

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

## Easthill Home for Deaf People

7 Pitt Street, Ryde, PO33 3EB

Tel: 01983564068

Date of Inspection: 07 January 2014

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

<b>Consent to care and treatment</b>	✘	Action needed
<b>Care and welfare of people who use services</b>	✔	Met this standard
<b>Safety and suitability of premises</b>	✔	Met this standard
<b>Supporting workers</b>	✘	Action needed
<b>Assessing and monitoring the quality of service provision</b>	✘	Action needed

## Details about this location

Registered Provider	Hampshire & Isle of Wight & Channel Islands Association for Deaf People Limited
Registered Manager	Ms. Karen Melville
Overview of the service	Easthill Home for Deaf People is a care home for deaf people who may have dementia, another mental health condition or a physical disability. It is registered for a maximum of 15 people and does not provide nursing care. It is located in a residential area of Ryde.
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 7 January 2014, observed how people were being cared for and talked with people who use the service. We talked with staff.

We were supported on this inspection by an expert-by-experience. This is a person who has personal experience of using or caring for someone who uses this type of care service.

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### What people told us and what we found

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We spoke with three out of 13 people using the service at the time of our visit and observed the care and support provided in the shared areas of the home. People told us they were satisfied that the care they received met their needs. They were given choices. They said care staff were gentle and supportive when they helped them with their personal care. People said they felt safe in the home and would not wish to move elsewhere. One said, "It's lovely". People told us they occasionally had problems communicating with staff who were still learning British Sign Language (BSL).

We found people's care and support were provided in an environment where the specific needs of deaf people and deaf culture were understood. Suitable adaptations had been made to the building so people were living in a safe environment. Staff were aware of people's care needs and supported them in a caring manner. Care and support were delivered with people's consent. However where people did not have the capacity to consent, there was incomplete awareness of the legal requirements. Staff were not supported by an effective system of appraisal and supervision, and training in compulsory topics was not refreshed regularly. The provider's systems for monitoring the quality of the service were not effective or comprehensive.

We carried out this inspection with an expert-by-experience who was a counsellor and advocate for deaf people, and a BSL interpreter. They found it to be "a nice home" where people received appropriate care according to their needs and where they were safe from harm.

In this report the name of a registered manager appears who was not in post and not managing the regulated activity at this location at the time of the inspection. Their name appears because they were still a registered manager on our register at the time. An interim manager was managing the regulated activity and is referred to as "the manager"

in this report.

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 15 March 2014, 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

### Consent to care and treatment

✘ Action needed

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

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### Our judgement

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The provider was not meeting this standard.

Before people received any care or treatment they were asked for their consent but they were not always supported to give informed consent. Where people did not have capacity to consent, the provider ensured decisions were made in their best interests. However, mental capacity assessments were not carried out according to the relevant code of practice.

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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Before people received any care or support they were asked for their consent and the provider acted in accordance with what people told them. We spoke with three members of staff who were on duty during our inspection. They were aware of the need to provide care with the person's consent. They said most people using the service were able to communicate their consent and were involved in agreeing their care plans. Staff had appropriate strategies if people refused previously agreed care. They said they left and came back later or asked a colleague to try. One care worker said, "It's always their choice." Staff listened to people using the service and provided care and support with their agreement.

The manager told us staff always assumed people had capacity and engaged with people, showing them options, in order to obtain consent. They said deaf staff with a good standard of British Sign Language (BSL) were better able to understand if the consent given was genuine and informed. For this reason they tried to have a deaf staff member on every shift. However, this was not always possible and during our inspection there were no deaf staff on duty.

People using the service told us they were offered choices with respect to their care and support. Staff respected their wishes. However people found it easier to communicate their consent with deaf staff who were more competent using BSL. One person told us they found staff expected them to remember information about their care which they were now finding difficult. Although they were asked if they were happy to take their medicine, they could not always remember what the medicine was for, possible side effects and why they

were taking it. They were not given this information every time their medicine was administered. Although people were asked for their consent they could not always give informed consent because assumptions were made about how much they understood. Some staff were not able to support people to give informed consent using BSL.

We looked at a sample of three care plans and saw they had been written with the involvement of people or their family. Where the person was not able to consent, a representative with lasting power of attorney had signed their consent form. Their records also showed that when a decision was made to admit the person to hospital following a fall, their next of kin was consulted. The provider took steps to ensure decisions were made in the person's best interests if they could not consent to care or treatment.

However people's care records did not demonstrate that the provider acted in accordance with legal requirements where people did not have the capacity to consent. Each person's file contained a record entitled "Likelihood of Deprivation of Liberty Safeguards Authorisation". It covered information such as if a lasting power of attorney was in place, if any equipment used to support the person risked restricting their liberty and a statement about their mental capacity.

