

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

## Hambleton House

337 Scraftoft Lane, Leicester, LE5 2HU

Tel: 01162433806

Date of Inspection: 08 May 2013

Date of Publication: June 2013

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>               | ✗ | Action needed     |
| <b>Meeting nutritional needs</b>                                 | ✗ | Action needed     |
| <b>Safeguarding people who use services from abuse</b>           | ✗ | Action needed     |
| <b>Management of medicines</b>                                   | ✗ | Action needed     |
| <b>Supporting workers</b>  | ✗ | Action needed     |
| <b>Assessing and monitoring the quality of service provision</b> | ✗ | Action needed     |

## Details about this location

|                         |  |
|-------------------------|--|
| Registered Provider     | Baba Sawan Lodge Limited   |
| Registered Manager      | Mrs. Maureen Baines  |
| Overview of the service | Hambleton House is registered to provide accommodation for up to 18 persons with learning disabilities who require nursing or personal care. The home does not provide nursing care directly but has arrangements for district nurses to visit the home to attend to people's nursing needs. |
| Type of service         | Care home service without nursing  |
| Regulated activity      | Accommodation for persons who require nursing or personal care   |

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*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'.*

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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 8 May 2013, talked with people who use the service and talked with staff.

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### What people told us and what we found

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We spoke with 11 of the 17 people who used the service. All of the people we spoke with expressed that they enjoyed living at the home and that they felt well supported by the staff. People told us that they could spend their time as they wanted. One person told us, "There has never been a time when I have not been able to do what I wanted to do."

People who used the service had been involved in recent reviews of their care plans. People had been involved in deciding whether they wanted to go on a week long holiday in May 2013 and where to go. One person who initially decided, in January 2013, that they didn't want to go on holiday then decided they wanted to go. They told us, "I wanted to go but they wouldn't take me."

People were complimentary about the meals they had at the home. One person told us, "they cook nice food." Another person told us, "Staff bring me drinks whenever I want." However, people did not always know what they would be having at meal times. One person told us, "Sometimes we are asked what we want, other times not." Another person told us, "We are usually asked what we want for tea." Another person told us, "Tea is what we get put in front of us." When we spoke to five people in a group and asked, at 1.45pm, if they knew what they would be having for tea all responded that they did not know. We found that the home did not have an effective means of offering people food choice.

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 22 June 2013, 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.

People's privacy, dignity and independence were respected. 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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People who used the service understood the care and treatment choices available to them because they had been involved in the assessments of their needs and reviews of their care plans. Those care plans had, since January 2013, been reviewed monthly. That meant that people were kept informed of how they would be supported.

Care plans contained information about people's likes and dislikes. That meant that staff who supported people knew about people's interests and supported them to maintain those interests through meaningful activities. Care plans also contained information for staff about how people should be supported with personal care. People we spoke with told us that they were satisfied with how staff had supported them with personal care. A care worker we spoke with demonstrated a strong awareness of how people should be supported with personal care in a dignified manner. We saw that care workers spoke politely and discretely with people and always referred to them by their preferred name. Staff were attentive to people's needs. That demonstrated that staff understood how to treat people with dignity.

People expressed their views about how they had been supported through questionnaires that included questions about their experience of the care they had received. People's feedback had been positive. People had been able to express their views at residents meetings where they had been involved in making decisions about social activities and holidays. The home had procedures for offering people choice about what they had to eat at mealtimes but those procedures had been ineffective. The provider had begun to review those procedures during our visit.

People were supported in promoting their independence and community involvement. One person told us, "There has never been a time when I have not been able to do what I wanted to do." Another person told us, "We are able to do what we want to do." People had taken part in activities of their choice at the home and in the community.

**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 not meeting this standard.

There was insufficient evidence that people had experienced care, treatment and support that met their needs and protected their rights.

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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After our inspection in October 2012 we required that the provider reviewed people's care plans in order to ensure that those plans included details of the assessments of people's needs and how those needs would be delivered. At the time of our latest inspection eleven care plans had been fully reviewed and six reviews were near completion. The care plans contained assessments of people's needs and detail about how those needs would be delivered.

The aims of all care plans were to support people to be as independent as possible by supporting people to take part in meaningful activities at the home and in the community. We saw evidence that people had pursued their interests and had spent time how they wanted to.

