Inspection Report

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

Abbeywood

Wharf Road, Ash Vale, GU12 5AX

Date of Inspection: 03 July 2013 Date of Publication: July 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
Care and welfare of people who use services	✓ Met this standard
Meeting nutritional needs	✓ Met this standard
Cooperating with other providers	✓ Met this standard
Cleanliness and infection control	✓ Met this standard
Management of medicines	✓ Met this standard
Staffing	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Anchor Trust
Registered Manager	Mrs. Totka Encheva Zhelyazkova
Overview of the service	Abbeywood is a purpose-built which was provides care and accommodation for fifty people. The home is set in a quiet location close to the village of Ash. The home provides single bedrooms and communal facilities in each of their five units.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 3 July 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members and talked with staff.

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

What people told us and what we found

Many of the people at Abbeywood Care Home were unable to tell us about their experiences in a meaningful way. To help us to understand the experiences people have we used our SOFI (Short Observational Framework for Inspection) tool. "SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us."

People who could express a view told us staff treated them respectfully. One person told us "The staff look after us well and always treat us in a dignified way." One relatives spoken with told us their family member "Mum is always treated with dignity and respect".

Risks to people's health and welfare were assessed and care was planned and delivered according to people's needs. The provider worked in cooperation with other health and social care professionals to ensure people's needs had been met.

People were protected from the risks of acquiring an infection because infection control practices at the home had improved. The procedures and practices regarding medicine management were robust and kept people safe.

Staffing levels were sufficient to ensure people's needs were met. The quality of the service at the home was monitored frequently and effectively.

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

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

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

Reasons for our judgement

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

Many of the people at Abbeywood Care Home were unable to tell us about their experiences in a meaningful way. To help us to understand the experiences people have we used our SOFI (Short Observational Framework for Inspection) tool.

"SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us." The SOFI tool enabled us to spend time watching what was going on in the service and helped us to record how people spent their time, the type of support they got and whether they had positive experiences. We spent time on each of the floors observing care and found that people had positive experiences. For example people were observed to smile and speak with staff when staff spoke with them. We noted people spoke with each other about our visit and were curious as to why we were in the home.

| People who could communicate with us in a meaningful way told us staff were caring. Relatives spoken with told us their family members "were treated with dignity and respect".

People were supported in promoting their independence.
During our visited we observed that where able people moved around the home freely. Those people who required more support were observed from a safe distance by staff to ensure risks to their safety were minimised. This meant therefore where able people's independence was promoted and respected.

People's privacy and dignity was promoted and respected.

On a number of occasions during the day we observed and heard care being provided to people. Staff were seen to be respectful and mindful of the need to ensure that people's dignity was promoted and protected. Bedroom and bathroom doors were kept closed

whilst personal care was being attended to. Staff were heard to speak with people in a respectful and sensitive manner. Staff spoken with demonstrated their responsibilities to ensure people were treated with respect and dignity. They talked about the need to ensure people were given choices around all daily living activities. We heard staff offering people choices regarding their meals, choice as to the activities they liked to do and their choice of clothes. We also noted people were asked where they wanted to spend their time.

People who use the service were given appropriate information and support regarding their care.

We observed that people who use the service and their relatives were provided with written information in relation to their care. Bedrooms and communal areas contained copies of the homes complaints procedure. Therefore people were aware of their rights and the procedure to make a complaint. We saw copies of the home's brochure and statement of purpose were readily available if people or their relatives wished to see them. This meant the service supported people and their relatives to make informed decisions about their care.

People expressed their views and were involved in making decisions about their care and treatment.

We noted the most recent quality assurance report and analysis had been posted in the main reception area of the home. We also saw a suggestion box and comment cards had been left for people, their relatives and visitors to use as they wished. One of the senior staff told us the suggestion box was checked regularly and that comments were responded to in a timely manner. One relative we spoke with told us "The new manger is really good, she responds to any concerns really quickly." This meant the appointed manager listened to people's and relatives views and took their comments in to account in the way the service was delivered.
We saw minutes of resident and relatives meetings and noted these meetings had been held on a monthly basis. This meant people and their relatives had been encouraged to contribute to the running of the home.