In one person's case it stated they did not have capacity to make decisions. However the information in the record did not show this assessment had been made taking into account the Mental Capacity Act 2005 and the associated code of practice. It did not state who had made the assessment and when, and it did not state which particular decisions were considered when the assessment was made. It did not record any other parties involved in the assessment. It did not describe a two stage test or show the reasons why the person was assessed as not having capacity. The manager told us they had not been involved when the assessment was made and did not know how the assessment was carried out. The record did not demonstrate that the principles and guidelines of the Act and code of practice had been followed.

Staff we spoke with were aware of the Mental Capacity Act 2005, but could not describe its principles and guidelines in detail. One said they had been given training in the Act but it was at least three years ago. Another said their knowledge was "a bit dated" and they could do with a refresher course. Training records showed that the last specific training in the Mental Capacity Act had been given in 2011. The manager agreed they needed to look at fresh training in this area. The provider had not made sure that staff's knowledge about the legal framework concerning mental capacity was up to date.

**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.

People experienced care, treatment and support that met their needs and protected their rights. Risks affecting people's safety and wellbeing were identified, assessed and managed.

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**Reasons for our judgement**

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We spoke with three out of 13 people using the service at the time of our inspection. They were all happy with the quality of care and support they received. They said they would not want to move out of the home. Their privacy and dignity were respected by staff and they felt safe there.

People said they received effective care, and staff were caring, "gentle and supportive" when assisting with personal care. They told us staff were responsive to their needs and responded promptly when required. One described a problem with the plumbing in their room which was attended to quickly and they were pleased with the result. Another told us how they had been upset by the behaviour of another person. Staff intervened to calm the person down and took them to their room to recuperate. They were reassured that the staff knew what to do in that situation. People using the service were satisfied with the quality of service they received.

People told us they were able to converse with each other in British Sign Language (BSL), and they appreciated having some staff who were proficient in BSL. They said this reduced feelings of isolation and "kept [their] mind strong". The service provided an environment in which deaf people could participate in their care and support and keep mentally active. One person was looking forward to a trip to visit their family, for which the service was arranging the transport. However, the provider may find it useful to note that people felt opportunities for excursions outside the home had become less frequent in recent months.

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We saw that people had detailed and thorough care plans, which had been developed either with the person concerned or their family members. They contained information about how to communicate with the person: "What I do and what it means" and "How to show me what you want me to do". Staff told us the plans contained the information they needed to deliver effective care. The service operated a key worker system with nominated care workers responsible for maintaining people's plans. The manager told us care plans had been reviewed in the previous six months and

were due to be reviewed again. The provider may find it useful to note that the information in people's care plans was disorganised and did not follow a consistent format. This meant it was more difficult to find information about a person's care when needed and put people at a higher risk of inappropriate care.

People's care plans contained records of visits and appointments with healthcare professionals such as district nurses, doctors, dentists, chiropodists and opticians. Following a falls risk assessment in January 2013, one person's file showed they had a course of physiotherapy, during which their care plan was updated every month and a record of their falls was kept. Another person's file contained actions to manage their diabetes. People received care, support and treatment according to their own personal needs and requirements.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. People's care plans contained risk assessments for risks affecting their own wellbeing, such as the risk of falling. Risks to others posed by certain behaviours and their possible reaction to assistance with personal care were also identified. These were followed up by a behaviour management risk assessment and escalation plan. Action plans were in place to reduce risks to people's safety and wellbeing.

There were arrangements in place to deal with foreseeable emergencies. The service had plans if they had to evacuate the building and arrangements had been made for temporary accommodation in a nearby chapel if the emergency lasted longer. Following a fire safety assessment in October 2013, personal emergency evacuation plans had been developed for all the people using the service. People told us there had been a recent fire drill and staff had directed them to evacuate in a calm manner. The service had suitable emergency plans which were adapted for the people using the service.

**People should be cared for in safe and accessible surroundings that support their health and welfare**

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**Our judgement**

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The provider was meeting this standard.

People were cared for in premises that were adapted and decorated appropriately. People who use the service, staff and visitors were protected against the risks of unsuitable premises.

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**Reasons for our judgement**

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The provider had taken steps to provide care in an environment that was suitably adapted and adequately maintained. The home occupied an older residential building which had been bequeathed to the provider. The manager told us they had to work within the constraints imposed by the design and layout of the building. Adaptations had been made such as the installation of a lift and stair lift. Doorbells outside people's rooms were connected to flashing lights inside to alert people they had a visitor. Deaf staff had vibrating pagers to alert them of triggers in the home, such as fire doors being open, the doorbell or telephone ringing, or calls for assistance in people's rooms. Suitable adaptations had been made to cater for deaf people living and working in the service.