All care routines had been risk assessments and those assessments had been regularly reviewed. People had been supported to attend appointments at dentists, opticians and health centres. Medicines had been given at appropriate times. However, we found that on the first day of our inspection one person's administration of medicines had not been recorded.

People's care plans included information for ambulance and paramedics in the event that people had to be taken to hospital. That information was on a document called a 'grab sheet'. One care plan we looked at contained a grab sheet on which details of a person's allergy had been omitted. That placed that person at risk in the event of an emergency call-out. The omission was brought to the attention of the provider.

Care plans included documents and information that had not been cross-referenced. That presented a risk that a care worker could overlook or miss important information about a person's needs. We brought that to the attention of the provider. We were told that a person was about to be recruited to manage and achieve accuracy of care plan documentation.

The revised care plans had been accessible only to the registered manager. The staff who were most directly involved in people's care had access to those plans only from 12 May 2013. Staff had relied on older versions of the plans between October 2012 and 11 May 2013. We pointed out to the provider that it was essential that care workers familiarised themselves with the revised care plans and then demonstrated through their care practice that they understood how people's needs were to be met. That would contribute to evidence that people's care needs were being met.

People who used the service told us that they were satisfied with the care they had received but we were unable to corroborate that with documented evidence that care had been planned and delivered in accordance with people's needs. There were gaps in records that care workers had made about care routines and activities that people engaged in. That made it difficult to find evidence that routines had always been carried out and that people had been supported to partake in activities.

There were arrangements in place to deal with foreseeable emergencies.

**Food and drink should meet people's individual dietary needs**

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**Our judgement**

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The provider was not meeting this standard.

People who used the service did not have a choice of suitable and nutritious food.

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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People told us that they enjoyed the food provided at the home. One person told us, "They cook us nice food." Another told us, "staff bring us drinks." When we spoke with a group of five people their consensus was that they "enjoyed" the food that was provided. Staff who had been involved in preparation of food had received training in food hygiene.

The home had been inspected by a local authority food hygiene inspector in January 2013. An improvement notice had been served as a result of that visit. The provider had taken action to address all of the concerns that had been raised.

The home had a procedure which offered people a choice of what to eat at breakfast, lunch and tea-time. The choice at lunchtimes was limited to sandwiches. At tea times people had a choice of two main meals but on most days the difference between the two choices was a single item of food, for example bacon instead of sausage. Apart from one occasion a week when a choice of a roast dinner was available, main meals were of a frozen variety. When we spoke with the owner about the choice of meals they described the choice as "uninspiring". We found it unsatisfactory that people had only sandwiches as the main meal item at lunchtimes. A reason given for that limited choice was that most people went out of the home during the day. However, we found that at least six people were at the home for most of the day on each of the three days we visited.

Sandwiches for lunch time had been prepared by staff during the preceding night shift. The sandwiches we saw all had the same filling which suggested that no choice had been offered. The sandwiches were bland. They were wrapped in plastic bags that were not labelled with people's names or dates which meant we could not be sure when they had been made or who they were for. The records of food choice did not record whether people had been offered a choice of sandwich filling. The only fresh vegetables we saw were tomatoes.

We did see that fresh fruit was available and that staff offered people hot drinks and snacks during the day.

The tea time meal that was served to all but one person on 8 May bore no resemblance to

the meal choice on the home menu. When we queried that with a care worker they told us that they had not seen the menus. They told us, "I'd taken it upon myself to decide what people would have for tea." That care worker had worked at the home for several months and therefore ought to have known about the menus.

The refrigerator in the kitchen contained three items that were past their use by date. That suggested that staff had been inattentive about the contents of the refrigerator.

The procedure for offering people a choice of meal was flawed. Records we saw showed that each Monday people had been asked to select their food choice for the following seven days. That made the process regimented and institutionalised. Although records we saw indicated that people had been asked what they wanted to eat at meal times most people we spoke with told us that they did not know what they would have to eat at tea time. One person told us, "We are usually asked what we want for tea." Another told us, "sometimes we are asked, sometimes not." Another person told us, "Tea is what we get put in front of us." When we spoke to a group of five people early in the afternoon none of them knew what they would be having for tea and one said, "We have not been asked yet." What people told us called into question the accuracy of a record that indicated that people had been asked.

