

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

## Charlton Kings Care Home

Charlton Kings Care Home, Moorend Road,  
Cheltenham, GL53 9AX

Tel: 01242221445

Date of Inspections: 24 April 2013  
23 April 2013

Date of Publication: May  
2013

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>Meeting nutritional needs</b>	✔	Met this standard
<b>Cleanliness and infection control</b>	✘	Action needed
<b>Management of medicines</b>	✔	Met this standard
<b>Supporting workers</b>	✘	Action needed
<b>Records</b>	✘	Enforcement action taken

## Details about this location

Registered Provider	Charlton Care Limited
Registered Manager	Mrs. Shirley Anne Allison
Overview of the service	The service is registered to provide care to a maximum of 36 people.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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

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## Summary of this inspection

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### Why we carried out this inspection

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

This was an unannounced inspection.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 23 April 2013 and 24 April 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, talked with staff and reviewed information given to us by the provider. We talked with other authorities.

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### What people told us and what we found

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We spoke to six people who used the service, three visitors and nine staff. We spoke to the management team. One person who used the service said of the staff "they are very helpful". Another person wished staff "would make the effort" to return to them with an answer when they had asked a question. This person went onto say "I like living here". One relative told us they were happy with the care being provided and another said "they have been fantastic". We looked at questionnaires completed by people who used the service and their relatives and all 23 contained predominantly positive comments. Staff lacked knowledge in the Mental Capacity Act and Deprivation of Liberty Safeguards which potentially puts people who lack mental capacity at risk of not being correctly protected. Staff had varying degrees of skill when it came to supporting people to eat and drink. Some practices observed were good and some were poor. Meals were pre prepared by an external company and we were told that these arrangements had improved people's food choices and ensured they received the food they required to meet their needs. The environment was clean and odour free but there were no systems in place to assess and monitor whether the current arrangements were effective and protected people against infection. Staff lacked appropriate training to meet some people's needs. There were shortfalls in how people's care records had been maintained and their security.

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 05 June 2013, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

We have taken enforcement action against Charlton Kings Care Home to protect the health, safety and welfare of people using this service.

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

The provider was not meeting this standard.

Where people did not have the capacity to consent, the provider did not have arrangements in place to ensure people were protected or that legal requirements were correctly met.

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

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Two people who used the service told us that staff asked for their permission before providing their care.

Where people did not have the capacity to consent, the provider could not demonstrate that they had acted in accordance with legal requirements.

This service did not specialise in the care of people with dementia but there were several people who, through old age and mental frailness, required support to express consent and agreement for the care they received. We observed several people requiring support to make simple daily decisions. The service was in the process of reviewing all care related records which included records relating to people's mental capacity and decision making. At the time of the inspection nine care files still needed review. We inspected one person's care file which had a completed mental capacity assessment recording the fact that the person lacked capacity. This person was receiving end of life care and staff told us that there had been no problems in providing the care the person required. There had therefore been no need, so far, to make any specific decisions on behalf of this person. Another person's file had a partially completed mental capacity assessment. The assessment stopped short of recording whether the person had or did not have mental capacity. A best interest decision had been recorded however which told us that a decision had been made on the person's behalf, that they should receive personal care. We established from the staffs' daily records that there had been "aggression" and resistance exhibited by the person when staff had tried to provide personal care. An incomplete mental capacity assessment form however failed to record that the person lacked capacity to make their own decision about this. In relation to another person, who required

immediate support, but who was very confused, we observed the member of staff trying to establish consent and agreement at each step of the support being provided.

The service did not have a policy relating to the Mental Capacity Act (MCA) 2005 or procedures for staff to follow when a person lacked capacity. Representatives of the provider confirmed that staff had not received training on the MCA. We asked three care staff if they knew what the MCA was about and what their responsibilities were in relation to this and they were unable to tell us.

A copy of Gloucestershire's Interagency Policy and Procedures for the Deprivation of Liberty Safeguards (DoLS) was present. A policy specific to the service was present but this had not been reviewed since July 2010. Staff had not received training on DoLS either. The exception to this was training in the DoLS referral process had been completed by two staff in 2012. The three care staff we spoke to about the MCA were equally unable to confirm that they understood their responsibilities in relation to these safeguards.

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

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**Our judgement**

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The provider was meeting this standard.

People were protected from the risks of inadequate nutrition and dehydration despite some shortfalls in records relating to this. New arrangements in place will improve people's meal choices.