Staff told us the building layout did not prevent them from delivering the care and support people needed. Corridors and passageways were narrow for wheelchair access, but none of the people using the service at the time of our inspection used a wheelchair. The manager told us an architect had been engaged to progress building works which would improve the accessibility of shared areas of the home. Adaptations to the home took into account the needs of people who were supported and cared for there.

The layout of the home allowed for various activities, social and other needs. Accommodation was available for people with a range of needs and preferences. Apartment style rooms on the top floor offered a more independent life style where people could cook their own meals for instance. There was a shared lounge, a dining room and an activities room. During our visit we saw people making use of all these areas, although the dining room was the most popular place. People using the service were pleased they had a choice of where they could meet with relatives or other visitors. The layout of the shared areas supported people's choices and wellbeing.

At the time of our inspection the roof had been damaged during recent bad weather and was leaking when it rained. The provider had made arrangements to accommodate people in vacant rooms which were not affected by the leaks. One person we spoke with was keen to return to their normal room. Permanent repairs to the roof had been delayed by the Christmas holiday period and the demand on local builders but we saw scaffolding was

in place to enable the repairs to go ahead.

The premises were maintained and decorated to be attractive and pleasant for the people using the service and others. Some of the shared areas such as the dining room and activities room had been decorated recently. Small changes had also been made to the layout of the dining room. People using the service told us they approved of the changes that had been made.

There was an enclosed garden and outside terrace with tables and chairs. Staff told us people enjoyed using these areas when the weather was more suitable. The garden was being maintained during our inspection. People had the opportunity to benefit from fresh air in pleasant areas where their safety and privacy were taken into account.

The bedrooms and shared areas were decorated and visibly maintained to a good standard. Records showed that safety checks and inspections had been carried out by external contractors in the year before our visit. These included checks on the installed hoists and chairlift, portable electrical equipment and the fire alarm. Reasonable steps had been taken to ensure people were cared for and supported in a safe environment.

**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 were not supported to deliver care and support safely and to an appropriate standard by an effective system of supervisions and appraisal. Staff did not receive appropriate, timely training in core topics. Staff were encouraged to obtain relevant qualifications.

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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Staff did not receive appropriate and timely training. The manager had a training matrix which showed training requirements and when courses were attended. This showed approximately half the courses where staff were due a refresher course on a core topic were overdue. Some staff had received recent training in moving and handling and medication. However the manager agreed critical skills and knowledge in infection control and safeguarding of vulnerable adults had not been kept up to date for more than a year. Training in the Mental Capacity Act had not been given for more than two years. The manager considered care staff were in need of intensive training to make this up. However, they pointed out all staff either had or were working towards a National Vocational Qualification diploma (NVQ). Staff were able to obtain relevant qualifications, but the management system did not ensure core skills and knowledge were kept up to date. This meant people were at risk of unsafe or inappropriate care and support.

We spoke with three members of staff. One said they were studying for an NVQ diploma. They considered training provision had improved recently, but had not had recent training in infection control or safeguarding of vulnerable adults. Another member of staff said they had recently had refresher training in moving and handling, but other topics were "a little bit dated". The third said that training had not been good enough, although there had been recent coverage of medication and moving and handling. Staff were not supported to deliver care and support to the required standard because they did not receive regular updates to their skills and knowledge in all core areas. This meant people were at risk of receiving unsafe or inappropriate care.

The system of supervisions and appraisals for staff had lapsed. The manager was not able to show us any records of supervisions and appraisals from the past year. They told us previous managers had informal discussions with staff but formal, documented meetings had not taken place for at least a year. People were at risk of inappropriate care because their care workers' performance was not checked and appraised regularly.

Care staff we spoke with told us they found the management were generally supportive and responsive. However they confirmed formal, documented supervisions and appraisals either were not taking place or were infrequent and irregular. One staff member said there had been a supervision with the deputy manager "in the last six months". A second said they had a supervision "not too long ago". A third staff member could not remember the last time they had a supervision or appraisal. Staff were not supported by an effective system of regular, formal supervision and appraisal. The provider was not monitoring staff performance to ensure people received appropriate care and support.

## 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.

The provider did not have an effective system to regularly monitor the quality of the service that people received. The provider was not operating an effective system of internal quality audits. The provider did have a process to identify, assess and manage risks to the health, safety and welfare of people who used the service and others.

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 use the service and staff were not asked for their views about their care and treatment. However the provider had used an evaluation questionnaire to collect the views of relatives of people using the service. We reviewed a sample of the completed questionnaire forms. Responses were positive with only minor concerns, if any, raised. Relatives had written, "[name] has been very happy and contented" and "this is the best place [name] has lived in". The manager told us the survey "didn't bring out a great deal" and there had been no analysis or action plan as a result.

