

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

36 Hurstville Drive

36 Hurstville Drive, Waterlooville, PO7 7ND

Tel: 02392240811

Date of Inspection: 19 February 2013

Date of Publication: March 2013

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

Respecting and involving people who use services	✓	Met this standard
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Care and welfare of people who use services	✓	Met this standard
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Safeguarding people who use services from abuse	✓	Met this standard
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Staffing	✓	Met this standard
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Assessing and monitoring the quality of service provision	✓	Met this standard
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Records	✗	Action needed
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Details about this location

Registered Provider	Solor Care Group Limited
Registered Manager	Mr. Graham Cranmer
Overview of the service	36 Hurstville Drive is a detached house situated in a cul de sac, in a residential area of Waterloooville. It provides accommodation and personal care for people with a range of complex needs associated with their learning disability including autism, epilepsy, physical disabilities and communication needs.
Type of service	Care home service without nursing
Regulated activities	Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury

Contents

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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 19 February 2013, observed how people were being cared for and talked with carers and / or family members. We talked with staff and talked with other authorities.

What people told us and what we found

During our inspection we were unable to speak with residents at the home due to their complex needs. We observed staff interacting with all the residents. We saw that staff and residents communicated using a variety of verbal and non-verbal methods including Makaton signing. Makaton signing is a simplified version of British Sign Language that is used by and for people who have a learning disability.

As part of our inspection we spoke to a resident's relative about the care the care the resident received. The relative told us they felt positive about their family member's care as well as their relationship with the staff. We observed residents moving freely around the home and interacting with the staff in a relaxed way that included appropriate humour. On the day of our visit we saw that residents were involved in art and music activities in the home, as well as an activity in the local community using the home's minibus. We observed the residents making choices and decisions about their daily lives, and that resident's choices and decisions were respected by the staff.

We saw that Voyage Care Ltd, the company who owned the home, had undertaken a recent audit of the home's services and had produced an action plan for the home as part of their quality assurance processes and that this was work in progress. However, work was needed in regards to the home's recording of staff meetings, staff appraisals, accidents and incidents, and in dealing with complaints.

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

What we have told the provider to do

We have asked the provider to send us a report by 12 April 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.

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

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

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

Reasons for our judgement

During our inspection we saw that people expressed their views and were involved in making decisions about their care and treatment. For example, we saw that residents had activities charts on the wall in a pictorial format. A member of staff explained the use of the charts, saying that residents were given a choice of Makaton symbols, and chose the symbol that represented the activity they would like to be involved with, such as art, listening to music, or swimming.

We observed the home's residents taking lunch and dinner. We saw that staff were at all times polite and sensitive to the residents needs. This indicated that staff were taking into account people's dignity and treating them respectfully. We saw that residents in the home were fully involved in making decisions about the weekly menu. The residents used pictures and symbols to express preferences. A member of the care staff told us how residents were also accompanied by staff to a local supermarket to do the home's weekly shopping. A staff member told us that resident's often expressed food preferences while shopping.

A member of the care staff informed us that resident's were involved in decision making via their monthly key-worker meetings. The key-workers were members of staff who had specific responsibility for individuals using the service. We noted that records were kept of the key-worker meetings, and that these had taken place on a regular basis. We asked a member of the care staff how they communicated with a resident that they had responsibility for in the key-worker meetings. They told us that they had known the resident for three years, and that they knew the resident "really well," adding "it is sometimes a matter of understanding how she communicates, as well as her moods, and working with that." This meant that residents had their views and experiences taken into account in the way services were provided.

We asked two members of the care staff how they promoted people's privacy and dignity. One member of staff told us "by closing doors and curtains when providing personal care." Another member of the care staff told us "I cover intimate parts with towels when assisting with bathing." This meant that residents were having their privacy and dignity respected.

A relative we spoke with explained that they regularly saw their family member and that the staff were very facilitative of their relationship. The relative told us that when they were incapacitated due to recovering from a knee replacement operation, one of the home's senior care worker's had provided them with transport to and from the home so that they could visit their family member. The relative told us that the home "always consult us and keep us informed about things." This meant that relatives understood the care and support choices available to their family member, and were appropriately involved in making decisions about their family members care and support.

We observed pictures, symbols and signs around the home that indicated that residents were involved in planning and running the house. We observed residents communicating with staff using signing, and the staff responding respectfully and appropriately using signing and touch.

We viewed the bedrooms of all of the home's three residents, and saw that the residents had personalised their rooms, this included wall posters and their own art work. A member of the care staff told us that the home was undergoing a refurbishment and that this was work in progress. A care worker told us that some residents rooms had been redecorated and that residents had a choice of the colours they would prefer their rooms to be decorated in. This meant that resident's had been put at the centre of decisions about the decor in their private rooms.