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**Reasons for our judgement**

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People were supported to be able to eat and drink sufficient amounts to meet their needs. Observations on the day of the inspection showed that the quality of support received depended on which member of staff provided it. We observed two situations where people did not receive the support they needed to eat and drink and we reported these to senior staff. Both involved people who were at risk of not receiving sufficient food and fluid independently. One person's meal was presented in a plastic bowl and the pureed contents had been stirred into a brown mass. Apart from its unappetising presentation, this is treating adults like infants. Collectively our observations showed a lack of training and knowledge of current good practice. Other observations showed that some people did receive appropriate support or supervision. One relative told us that they had needed to remind staff several times to cut up their relative's food as was stated in their care plan. We observed daily fluid intake records having been completed for two people. These had been completed consistently and were forming part of an agreed monitoring strategy for these two people.

People were provided with a choice of suitable and nutritious food and drink. We had been aware that the provider had found it a challenge over the last sixteen months to ensure that people received nutritious meals and in a form that met their needs. Choice had also been limited during this time. A decision therefore had been made by the provider to use a company that supplied already prepared meals. During this inspection this system was being introduced for the first time. We were able to speak to representatives of this national company, learn about the service they provided and observed training being provided to staff of the home.

We were informed that prior to the introduction of the new meals a selection of people living in the home, their relatives and staff had been given an opportunity to taste various meals. We spoke to one person after their first lunch under the new arrangements. They told us they had been given a choice of two hot meals but had not chosen either, instead opting for an alternative that the staff had provided. They did tell us that they had enjoyed one of the pre prepared puddings.

We spoke to the manager about how the home would continue to assess people's nutritional risk. The home already used the Malnutrition Universal Screening Tool (MUST)

to help guide them on appropriate actions to take if people lost weight. It was planned that this would continue. We were told that people were usually weighed on a monthly basis. We inspected six people's care files in relation to their recorded weights, completion of the MUST and associated nutritional care plan. Some files had been generally reviewed and others had not. We found inconsistencies in the frequency of when people's nutritional care plans were updated and in the use of the MUST. However, after reading the care staffs' daily records we were able to establish that, apart from the two poor managed situations observed, people had received support in relation to their nutritional needs. We did not find any evidence that suggested people were losing significant amounts of weight and staff confirmed that no one was. When talking to staff they knew who had good and poor appetites and who needed monitoring.

A representative of the provider confirmed that they had not provided specific training in meeting people's nutritional needs and this was evident in some staff members practice. However, ten out of twenty care staff had already completed the National Vocational Qualification (NVQ) level two or three in care and one staff member had completed the new Qualifications and Credit Framework (QCF) at level three. This meant that a basic level of knowledge and understanding on the subject had been achieved.

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

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**Our judgement**

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The provider was not meeting this standard.

People were cared for in a clean environment but the service could not demonstrate that people were protected from the risk of infection because appropriate guidance had not been followed.

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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Some good practices were observed and the home appeared clean and tidy. There were no systems in place however to ensure that current practices were being applied consistently or effectively in relation to controlling the spread of infection. We inspected the findings of the last survey (February 2013) where people who used the service and their representatives had been asked for their views on the cleanliness of the home. All 23 questionnaires returned in February 2013 gave answers of "agreed" or "agreed strongly" to the home being odour free and clean. We observed hand gel sanitisers around the home and saw staff wearing protective aprons and gloves when carrying out various tasks. Liquid soaps, paper towels and flip top bins were seen in bathrooms, toilets and clinical areas. Separate hand washing facilities were seen in the laundry and clinical room. Appropriate arrangements were in place for the disposal of clinical waste. Colour coded mops and buckets were seen although a mop colour coded to the kitchen was found in a bucket designated for laundry use. When pointed out a member of staff took the initiative to change the mop head immediately. A sanitising liquid system was in place for cleaning the non carpeted floor areas.

All staff had been provided with training on infection control between November 2012 and February 2013.

The homes policy and procedures on infection control had not been reviewed since 2010 and required updating. Guidance for providers to ensure compliance under the Health and Social Care Act 2008 with respect to cleanliness and infection control is provided through the Code of Practice for health and adult social care on the prevention and control of infections and related guidance. The provider has a responsibility to self assess the service against the criterion within the Code. The provider told us that they had not done this. There were no cleaning schedules and no records of cleaning being completed and signed off. An infection control lead for the service had not been identified. Staff practices and cleaning arrangements were not being checked/audited apart from the questions asked with the survey. Individual risk assessments for infection were seen in some

people's care files. However, where one person had been diagnosed with an infectious condition in January 2013 there was no evidence of a related risk assessment or care plan.

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

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## **Our judgement**

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The provider was meeting this standard.

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

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## **Reasons for our judgement**

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Medicines were safely administered. We observed medicines being administered. The staff member administering the medication had received appropriate training and their good practice ensured people were protected against avoidable risks. Staff did not administer medicines in the home unless they had completed accredited training in medicine administration. The deputy manager told us that competency check/observations were carried out to ensure staff maintained safe practice. We did not request recorded evidence of these checks during the inspection.