We found that people did not always have a choice of fresh and nutritious food. The home's arrangements for offering people a choice of suitable nutritious food required urgent review. The home owner recognised that when we discussed the matter with them.

**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 not meeting this standard.

People who used the service were not protected from the risk of abuse, because there had been no processes to ensure that all staff had been effectively trained to understand the Mental Capacity Act and Deprivation of Liberty Safeguards.

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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Training records we looked at showed that staff had received training in the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS). However two of the staff we spoke with could not recall any training about the Mental Capacity Act and one told us that they had "never heard of" DoLS. All staff we spoke with did however demonstrate that they knew how to recognise abuse or the risk of abuse and how to report concerns to the provider and to external agencies.

When we looked at a care plan we noted that an incident that had occurred between two people who used the service in which one person had been injured had not been reported to the Care Quality Commission (CQC). The provider may wish to note that there is a requirement under Regulation 18 to report such incidents. The home had been reminded during 2012 of that requirement. The failure to report the incident showed that the home did not have an effective process for ensuring that incidents specified in regulation 18 were reported to CQC.

The home had a range of policies that covered safeguarding of vulnerable people but those policies were not always accessible to staff. During the period 6 to 11 May the policies were in a locked cabinet to which staff did not have access because the registered manager had taken the key with them on holiday during that week. That meant staff did not have access to contact details of external agencies to whom they could have raised any concerns in the event of any incidents.

People who used the service were protected against the risk of unlawful or excessive control or restraint. People that lived at the home accessed the community alone without the need for an escort. When we spoke with care workers and asked about the whereabouts of people they either did not know or they were uncertain about who was at home and who had gone out. The provider therefore lacked a process whereby the whereabouts of the people that lived at the home could be accounted for at any given time. That uncertainty meant that the safety of some people that lived at the home could be

affected should they find it difficult to return home after an unescorted trip into the community.

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

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## **Our judgement**

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The provider was not meeting this standard.

People were not protected against the risks associated with medicines because the registered manager had not ensured that the provider's arrangements for the management of medicines had been put into practice.

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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The provider had a policy for the management of medicines that included details of how medicines were obtained, recorded, handled, stored, dispensed and disposed of. We found that the policy had not been adhered to. We found that medicines were kept in three places. Medicines that were being dispensed were kept securely in a medication cupboard that only trained staff had access to. However, other medicines were kept in a medicines refrigerator in the manager's room. The medicines in that refrigerator included 19 containers of diazepam. Those medicines were stored in a disorganised fashion. That refrigerator also contained items of personal food shopping but none of the staff we spoke to could account for whose it was. Three containers of medicine were in a refrigerator in the home's kitchen together with food items some of which were past their use by date.

On the first day of our inspection medicines were not securely stored. The medicines refrigerator was not locked, nor was the office where it was located. Any person could have accessed those medicines.

The quality of record keeping in relation to medicines was poor. It proved to be very difficult to account for all of the medicines that had been delivered by a local pharmacy that supplied the home. We had to speak with the pharmacist before we were assured that a supply of diazepam was fully accounted for.

We found that on 8 May 2013 one person's medication chart indicated that they had not been given their medicines, but we were eventually assured that medicines had been administered.

The registered manager was unable to provide any documentation concerning the disposal of medicines despite telling us that the three items of medicines that were in the kitchen refrigerator had been disposed of.

We found that the management of medicines in the home fell well short of the provider's

own policy on management of medicines and the requirements of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

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

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## Our judgement

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The provider was not meeting this standard.

Staff had not been properly trained, supervised or appraised.

We have judged that this has a minor 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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Training records we looked at indicated that staff had received appropriate training, but when we spoke with staff they could neither recall nor demonstrate an awareness of the Mental Capacity Act or the Deprivation of Liberty Safeguards. That suggested that staff required refresher training. The provider assured us that training would be arranged soon after our visit.

The provider had recruited staff since our last inspection. We spoke with a recent recruit who told us about the induction training they had received. They told us that their induction had covered the aims of the service, the organisation of the service and the needs of the people who used the service. That person had shadowed an experienced care worker to learn how to provide personal care to people who used the service. They had also attended training about fire safety, food hygiene. They told us that they had regular meetings with the registered manager when they had opportunities to discuss training needs.