We saw that residents had their religions recorded in their care plans. A staff member told us that one resident was a practising Christian, and that staff supported the resident to attend church services on Sundays. This meant that the home had given due regard to residents diversity, values and cultural backgrounds.

We asked the on-call manager if residents were involved in residents meetings at the home. The on-call manager said that Voyage Care operate off-site area forums which all residents were invited to attend. We saw a notice for the next Voyage Care meeting. However, the home did not have formal residents meetings. The on-call manager said that the residents at 36 Hurstville Drive chose not to attend the Voyage Care forums. A member of the care staff told us that residents were invited to participate in staff meetings. The manager might like to note that residents meetings could enable residents to be further involved in how the home is run.

Overall, we found that the home was meeting this outcome, as residents in as far as is possible were enabled to understand the care and support choices available to them. Relatives were appropriately involved in making decisions about their family members care and support. Residents were encouraged to participate in making decisions about their care and treatment, and were provided with opportunities that promoted their community involvement.

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

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

Although we did not discuss the residents care and health needs with them, we did observe that all the residents appeared clean and well dressed in their own individual styles. We also noted that when we arrived, one resident had just been supported to have a shower. A member of staff also told us that residents were escorted on clothes shopping trips, and chose their own clothing. A visiting holistic therapist told us that they visit regularly and that residents "always seem very well cared for."

We saw that people's needs were assessed and care and treatment was planned and delivered in line with their individual care plans. We viewed three residents care plans which were very detailed, personalised, and individual. The care plans included detailed descriptions of residents care needs. The plans also included comprehensive risk assessments which covered many aspects of the resident's daily lives, including how to manage risks to residents when they were in the community. The residents risk assessments gave the staff clear guidance about how to support the residents to minimise risk whilst encouraging independence.

We noted that the residents care plans had not been reviewed regularly, and that there was the potential for these not to be up to date. The on-call manager explained that all residents care plans were in the process of undergoing a comprehensive review, and care plans were being transferred to Voyage Care formats. We saw the work that was in progress on the new care plans. We also saw that Voyage Care had undertaken a Quality Assurance review of the home. We saw an action plan that Voyage Care had produced for the home as a result of their Quality Assurance review. This prioritised the reviewing and updating of residents risk assessments. We saw that work had commenced on this. This meant that the provider had taken steps to balance resident's safety and the effectiveness of residents care records with the rights of residents, taking into account their capacity to make choices and their right to take informed risks.

We noted that residents had healthcare plans. We saw that regular routine health checks had taken place which included the services of the dentist, podiatrist and opticians. The care plans included guidance for staff about individual health care needs. We noted that medical appointments had been made and attended, which meant that people were supported to access relevant expert advice in relation to their care.

We saw photographs and pictures that evidenced that residents had participated in horse riding activities, as well as art activities in the home. We saw some of the artwork created by residents on display in the home. We asked a relative about activities in the home, they told us, "There is always plenty going on."

We saw minutes of monthly key-worker meetings in residents records. A care worker told us that the purpose of the key-worker meetings was so that key-workers could explain their individual care to the residents, to enable them to make informed choices. This meant that the home considered all aspects of people's individual circumstances, as well as their immediate and longer term needs. However, the manager might like to note that we did not see any evidence that care plans had been changed and updated as a result of these meetings

During our inspection we observed the residents eating lunch and dinner. We saw staff appropriately supporting a resident who needed to have their lunch liquidised. We saw that staff used thickeners, and that they followed the guidance for using the thickener. We noted that staff were sensitive to the resident's non-verbal behaviour, and understood the resident's eye signal communications when they had eaten enough. This meant that residents were offered safe and appropriate care and support that took their preferences and choices into account.

We saw that the home had a Disaster Plan for dealing with emergencies. The plan contained the emergency contact details for utilities providers, as well as the location of the isolation valves and switches for utilities. We saw that the home had Personal Emergency and Evacuation procedure plans for each individual resident. The plans contained maps of the home and the nearest fire exits to each resident's room. This meant that the home had procedures in place to mitigate the risks arising from such emergencies to service users.

Overall, the home were meeting this outcome, as residents experienced safe and appropriate care and support that met their needs and protected their rights. The home was taking steps to ensure that the risk of people receiving unsafe or inappropriate care was reduced by undertaking reviews of care plans and risk assessments, and having arrangements for dealing with foreseeable emergencies.

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

On the day of our visit we observed all the residents moving freely around the home and interacting positively with each other and the staff on duty.