We noted a number of photographs posted throughout the building. The photographs showed people enjoying various activities within the home and the wider community. One person who could express a view told us
"There is always something going on. Only last week we had a BBQ, and although it was blowing a gale I had a really good time." This demonstrated people had been provided with opportunities and had been encouraged to become involved in the community at the home.

We looked at the care records for six people. We saw that people and where appropriate their relatives had been involved in developing their care plans. We also noted that regular reviews of their care plans had been undertaken. One relative spoken with told us "Staff always involve us in my husband's care. It is really encouraging because they ask me my views about my husband should be cared for."

Care and welfare of people who use services ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

We looked at the care plans for six people who used the service. We saw people's needs had been assessed prior to their admission to the home. We spoke with people's relatives who informed us there had been an assessment of their relative's needs prior to them moving into the home. One relative said "My husband had a thorough assessment before he moved into the home. They are always assessing his needs. The staff have done a great job under difficult circumstances." The assessment documents we looked at covered a number of areas that included communication, skin integrity, mobility, mental state, cognition, eating, drinking, personal hygiene, pain, medicines, lifestyle and end of life care. This meant staff assessed people's needs prior to them moving to the home and their needs were kept under review.

People's care and treatment reflected relevant research and guidance.

We saw people's care plan documentation included risk assessments and included for example assessments with regards to people's skin integrity, personal safety, mobility, eating and drinking, behaviours and sleeping. We saw where people had been assessed as at risk of the development of pressure ulcers the waterlow assessment had been completed to assess their on-going risk. The waterlow assessment is a pressure ulcer assessment tool used to assess a person's risk of developing a pressure ulcer. This meant the home had used risk assessment tools and national guidance to assess and manage people's risks in relation to their care and treatment.

People experienced safe and effective care.

We spoke with and observed staff as they provided people's care. They demonstrated they had understood people's needs well and they were able to describe to us the care people required. One member of staff told us "I have been here for some time and I know the residents well. We can always look at the care plans they are updated often and tell us all we need to know." This meant care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Meeting nutritional needs ✓ Met this standard

Food and drink should meet people's individual dietary needs

Our judgement

The provider was meeting this standard.

People were protected from the risks of inadequate nutrition and dehydration.

Reasons for our judgement

People were supported to be able to eat and drink sufficient amounts to meet their needs.

Many of the people at Abbeywood Care Home were unable to tell us about their experiences in a meaningful way. To help us to understand the experiences people have we used our SOFI (Short Observational Framework for Inspection) tool. "SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us."

The SOFI tool enabled us to spend time watching what was going on in the service and helped us to record how people spent their time, the type of support they got and whether they had positive experiences. We spent time on each of the floors observing care and found that people had positive experiences.

We last inspected this service on the 8 January 2013 and found the provider was not meeting the essential standards of quality and safety for meeting nutritional needs. We noted were one person has lost weight this had not been followed up with the relevant health care professional.

People who could express a view told us they enjoyed the food, and that if they did not like what was on the menu, the cook would provide an alternative. We spoke with people about whether or not they had a choice of food, some said they did, others said that they did not. People said the food was lovely and there was lots of it. One person told us they "I love my food and look forward to meal times". Another person said "We get three meals a day and I don't have to cook them now that is just wonderful, what more could you want."

People were provided with a choice of suitable and nutritious food and drink.
We looked at the care records for six people. We saw that dietary risk assessments and care plans were in place where required. There was evidence that where appropriate people had had nutritional assessments. Where required, people with swallowing difficulties had been referred to the speech and language therapy departments for assessments. We noted from care records that people's weight had been monitored in accordance with their care plans and when areas of concern had been identified the appropriate health care professional had been contacted. This meant that people's needs were assessed regarding their nutrition.