Appropriate arrangements were in place in relation to the recording of medicine, storage of medicines, obtaining medicine and disposing of medicines. We inspected recorded audits that had been completed on a monthly basis by the managers. These audits recorded that the above arrangements had remained in place. Minor shortfalls had been identified, such as a few missed recordings of the medicine fridge temperature. An action against this had been recorded and signed off when completed. Additional checks, carried out on alternate staff shifts, had been recorded showing that staff were checking to ensure that medicines administered had been signed for and that medicines were stored safely. This was proving to be effective as the monthly audits were picking up very few signature gaps where before this had been introduced, this had been a problem.

One person told us that they received their medication on time and told us that staff always waited to see if they had taken it.

We were told that one person received their medicines covertly (meaning hidden, usually in food). When we discussed how these medicines were being given this turned out not to be covert administration. The provider may like to note that some staff may require a better understanding of what covert administration is.

**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.

People were not cared for by staff who had been supported and trained to deliver care and treatment safely and to an appropriate standard. However, work in progress was improving this situation and with new management strategies, potential risks to people were being reduced.

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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Staff had not received appropriate professional development and training. Following our last inspection in May 2012 the home had not maintained compliance in this outcome. In October 2012 the local County Council who commission with the service carried out a quality review visit. Their subsequent action plan to the provider highlighted shortfalls in training and support for staff. Representatives of the provider explained to us that they had taken action to address this. They provided a training record on the second day of the inspection (record not updated on the first day) which recorded training having been given to staff in five subjects for either the first time or as an update. The subjects were food safety, infection control, safeguarding, health and safety and moving and handling. We were told that six monthly fire safety training had always been maintained. Some of this basic training still needed to be provided to some staff and we were given evidence of when this was to be provided.

This was however the only training that the provider could demonstrate that staff had received. The needs of the people using the service showed that staff required training in additional basic subjects such as care of the person with dementia, end of life care, nutritional care needs, skin integrity and pressure ulcer risks to name a few. A representative of the provider told us they saw this as "phase 2" of their new training plan. We were not provided with any further evidence to support the fact that staff had completed any of the additional subjects, although we are aware that the service received support from the Care Home Support Team in 2012. The new manager told us that because of this lack of knowledge in these additional areas of care they had made a decision not to admit new people with these needs.

The home also had no induction training established. We were told that staff had been employed and not completed induction training. During this inspection we were shown a draft induction pack that one of the provider's representatives had compiled which linked into the nationally recognised Common Induction Standards for care workers. This needed

to be approved by the manager and then it was planned that all staff would complete induction training. We were told that along with this completed staff supervision sessions would help highlight a staff member's learning needs. We spoke to the new manager who confirmed that when she started work at the service in November 2012 staff supervision sessions were behind in being completed. We spoke to three care staff and one staff member told us they had received supervision last in the summer of 2012. The other two told us they had never received supervision. The new manager provided us with evidence that showed that between January 2013 and the time of this inspection (23 April 2013) 13 out of 28 staff had attended a supervision session. Two staff had received supervision twice in this time. The manager confirmed that there were 15 further booked supervision sessions to be completed before the local County Council's reviewing officer visited again in May 2013. We were given evidence to show that dates for these had been planned.

The new manager had booked a general staff meeting to be held in the near future and the care staff we spoke to had attended a couple of care staff meetings. Care staff told us they had found these helpful and informative. They agreed that communication between the management team and care staff had improved since the new manager had started. They pointed out to us various examples of information that had been put in the staff room, which they had found helpful. All confirmed that they felt able to approach the new manager and the deputy manager and confirmed they found them supportive.

The service is non compliant in this outcome but three things have helped to reduce the risk of people receiving inappropriate care. These were that there is a manager in place controlling the type of admission to the home, 11 out of 20 staff held a nationally recognised qualification in care and there were good links with local Community Nursing teams who regularly visit the home.

## Records

✘ Enforcement action taken

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

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### Our judgement

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The provider was not meeting this standard.

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

We have judged that this has a moderate impact on people who use the service and have taken enforcement action against this provider. Please see the 'Enforcement action' section within this report.

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### Reasons for our judgement

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During our last inspection in May 2012 the provider was found non compliant against this outcome in relation to care records and a compliance action was issued. The provider wrote to us on 18 August 2012 telling us they had met this action. They also informed us that systems designed to maintain future compliance in record keeping (effective auditing) would be in place by the end of September 2012.

During this inspection we were told that care records were being reviewed and updated again. Representatives of the provider told us that following the departure of the registered manager in October 2012, what they thought had been in place and compliant had not been the case. This brings into question the effectiveness of the provider's auditing arrangements for sustaining compliance, which we will discuss further with the provider and will inspect at a future date. The service was having to repeat actions it had taken in early 2012 to rectify the situation. During this inspection we were told that nine more care files required review. As in 2012 a senior member of staff was giving dedicated time to this task.