There were three members of staff on duty during our inspection. We spoke to two members of staff about safeguarding. The on-call manager told us that the staff did not use restraint techniques. Staff confirmed that they had received safeguarding training, and had received training in the use of de-escalation techniques. From the records we viewed, we saw that all members of staff had received training in PROACT SCIP-r, (Positive Range of Options to Avoid Crisis and use Therapy - Strategies for Crisis Intervention and Prevention) or NCI (Nonviolent crisis intervention). These are techniques that are used in the management of challenging behaviours, where staff provide a structure of support for service users, that minimises the need for physical intervention. The care staff we spoke to told us that they did not use restraint techniques, as none of the residents had this level of need.

We asked two members of the care staff if their training had identified different forms of abuse. The care workers we interviewed were able to identify the different forms of abuse. Both of the care workers were able to describe how they would report and record any safeguarding concerns. They knew where the safeguarding policies could be found and how they would use these to guide them if they saw or suspected abuse was happening. They told us they had attended safeguarding and whistleblowing training, and this was confirmed by training records we viewed. Both members of staff said they would raise any safeguarding concerns with the manager or the on-call manager, if the manager was not available. The staff members also knew how to contact the local authority safeguarding team and the Care Quality Commission, in the event of a safeguarding concern.

Following our inspection we contacted the local authority safeguarding team, who confirmed that there were no outstanding safeguarding concerns with regards to 36 Hurstville Drive care home.

Overall, the home were meeting this standard as the home had taken steps to protect people from the risk of abuse, whilst respecting and upholding peoples human rights.

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

The manager of 36 Hurstville Drive was on annual leave on the day of our inspection, and had only been in post for a month. There was an on-call manager available to staff. The on-call manager was a manager at another Voyage Care home, and visited 36 Hurstville Drive on the day of our inspection. The care staff told us that an on-call manager was always available when the home manager was on leave, or for out of hours services. Staff and the on-call manager explained that the home had not had a manager in place for over six months. The on-call manager told us that the home's staff had "coped well" with the transition to Voyage Care Ltd, the company who had recently acquired the home, without a manager in place.

The care staff we spoke to told us that a senior care worker was absent on the day of our inspection, due to having phoned in the morning and alerted staff. The care workers said they had informed the on-call manager, and that the on-call manager had located a care worker from another home. The on-call manager had provided the care worker with transport to 36 Hurstville Drive to cover the senior care workers absence.

The on-call manager showed us the agency's electronic rota system. This was used to assess levels of staffing need and to identify risks resulting from staffing levels. The on-call manager demonstrated how the electronic rota was used to ensure that all allocated care hours were covered. The on-call manager showed us how the rota could be used to identify any care hours in a week that may need to be covered. We saw that all shifts for the week had sufficient staffing levels, according to the assessed staffing needs of the home.

The on-call manager told us that the home had bank staff to cover staff absence or holidays, and that the home can also telephone staff who are not on shift. The on-call manager and a member of the care staff told us that the home used agency staff in an emergency to ensure there are sufficient staff numbers to meet the needs of residents. This meant that the home had human resources procedures in place that would enable the effective maintenance of staffing levels.

We asked care staff about their skills and experience. The staff we spoke with confirmed that they had the opportunity to gain qualifications. We saw from staff records that some staff had achieved Level 2 National Vocational Qualifications in Health and Social Care. A care worker we spoke with told us "I have achieved Level 2 and I am waiting to start

working towards Level 3." We saw from training records that all care workers training was up to date. This meant that the home had sufficient numbers of staff with the competencies, knowledge, and experience to meet the needs of residents at all times.

We looked at the agency's computerised staff training records which detailed the training staff had done. All the records we viewed identified when staff had received the home's mandatory training, which included, moving and handling, medication administration, health and safety, safeguarding adults'.

Overall, the agency had sufficient staff with the right competencies, skills, and experience to meet service users needs, and could respond to unexpected or changing circumstances in the service.

Assessing and monitoring the quality of service provision

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

We viewed the home's fire log file, and saw that equipment checks were up to date, as were records of staff fire training, and records of monthly fire drills. We also saw that bath and shower water temperatures were taken and recorded on a daily basis for individual residents. This meant that the home was identifying, managing, and monitoring risks to people who lived or worked in the home.

The on-call manager also showed us the work in progress on the review and updating of residents care plans, health action plans, and risk assessments. The on-call manager explained that Voyage Care have their own internal Quality Assurance officer who would regularly audit services as part of the home's quality assurance program. The on-call manager told us that an aspect of the Quality Assurance officer's role would be to identify any discrepancies or patterns in service delivery at an early stage and to formulate a plan of action to rectify this.

We saw that an action plan that had been compiled by the Quality Assurance officer in November 2012. The action plan identified a number of areas for improvement in the home, and that the plan included completion dates. For example we saw that the following actions had been completed: daily records reviewed, review of staff hours, residents personal emergency evacuation procedures (PEEPs) to be written and implemented, and all staff to undergo NCI training.