Staff including the chefs talked to us about people who required a soft or puréed diet particularly those with a swallowing difficulty. They referred to the visits they had received from the Speech and Language Therapists (SALT) in order to provide them with training in this area. Staff also talked about people who required a diabetic diet and people who required food supplements. Staff demonstrated a good understanding of people's needs in these areas.

We saw the home operated a daily menu, and provided a varied choice of food. We noted a full alternative menu was available as well and included a vegetarian option. We asked the staff how they sought people's views about their food choices. They told us they knew people well and people's likes and dislikes had been recorded in their care plans. They also told us they showed people the choices of food available. One member of staff said "People with dementia sometimes forget what they have asked for so if we show them the food they can choose." We observed staff showing people the food choice prior to serving it. This meant people were provided choices of food and drink to meet their diverse needs.

During our visit we observed people were regularly offered drinks. We noted where food and fluid intake and output charts were being used they had been completed and were up to date. We observed a lunch time period, food was seen to be plentiful and people were seen to enjoy their food. People who required help and support to eat their food received it in a timely fashion. We saw that some people had been provided with special types of cutlery which enabled them to eat their food unsupported by staff. Where people required help with their food staff were seen to be sensitive and encouraging in their approach to them. This meant the risks of poor nutrition and dehydration had been reduced.

We looked at food storage and supply. We saw fresh and frozen meat, fish and fresh produce were in plentiful supply. Cupboards were well stocked with other tinned and dried foods and breakfast cereals. We asked the kitchen staff how people accessed food and snacks during the night if they wished. We were shown supplies of food that were available when the main kitchen was closed. This meant people had access to food and drink throughout 24 hours a day.

Cooperating with other providers ✓ Met this standard

People should get safe and coordinated care when they move between different services

Our judgement

The provider was meeting this standard.

People's health, safety and welfare was protected when more than one provider was involved in their care and treatment, or when they moved between different services. This was because the provider worked in co-operation with others.

Reasons for our judgement

The provider worked in cooperation with others.

We spoke with the staff about how they ensured people received safe and coordinated care and treatment. They told us they worked closely with other health and social care teams. For example, GP surgeries, dentists, opticians and adult social care teams.

During the inspection we heard telephone discussions between staff and other health and social professionals about people who used the service. We also observed other health care professionals in the home attending to people's health care needs. This meant that arrangements had been put in place to ensure people received coordinated care and that their needs had been assessed and met.

We asked staff how they worked with other providers to respond in the event of an emergency situation. They told us health and social care colleagues had access to peoples care records if required. One member of staff said "We would not share all the information we have about people as it is confidential to that person. But if it related to their particular health or care then we would". Staff told us if people had to go to another appointment personal, next of kin and GP details and medicine details would be sent with them as a matter of routine.

We asked staff what would have happened in the event of a person with dementia had become unwell and had to go to hospital. They told us a member of care staff would have accompanied the person to the hospital. They also told us that on most occasions when people had been admitted to hospital staff at the hospital called to the home to ask for further information. This meant that in the event of a person moving between services other providers had been kept

Cleanliness and infection control ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People were protected from the risk of infection because appropriate guidance had been followed.

Reasons for our judgement

There were effective systems in place to reduce the risk and spread of infection.

We last inspected this service on the 8 January 2013 and found the provider was not meeting the essential standards of quality and safety for Cleanliness and infection control. For example, we had concerns regarding the cleanliness of pillows in a number of bedrooms and the lack of facilities for staff to wash their hands in people's bedrooms.

The provider sent us their action plan which addressed how and by when they would become compliant with the required standards.

Many of the people at Abbeywood Care Home had dementia and were unable able to tell us about their experiences. People who could communicate with us in a meaningful way told us their rooms and the rest of the home was clean. One relative we spoke with told us "It's always spotless here."

When we arrived we walked around the building with the registered manager. During this walk around we looked at all areas of the home including communal bathrooms toilets and other communal areas for example, lounge rooms, dining rooms and corridors. We noted improvements had been made.