The manager told us there had not been a similar survey for people using the service themselves. They said staff received some information from people informally. However they felt people were reluctant to say what they really thought as they were aware there were no other specialist homes for deaf people in the area and did not want to put their place at risk. A notice in the dining room suggested that residents' meetings were held every month. However, the relevant file contained minutes of only four meetings in the last two years, with the most recent in October 2013. These records did not show people's views had been considered or actions followed up.

Staff members we spoke with told us they could raise concerns and make suggestions informally. They felt the management of the service were open and receptive to ideas. However, they were inconsistent in their perception of staff meetings. One stated there had been no staff meetings for at least a year. Another told us staff meetings took place every month. The manager was not able to show us the minutes or other records of staff meetings. If they took place they were informal and not documented. The manager was aware that the previous manager's unrecorded knowledge was no longer available to the service. The provider did not have an effective system for obtaining and recording the views of people, their representatives and staff. Consequently they were not able to improve the quality of the service provided based on people's views.

The manager told us there had been no regular internal audits of service quality. They found the computer record of a report of an audit carried out by the provider. The report was dated "2013", and the manager recalled it had been done in June of that year. The audit identified actions, but there were no records that these had been followed up. The manager said some had been done, but agreed this was not documented. There was no effective system of regular internal quality audits in place. People using the service could not be sure shortcomings in the service would be identified and corrected in a timely manner.

The service had a complaints process, but there were no records to show it was used to improve the service. People's care files contained information on how to complain, and the instructions were presented in a format appropriate for the people using the service. However, the manager told us they suspected people were not aware of the process and how to complain if they needed to. Occasionally people's relatives would raise concerns when they visited their family member, but these concerns were not recorded as formal complaints. The complaints and comments log had no entries for the past year. The provider was not able to take account of complaints and comments to improve the service people received because none were recorded. Staff who were not proficient in British Sign Language could not support people to use the complaints process. One person we spoke with told us about an incident with two members of staff they were not happy with. They had not complained about it, but when we raised it with the manager they said they would look into it. People were not encouraged or supported to complain if they had concerns about the service they received.

The service recorded incidents and investigations but records did not show lessons were learned from them to improve the quality of the service for all people using it. There were appropriate forms on which to record accidents and incidents. We saw examples of completed forms in people's care files. These records showed that the individual accidents and incidents were dealt with. If appropriate, people's risk assessments and care plans were amended. However there were no records to show that accidents and incidents were logged centrally and analysed so that trends and patterns could be identified and addressed across the whole service. The provider was not using lessons from accidents and incidents to improve the quality of the overall service.

The provider had a system to manage general risks affecting all the people using the service. The risk register included records of risks arising from excursions outside the home, games and activities. It also covered risks associated with shared areas inside the home, such as the kitchen, and equipment and fittings, such as hot radiators and hoists. Risks were rated green, amber or red, and actions were identified to reduce the likelihood of them occurring. People's safety and welfare were protected by a system to identify and manage risks.

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 18 HSCA 2008 (Regulated Activities) Regulations 2010</b> <b>Consent to care and treatment</b>
	<b>How the regulation was not being met:</b> The registered person did not have suitable arrangements in place for obtaining, and acting in accordance with, the consent of service users in relation to the care and treatment provided for them. Regulation 18.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<b>Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010</b> <b>Supporting workers</b>
	<b>How the regulation was not being met:</b> The registered person did not have suitable arrangements in place to ensure that persons employed for the purposes of carrying on the regulated activity were appropriately supported in relation to their responsibilities by receiving appropriate training, supervision and appraisal. Regulation 23 (1)(a).
Regulated activity	Regulation
Accommodation for persons who require	<b>Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010</b>

This section is primarily information for the provider

nursing or personal care	<b>Assessing and monitoring the quality of service provision</b>
	<b>How the regulation was not being met:</b>  The registered person was not protecting service users against the risks of inappropriate or unsafe care and treatment by means of the effective operation of systems designed to enable them to regularly assess and monitor the quality of the services provided. The registered person did not have regard to complaints and comments made by service users and those acting on their behalf. The registered person did not carry out analyses of incidents resulting in or having the potential to result in harm to the service user. The registered person did not regularly seek the views of service users, persons acting on their behalf, and persons employed for the purposes of carrying on the regulated activity to enable them to come to an informed view of the standard of care and treatment provided. Regulation 10 (1)(a) and (2)(b)(i), (c)(i) and (e).

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 15 March 2014.

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

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### Essential standard

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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)

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### Regulated activity

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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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