Staff were able to obtain further relevant qualifications. One care worker had almost completed a nationally recognised course in adult social care.

The provider had recently begun work on a training and development plan for all staff who worked at the home. In addition, new staff were being recruited into an administrative role to improve the quality of record management.

Inadequate arrangements had been made to provide staff with support when the registered manager was on holiday. No deputy manager or senior care worker cover had been arranged for the week commencing 6 May.

Staff we spoke with told us that they had regular supervision. We found however that the nature of some of the errors and omissions we had identified in relation to provision of meals, safeguarding, medications and record keeping indicated that supervision and development of staff had not been as effective as it ought to have been. We also found

that staff did not have personal development plans. That meant that staff had not been properly trained, supervised or appraised.

## Assessing and monitoring the quality of service provision

✘ Action needed

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.

There was no regular assessment or monitoring of the quality of services provided to the people who used the service.

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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People who used the service had been asked for their views about their care. Their views had been sought at reviews of their care plans, in discussions with the registered manager, at resident's meetings and through a questionnaire. Those views had been acted on. For example, people had been asked about where they wanted to go on holiday and people's preferences had been acted on. The provider was in the process of designing a new survey of people who used the service, their relatives and health professionals who attended to the health needs of people who used the service.

There was evidence that learning from incidents and investigations had taken place and appropriate changes were implemented. However, the provider may wish to note that not all incidents that should have been reported to the Care Quality Commission had been reported.

The provider took account of comments from external agencies to improve the service, most notably in relation to a hygiene improvement notice that had been served by the local authority.

The provider had policies concerning how the monitoring of the quality of people's experience of the service but we found that the effectiveness of monitoring had lapsed. Some of the errors and omissions we had identified would not have occurred if the provider's policies had been put into practice.

We found that staff awareness of the essential standards of quality and safety was poor. The provider had intended to include the essential standards in the service's quality assurance system, but that had been delayed. We provided the home with a leaflet about the essential standards and referred the provider to the Care Quality Commission website for information about monitoring compliance with the essential standards.

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 9 HSCA 2008 (Regulated Activities) Regulations 2010</b><br><b>Care and welfare of people who use services</b>   |
|  | <b>How the regulation was not being met:</b><br>Care plan documentation and other records relating to people's care did not contain evidence that people's care had been planned or delivered in such a way as to meet their individual needs. Regulation 9(1)(b)(1). |
| Accommodation for persons who require nursing or personal care | <b>Regulation 14 HSCA 2008 (Regulated Activities) Regulations 2010</b><br><b>Meeting nutritional needs</b>  |
|  | <b>How the regulation was not being met:</b><br>People who used the service did not have a choice of of suitable and nutritious food and hydration. Regulation 14(1)(a).  |
| Accommodation for persons who require nursing or personal care | <b>Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2010</b><br><b>Safeguarding people who use services from abuse</b>  |
|  | <b>How the regulation was not being met:</b>  |

**This section is primarily information for the provider**

|  |   |
|--|---|
|  | The provider had not made suitable arrangements to fully protect people from risk of harm. Regulation 11.   |
| Regulated activity   | Regulation  |
| Accommodation for persons who require nursing or personal care | <p><b>Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010</b></p> <p><b>Management of medicines</b></p> <p><b>How the regulation was not being met:</b></p> <p>Appropriate arrangements for the obtaining, recording, handling, using, safe keeping, dispensing, safe administration and disposal of medicines had not been put into practice. Regulation 13.</p>                     |
| Regulated activity   | Regulation  |
| Accommodation for persons who require nursing or personal care | <p><b>Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010</b></p> <p><b>Supporting workers</b></p> <p><b>How the regulation was not being met:</b></p> <p>Staff had not received appropriate training, supervision or appraisal. Regulation 23(1)(a).</p>   |
| Regulated activity   | Regulation  |
| Accommodation for persons who require nursing or personal care | <p><b>Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010</b></p> <p><b>Assessing and monitoring the quality of service provision</b></p> <p><b>How the regulation was not being met:</b></p> <p>There was no effective operation of a system to regularly assess and monitor the quality of services provided in the carrying on of the regulated activity. Regulation 10(1)(a).</p> |

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

**This section is primarily information for the provider**

The provider's report should be sent to us by 22 June 2013.

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, 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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