We looked in ten of the bedrooms and found these were clean. We also checked the mattresses and pillows in these rooms and found them to be clean and hygienic. Many of the pillows had been renewed since our previous inspection and all had protective covers. We also noted regular audits had been undertaken regarding these areas.

We looked in all of the communal bathrooms and toilets and found that they were clean and hygienic. We noted hand sanitising, products and paper towels were readily available for people staff and visitors to use. This meant people staff and others could wash and dry their hands appropriately. However as discussed in the previous inspection report there was no provision for paper towels or liquid soap in people's bedrooms for staff to wash and dry their hands. We discussed this issue again with the registered manager during our visit. They informed us the provider had told them it was not necessary to provide paper

towels and liquid soap in people's bedrooms because they were confident that staff followed the procedures around safe hand washing. The registered manager told us they regularly carried out "dip tests" on staff regarding their hand washing procedures and that they were happy with the findings of these tests, they were not however able to provide evidence that these "dip tests" had been carried out.

We observed clinical waste arrangements were in place. We checked the sluice room and bathrooms and found the majority of them contained appropriate clinical waste bins. We noted throughout our visit that staff had used these bins to dispose of soiled waste. We spoke with staff about the disposal of soiled waste and they demonstrated a good knowledge of the procedures in this area.

We observed staff wearing protective aprons and gloves in the appropriate circumstances, for example whilst carrying out personal care tasks and serving food. We noted that gloves and aprons had been supplied in sufficient quantities to ensure availability. We observed that soiled laundry was transported appropriately through the home and had been separated in to appropriate bags for example, soiled linen in red bags from other linen and people's clothes. We also noted that where staff had used mops and buckets for cleaning these had been colour coded to ensure they were used appropriately.

Management of medicines ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

Medicines were handled appropriately.

We saw there were policies and procedures in place for the management of medicines. These included for example, a process for ordering and receiving medicines, a homely remedies policy, a covert administration of medicines policy and a self-medication policy.

We talked to staff about "as required" medicines they demonstrated a good understanding of this procedure and were able to describe when "as required" medicines had been used. They were able to show us people's care plans regarding their medicines and the individual's "as required" medicines instructions. This meant the service had ensured there were appropriate systems in place to manage medicines.

We looked at the clinical/medicine storage which contained people's medicines, controlled drugs and medicine fridges. We found storage rooms to be locked and secured appropriately whilst staff were away from the vicinity clinical of the rooms. We also noted medicine trolleys had been secured to the walls whilst not in use. We checked the medicine fridges; these had been kept at the appropriate temperature and records showed temperatures had been checked every day. These meant medicines had been stored appropriately and securely.

Appropriate arrangements were in place in relation to the recording of medicines.

We looked at Medication Administration Recording (MAR) sheets and we saw these did not contain any gaps in staff's signatures. This indicated people had had their medicines as prescribed by their doctor. We looked at the controlled drugs cabinet and saw that it was in accordance with controlled drugs regulations and guidance from the Royal Pharmaceutical Society of Great Britain legislation.

We looked at the controlled drugs recording book. We checked the recorded amounts against the actual amounts of controlled drugs in stock and found these to be correct. We also noted two staff members had signed each entry. We also saw records indicating regular controlled drugs audits had been completed. This meant there was a robust

system in place for checking controlled medicines.

We asked staff members about the procedure for checking medicine administration had been properly recorded. Senior staff told us medicine administration had been checked after each medicine round to ensure that any errors had been identified. We saw records that confirmed what we had been told. We were also told a senior member of staff had the responsibility of spot checking these records to ensure staff followed procedure. This person confirmed what we had been told.

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

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

The service is registered to accommodate up to 52 people, however on the day of our visit there were 42 people residing in the home. We asked the registered manager as to how they deployed staff in the home. They told us
people's needs and dependency levels were looked at whilst formulating the rosters and where dependency was high then more staff had been allocated.

