tour of the premises we could find no evidence of independent advocacy services advertised to raise people's awareness of the availability of this service.

**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.

We found that people had their care and welfare needs met by C & V Orchard Residential Limited and that the staff team had the knowledge to meet each person's identified needs.

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**Reasons for our judgement**

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People living at the service we spoke with told us about the staff at C & V Orchard Residential Limited and how they liked things done.

One service user told us "The staff are alright. They are very nice. I like the food".

We spoke to a relative who told us, "The general level of care is really good. [My relative] has the right equipment, a special chair and bed that they need".

We received a letter from a relative on 26 June 2012 which read, "The staff and management are all friendly and caring. [My relative] received palliative care at the home. The care they received was brilliant. Nothing was too much trouble for the staff".

Staff we spoke with told us they had the appropriate level of training to meet the needs of the people they worked with and were positive about their experiences of working at C & V Orchard Residential Limited.

We observed people being supported with their care delivery at lunchtime. We observed staff talking and interacting positively with people. We observed staff checking out what they wanted to eat and drink and supporting people where required to have their meals.

We also observed people being supported to transfer and mobilise during our inspection. We found staff to be using equipment appropriately and with confidence. Staff provided encouragement and continuous verbal reassurance and instructions to people to enable them to transfer and mobilise as safely as possible.

We discussed with the registered manager and staff how they supported people living in the home to engage in meaningful activities. We were told that staff spoke with people every day to find out what they wanted to do. We were told that people liked to play games, have reminiscence sessions and play musical instruments.

We were told that a mobile library service came to the home every six to eight weeks and the hairdresser visited weekly. We were told that monthly activities were organised in the home and that staff had just arranged a 'ladies pamper day' to take place at the home. We were told that black and white films were shown twice weekly, karaoke sessions were

organised and musical entertainers came to the home regularly.

We looked at a file where staff documented activities that people enjoyed and got involved in. The provider might like to note that the file provided limited information as to what activities people had engaged in or declined to engage in on a daily basis. This made it difficult to analyse what activities people liked and what people had been encouraged to get involved in.

The registered manager told us that there was a pre-admissions policy used by C & V Orchard Residential Limited. We saw evidence of a pre-assessment process undertaken to assess the needs of people before accessing a care service to ensure that the service was able to meet their needs and appropriate care planning could be undertaken.

Care records we saw confirmed that people using C & V Orchard Residential Limited were registered with a GP and had access to external healthcare professionals as necessary. We found evidence in the care plans that we looked at that people living at the service, their families and relevant professionals took part in care plan reviews. The provider might like to note that where people were not able to give consent to administration of medication, we could not find evidence of consent to medication administration signed by next of kin.

During our visit we looked at three care plans for people using C & V Orchard Residential Limited. The care plans were up-to-date and contained evidence of regular review every month or sooner depending on the needs of the individual. The care plans provided detailed information to staff on how people preferred things to be done.

The care plans we looked at had risk assessments that related to specific and identified risks to people's safety. The care plans contained details of actions to be taken by staff to minimise the identified risks. All risk assessments were up-to-date on the care plans we saw.

The care plans we looked at demonstrated evidence of people's individual needs. We found a section about each service user's personal history to enable staff to better understand their individual needs.

The registered manager was able to tell us what care and support people using C & V Orchard Residential Limited needed and had a good knowledge and understanding of the way people liked things done.

**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.

We found people who used C & V Orchard Residential Limited were protected from the risks of harm because staff received safeguarding training.

Staff knew how to recognise abuse and how to act in the event of any concerns. Safeguarding alerts were appropriately reported to the local authority.

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## **Reasons for our judgement**

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The staff we spoke with said that they had undertaken recent safeguarding training. They told us if they witnessed abuse they would speak with their manager or the Care Quality Commission.

One staff member told us, "If I witnessed abuse I would speak to my manager and the Care Quality Commission (CQC)".

Another staff member told us "If I witnessed a safeguarding incident I would report it to my manager, preserve evidence for investigation purposes and complete an incident report".

We spoke to people using the services but their feedback did not relate to this standard.

We saw evidence of internal safeguarding policies and procedures used by C & V Orchard Residential Limited which were up-to-date. We also saw evidence of a 'whistle blowing' procedure used by C & V Orchard Residential Limited. The staff members we spoke with were aware of these policies. Policies and procedures were accessible to all staff and were kept in the main office, where an open door policy was in operation.

In accordance with current procedures, the registered manager told us that safeguarding alerts were reported to the local authority. We saw evidence that alerts had been appropriately reported to the local authority and investigated by C & V Orchard Residential Limited where required.

The registered manager told us that staff attended safeguarding training every year to increase their knowledge of safeguarding practices and procedures. The staff we spoke with had completed relevant safeguarding training and were confident in telling us what they would do in the event of abuse occurring.