People's personal care records were not accurate and fit for purpose.

We looked at six people's care files, a mixture of recently updated files and files that had not yet been reviewed. These showed that some care plans and associated assessments had been updated within the last month and that others had not been updated since October and November 2012. This mixture would have been expected taking into account the general problems the service had explained with keeping records up to date. However, more concerning, were three examples where risks to the three different people had increased in the last four months and the care records had not been updated to reflect this. Where we would have expected to see recorded use of assessment and then adjustments to people's care plans this was not the case. This put people who already had increased risks at risk of receiving inappropriate care or treatment due to lack of accurate and relevant information.

Records were not kept securely.

The place where people's care records were kept and where personal care and health issues were discussed was acting as a thoroughfare for other staff and visiting workmen to access the back and side of the home. The observed foot traffic through this area consisted of domestic staff taking rubbish outside, the kitchen staff accessing their storage areas, the maintenance person and a visiting electrician accessing the outside of the building. Meanwhile Community Nursing notes were seen in an open container to one side and the care records held by the home had no secure storage arrangements. Discussions relating to people's health and care, including those by visiting professionals and by telephone, were taking place at the same time that the above people travelling through. This meant that the security of people's health and care records and confidentiality was compromised. This was in breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, the Data Protection Act (1998) and The Human Rights Act (1998).

We were shown partially completed new offices which the provider started to resolve the problem of one office being used for all the above reasons. A representative of the provider explained to us why these were not yet able to be used. We explained our immediate concern which related to a lack of secure storage for care and health records and breaches of confidentiality. We asked for this to be addressed as soon as possible. Two days after the inspection a representative of the provider confirmed that the foot traffic through the office had ceased and secure storage for the care records had been ordered and was expected to be delivered soon.

Other records relevant to the management of the services were not accurate and fit for purpose.

We requested to see the homes policies and procedures file as when we inspected outcome 2 (Consent) the home did not have a policy linked to the Mental Capacity Act 2005. All policies and procedures seen in this file had not been reviewed since 2009 and July 2010. The service could not show us guidelines or a statement that told us when they would update their policies and procedures. Some policies contained information that was now not correct, others did not reflect current legislation and policies that would have been expected to be present were not. The provider was aware that these needed reviewing as the local County Council's Performance Improvement Plan from their visit in October 2012 had highlighted this. On the second day of the inspection we were presented with a second file which contained other policies and procedures. This file contained the homes Infection Control Policy which along with others in the file had yet to be reviewed and updated.

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 provider had not provided staff with adequate training and the service lacked policies and procedures for staff to follow to ensure that people who lacked mental capacity were protected under the Mental Capacity Act 2005. Regulation 18
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<b>Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010</b> <b>Cleanliness and infection control</b>
	<b>How the regulation was not being met:</b> The provider was not following or self assessing themselves against the Code of Practice for health and adult social care on the prevention and control of infections and related guidance. The services own policies and procedures had not been reviewed appropriately and showed incorrect information. Regulation 12 (1)(a)(b)(c) (2)(a)
Regulated activity	Regulation

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

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>  Staff had not been provided with adequate supervision, induction training, basic training and training updates to ensure they were able to carry out their work safely and competently.  Regulation 23 (1)(a)

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 05 June 2013.

CQC should be informed when compliance actions are complete.

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

This section is primarily information for the provider

**✘ Enforcement action we have taken to protect the health, safety and welfare of people using this service**

### Enforcement actions we have taken

The table below shows enforcement action we have taken because the provider was not meeting the essential standards of quality and safety (or parts of the standards) as shown below.

<b>We have served a warning notice to be met by 06 June 2013</b>	
This action has been taken in relation to:	
Regulated activity	Regulation or section of the Act
Accommodation for persons who require nursing or personal care	<b>Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010</b>
	<b>Records</b>
	<b>How the regulation was not being met:</b>  Records relating to people's care needs and associated health risks had not be appropriately reviewed and updated. Care records were not being securely stored. The homes policies and procedures had not been adequately reviewed and some required updating.

For more information about the enforcement action we can take, please see our *Enforcement policy* on our website.

## About CQC inspections

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

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

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

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

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

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

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

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

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

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

## How we define our judgements

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

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

**✓ Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

**✗ Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

**✗ Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

## How we define our judgements (continued)

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

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

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

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

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

## Glossary of terms we use in this report

### Essential standard

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

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

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

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

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

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

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

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

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

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

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

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

### Regulated activity

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

## Glossary of terms we use in this report (continued)

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### **(Registered) Provider**

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

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### **Regulations**

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

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### **Responsive inspection**

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

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### **Routine inspection**

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

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### **Themed inspection**

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

## Contact us

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