During our inspection we viewed the home's medication administration records (MAR), and saw these were up to date. We also saw that the MAR records contained guidelines for staff on administering individual resident's medications. We saw that the home had recently completed an audit of residents medications. We also saw records of how the staff had received training in infection control. The home had a health and safety policy, and records we viewed evidenced that environmental risk assessments and health and safety assessments for the property had been undertaken recently. This meant the home had appropriate systems for gathering, recording, and evaluating information, about the safety of care and support services in the home.

The on-call manager showed us a notice for a service user forum. This was arranged and managed by Venture Care, the company who owns the home. However, we noted that

minutes from staff meetings were not available at the time of our inspection, and staff did not know if these had been typed up and filed.

The on-call manager showed us the home's Incidents and Accidents files. These recorded adverse events and near misses. We saw that accidents and incidents were recorded with times and dates. However, some of the records did not include actions the home had taken following the event. We also saw that the home had not recorded what lessons could be learned as a result of accidents or incidents to prevent reoccurrence. This meant that the home did have a system in place for reporting adverse events, but, a system of follow up was not in place to ensure people's safety.

We saw that the home had a complaints policy. We viewed the home's complaints log. However, we noted that complaints had been recorded in the log, but, that there were no records of investigations of these complaints. We also noted that a complaint which was identified in the Quality Assurance action plan had not been logged. This meant that there was no record of the complaint having been resolved, or records of changes in service provision as a result of complaints.

Overall, we the home had taken steps to protect service users against the risk of inappropriate or unsafe care by means of the effective operation of systems designed to ensure that residents care was regularly assessed and that risks were appropriately identified and managed. However, the manager may like to note that records relating to the assessing and monitoring of the quality of service provision needed further attention.

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was not meeting this standard.

People were not fully protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

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.

Reasons for our judgement

We viewed the homes Accident/Incident records. We did not find evidence that Accident/Incident records had been appropriately maintained. We noted that where accidents or incidents had been recorded in the home's Accident/Incident book, some of the records lacked detail of action the home had taken during the event. The records also lacked information on actions the home would take to reduce the risk of reoccurrence. This meant that there was the potential for residents to receive unsafe or inappropriate care as a result of Accident/Incident records not being properly maintained.

The on-call manager and staff confirmed that team meetings had taken place in the last twelve months and that minutes had been taken. However, the minutes had not been filed in the home's Meetings file, and the staff and the on-call manager did not know where the minutes from these meetings were. This meant that there was the potential that residents were not protected against the risks of inappropriate care arising from a lack of records about the management of team meeting minutes.

We viewed the home's complaints log. We did not find evidence that complaints had been dealt with following the home's complaints policy and procedure. The complaints log had one complaint documented, and we found one complaint that was in a plastic envelope. The complaints did not have actions the home had taken at the time fully recorded, or full records of the outcomes of actions. The complaints we saw did not contain information on how the home had dealt with the complaint or the give details of the member of staff who was dealing with the complaint. The complaints log did not give details of whether any of the complaints had been upheld, or how learning from complaints had been fed back into the service to improve the quality of services people received. We also saw that a complaint that had been identified as needing to be logged in the provider's action plan, had not been logged in the complaints book. The on-call manager told us that the complaint had been dealt with, but not recorded. This meant that there was the potential for service users to not be protected against risks, arising from a lack of proper information about them by means of the maintenance and management of appropriate complaints records.

During our inspection we viewed four members of staff records. We noted that staff had not received annual appraisals regularly. We saw that the home had a plan in place that recorded when senior care workers would receive their annual appraisals from the new manager. However, the plan did not state when other care staff would receive their annual appraisal. We asked the care staff if they had been given dates for their annual appraisals, and staff said they had received dates for supervision, but that they had not received confirmation of annual appraisals. The care staff we spoke to said they had received annual appraisals. However, records of these could not be located during our inspection. The on-call manager told us that the home had not had a permanent manager for a number of months, and that the home was also in a period of transition following its acquisition by Vantage Care Ltd, and that this was a contributory factor in the lack of appraisal records. This meant that there was the potential that residents were not protected against the risks of inappropriate care arising from a lack of proper information about staff professional development 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	Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010
	Records How the regulation was not being met: Service users were not protected against the risk of inappropriate care arising from a lack of proper information about them by means of the maintenance of accurate records. Regulation 20 (1) (a) (b) (i) (ii)

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 12 April 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 dentists 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 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. 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.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

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

Responsive inspection

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

Routine inspection

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

Themed inspection

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

Contact us

Phone: 03000 616161

Email: enquiries@ccq.org.uk

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

Website: www.cqc.org.uk

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