The registered manager talked about staff deployment and the need for a dependency needs analysis and staff skill mix to ensure resources were used appropriately. For example, where people displayed challenging behaviours more staff had been allocated to the unit. We noted less staff on units where people were more able. This meant the registered manager had carried out a risk assessment as the basis for deciding sufficient staffing levels.

We spoke with two people who could express a view. One told us "Oh yes the staff are good, but they are always so busy." Another person said "They do try their best to look after everybody well and it's a hard job". One of the relatives we spoke with said "There are always enough when I visit and I visit regularly during the week and at weekends."

We looked at the staffing roster for the month of May 2013. We saw that seven to eight care workers and two team leaders had been on duty between the hours of 07.30 to 20.30. We also noted three care workers and one team leader had been on duty during the night shift. During our visit observed that there were eight care workers and two team leaders on the early shift. We also noted there were housekeepers/cleaners, a laundry person a maintenance person, a chef and two kitchen assistants on duty. The registered manager also informed us the care manager on duty during the day and that this person was available to provide assistance to people as and staff as and when required. This was confirmed by staff we spoke with.

We asked the registered manager if the service used any agency staff. They told they did not, but used their own bank of staff to cover shifts in the event of staff shortages. This

was confirmed by staff we spoke with. This meant the registered manager responded to unexpected changing circumstances to ensure people's needs were met and continuity of care was maintained.

We were in the home from 9.00am until 14.30pm and spent a considerable amount of time observing care. During this time staff did not appear to be overstretched and people were seen to receive their care in a timely manner. This meant people benefited from sufficient staff to meet their needs

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

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people using the service and others.

We noted from the record of provider monthly monitoring visits a number of quality audits had been undertaken. For example; health and safety, infection control, medicines, care plans, staff handover notes, safeguarding referrals, complaints and staff training audits. The registered manager told us the provider's representative also spoke with people and staff during their visits to gain their views on the service. People who could express a view could not recall having discussions with the provider's representatives during these visits. However staff spoken with told us people were spoken with during the provider visits.

The registered manger told us quality monitoring at the home was continuous and that many of the staff were involved in undertaking the audits. We saw records regarding medicine audits, cleaning audits, health and safety audits for example. Staff spoken with told us they were involved in the quality monitoring, one said "It's a good thing we are involved as it allows us to identify any shortfalls there may be and gives us the authority to deal with these straight away."

The registered manager informed us there had been a quality survey in March 2013 whereby people and their relatives had been asked their views on the quality of the service provided. We looked at several of the responses from this survey. We noted they expressed a high level of satisfaction with care provided at the home. For example, 'I wish to compliment the staff', and 'All staff are calm and very caring.' 'The care given is first class. 'We also sampled a number of "thank you" cards which indicated a high level of satisfaction with the care. For example 'Can't put into words how grateful I am for all the care and support.' And 'The family of X would like to thank you all for the excellent care. Her final years were happy thanks to the care and friendship you gave her.'

The registered manager also discussed the meetings held with people and their families to discuss the running of the home. We looked at the minutes of the last meeting held in June

2013. These minutes showed us a number of areas had been discussed with people. For example, food and meal times, general issues around care, hairdressing, laundry, the shop and activities. One person who could express a view said "The meetings give me an opportunity to discuss any issues I may have. And gives me space to give staff some ideas." One relative spoken with told us "My ideas are always well received." This meant that people and their relatives were given the opportunity to voice their opinions as to the quality of the service at the home and have their views listened to.

We also noted that a number of staff meetings had been held since our previous inspection. For example head of department, general staff meetings, and housekeeping meetings. We saw the most recent general staff meeting had been held on 23 June 2013. We spoke with staff about these meetings. They told us the meetings provided a good forum for expressing their views. This meant staff had been given the opportunity to give their views on the quality of the service and have their views listened to.

About CQC inspections

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

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

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

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

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

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

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

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

Glossary of terms we use in this report

Essential standard

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

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

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

Glossary of terms we use in this report (continued)

(Registered) Provider

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

Regulations

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

Responsive inspection

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

Routine inspection

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

Themed inspection

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

Contact us

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