We found that some people living at the service had bedrails in place in their rooms. We looked at the care plan for one such individual and found that a detailed risk assessment had been completed and the bedrail policy had been followed appropriately. However the

provider might like to note that we could not find a consent form signed by the individual or their next of kin in this respect.

The registered manager told us that C & V Orchard Residential Limited ensured, as far as is practicable, that people were safeguarded from all forms of abuse.

**People should be cared for in a clean environment and protected from the risk of infection**

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**Our judgement**

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The provider was meeting this standard.

We found that people were protected from the risk of infection because appropriate guidance had been followed.

We found that people were cared for in a clean, hygienic environment.

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**Reasons for our judgement**

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We spoke with a relative, who told us, "There are no problems with cleanliness. I am quite happy".

We spoke to people using the services but their feedback did not relate to this standard.

At the last inspection we found that the home was not clean and people were not adequately protected from the risk of cross infection.

The provider sent us an action plan telling us how they would make improvements to ensure adequate levels of cleanliness and how they would protect people from the risk of cross infection.

We completed a tour of the premises and found that the home had no offensive smells and there was a smell of deodorant in the communal areas and areas near toilets. We found that many of the carpets had been changed and found no obvious stains on the carpets that we inspected.

We inspected the toilet frames, toilet raisers and bath hoists in communal bathrooms and in the en suite areas of individual rooms. We found these were clean with no issues around cleanliness identified. We were told that the home was subject to a monthly deep clean process to sustain general levels of cleanliness and reduce the risk of cross infection.

The registered manager told us that a cleaning schedule had been implemented that staff completed to confirm when different areas of the home had been cleaned. The manager told us that she had implemented a system to audit that the home was adequately cleaned and that staff had accurately completed cleaning records.

The manager told us that the home had put in place a system to check and audit the condition of mattresses. The registered manager told us she completed a weekly tour of the home to ensure that mattresses were in good condition. She told us that all mattresses had been fitted with mattress protectors and new mattresses were bought as

required. We were told that damaged cushions on armchairs had been replaced. We were also told that new bed linen had been bought. We found evidence of when things had been replaced on a white board in the registered manager's office.

We found that a facility was now available to store and dry clean commode pots or urinals after they had been washed and disinfected. This meant that suitable arrangements were in place for the washing, disinfection or drying of commode pots or urinals which reduced the risk of cross infection. We also noted at our last inspection that there was only one key available for the sluice room so staff had to look for the key holder in order to access the sluice room which could also compromise infection control. The registered manager told us that she would have a second key cut, to be kept in a central place as a back up should staff require it.

We saw that there was liquid soap and paper towels in all the bathrooms and toilet areas that we looked at. This enabled people to effectively wash and dry their hands to reduce the risk of cross infection.

We were told that an infection control audit was completed every six months by the registered manager. The last one was completed on 21 June 2012. A 96 % compliance rating was found as a result of this audit. This meant that the service was meeting acceptable infection control standards.

The registered manager told us that she had received support from an infection control nurse. We were told that concerns about infection control procedures within the laundry had now been rectified. We were told that the laundry room had been redecorated in February 2012. We saw written evidence that the infection control nurse had visited the home on 20 March 2012 and that no issues of concern had been identified. The registered manager told us that the home was due a visit by the infection control nurse to ensure that the home sustained the required levels of cleanliness and sustained their infection control systems.

## Staffing

✓ Met this standard

**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.

We found that people living at the home had their support needs met and the staff team had the knowledge to meet each person's identified needs.

We found that there were sufficient numbers of staff employed at C & V Orchard Residential Limited.

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### Reasons for our judgement

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We spoke with three members of staff on duty during the inspection to get their opinions as to whether staffing levels were sufficient to meet people's needs in the home.

One staff member told us, "There are always enough staff here".

Another staff member told us, "There are no staffing issues here".

We spoke to people using the services but their feedback did not relate to this standard.

We discussed staffing arrangements at C & V Orchard Residential Limited with the registered manager. We were told that four carers were on duty for the early shift and the late shift and three carers worked on the night shift. There was an on-call system in operation.

At the time of our inspection there were only twenty five people living at the home out of a possible thirty two people. We were told that the number of staff working would increase should the number of people living at the home increase.

During our inspection we looked at the duty rota for staffing levels in the home and found that there was sufficient staff numbers at the care home.

We observed staff to be working and interacting with service users in a calm and responsive way during our inspection.

**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 not meeting this standard.

We found that the provider did not have an effective system in place to manage risks to the health, safety and welfare of people using the service.

We found that the provider did not have a formal process for regularly providing staff supervision to enable the registered manager to come to an informed view in relation to the standard of care provided to people who lived in the home.

We have judged that this has a moderate impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

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## **Reasons for our judgement**

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We asked people their views about C & V Orchard Residential Limited and whether they were happy using the service.

One person told us, "I like the staff".

One respondent from a recent survey wrote, "Staff respect us".

Another respondent wrote, "It is comfortable and clean".

Another respondent wrote, "I love the food".

At the last inspection we found that the service had some systems in place to monitor and evaluate the service. However the systems in place did not provide assurance that people would be protected from risk.

The provider sent us an action plan telling us how they would make improvements to systems for monitoring and evaluating the service they provided.

The registered manager told us that a service user survey had been completed on 26 August 2012. The registered manager told us that she would be carrying out a relative's feedback survey in September 2012 and a GP and staff feedback survey in October 2012. This would enable the home to better understand how effective the quality of care and service was for people living at the home.

We were told by the registered manager that monthly care plan audits were completed. If any issues or concerns were identified, the registered manager would speak to appropriate

staff members to ensure the issues were addressed.

We saw that an environmental health audit had been completed on 28 August 2012. The home had received a rating of 'satisfactory'. The registered manager told us that weekly checks were undertaken in the kitchen and the findings were discussed with the appropriate staff.

We found that a pharmacy audit had been completed on 28 June 2012, where no issues had been identified. The results of the audit indicated that medication had been accurately recorded by staff at the home.

The registered manager told us that a falls audit was completed on a yearly basis. The provider might like to note that the audit did not sufficiently detail what the home had done to reduce the risk of falls when identified. The registered manager told us that she took corrective action, where needed to reduce the risk of injuries. However we could not find documented evidence of this on the falls audit tool that we looked at.

We saw that fire alarms were tested on a weekly basis. The provider might find it useful to note that the last external fire risk assessment documented on file was completed on 19 July 2007. We were told that a further inspection took place in 2009. There was no documentation available at the home to evidence this.

We could not find 'Personalised Emergency Evacuation Plans', (PEEPS) on the care plans that we looked at. The provider may wish to consider reviewing these procedures as a priority. This will ensure that the home and registered manager had the most up-to-date information in relation to fire safety available for their immediate use at all times.

The registered manager told us that there was an ongoing maintenance programme at the home. We were told there was a system for replacing all furniture, bed linen and floor carpets. We found evidence of a 'renew and replace' chart on the wall which recorded when items had been replaced. The registered manager completed a daily check of the home to ensure the safety needs of people living at the service were met.

During our visit we found that a call bell in one of the rooms was obscured by a bed and the cord attached to it was missing. This prevented the person from pressing the call bell when requiring support from staff. The staff we spoke to were unsure why this had happened. This issue had not been flagged up as part of the system used in the home. The provider corrected the problem during the course of our inspection.

We found that although there was a system for recording when items were replaced, it was not robust enough to ensure that things were repaired when needed or that the safety needs of people living at the home were consistently met. We found several examples where the carpet was threadbare in rooms and not securely fixed to the floors. This could pose a trip hazard to people living in the home. During the course of our inspection the provider responded quickly and repaired the carpets that we had brought to their attention.

We saw a training matrix during our visit used to identify training requirements for staff working at the home. We found that it did not clearly indicate which training courses had been undertaken by staff, course expiry dates and follow up training needed. We saw a large number of training certificates to evidence that staff had attended the training, however it was not clear what staff's current training requirements were. The registered manager told us that she knew who needed training and that all staff had training at the

same time. However this did not take into account new people starting at the service.

Staff told us that they worked well as a team and were supported by the registered manager. We were told the policy was that staff supervision was carried out every six to eight weeks. However, the manager told us in reality that supervision took place every four months. We found that supervision sessions were not recorded to evidence discussions with staff in respect of their performance and training needs. The last documented supervision forms known as 'staff supervision and staff performance forms' that we saw were completed in March 2012. The registered manager told us that she completed spot checks on staff by observing them at the point of care delivery. We found no record of those spot checks or what was identified in terms of individual staff performance requirements. We could find no documented evidence of a formal supervision structure in the home. This means that appropriate systems were not in place to ensure staff had a sufficient level of support, knowledge and skills to meet people's needs.

This section is primarily information for the provider

## ✘ Action we have told the provider to take

### Compliance actions

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<b>Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010</b> <b>Assessing and monitoring the quality of service provision</b>
	<b>How the regulation was not being met:</b>  The provider did not have an effective system in place to identify, assess and manage risks to the health, welfare and safety of service users from the carrying on of the regulated activity.  The provider did not have a formal process for regularly seeking the views of staff to enable the registered person to come to an informed view in relation to the standard of care provided to service users.

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

The provider's report should be sent to us by 27 October 2012.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

## About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, 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 dentists, primary medical services and other services at least once every two years. 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 but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

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 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.

**✗ 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. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. 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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Phone: 03000 616161

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Email: [enquiries@ccq.org.uk](mailto:enquiries@ccq.org.uk)

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

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Website: [www.cqc.org.uk](http://www.cqc.org.uk)

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