

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

## The Oaklands

Oakfield Lane, Warsop, Mansfield, NG20 0JE

Tel: 01623842080

Date of Inspection: 27 February 2013

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

<b>Respecting and involving people who use services</b>	✓ Met this standard
<b>Care and welfare of people who use services</b>	✓ Met this standard
<b>Safeguarding people who use services from abuse</b>	✓ Met this standard
<b>Staffing</b>	✓ Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓ Met this standard

## Details about this location

Registered Provider	The Oaklands
Registered Manager	Mrs. Brenda Bird
Overview of the service	<p>The Oaklands provides accommodation, personal care and support for up to 20 adults with learning difficulties. This includes 15 long-term and five respite placements. Opened in 1986, The Oaklands consists of three purpose built bungalows. These include Rowan (eight beds); Aspen (seven beds); and Cherry (five respite placement beds). All 20 bedrooms are single occupancy with ten bedrooms having en-suite facilities.</p>
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'.*

	Page
<hr/>	
<b>Summary of this inspection:</b>	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	4
<hr/>	
<b>Our judgements for each standard inspected:</b>	
Respecting and involving people who use services	6
Care and welfare of people who use services	9
Safeguarding people who use services from abuse	12
Staffing	14
Assessing and monitoring the quality of service provision	16
<hr/>	
<b>About CQC Inspections</b>	18
<hr/>	
<b>How we define our judgements</b>	19
<hr/>	
<b>Glossary of terms we use in this report</b>	21
<hr/>	
<b>Contact us</b>	23

## 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 27 February 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.

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### What people told us and what we found

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During our visit we spoke with two staff members, the quality compliance manager and the registered manager. We spoke briefly to one person who used the service. It was not possible to speak directly with other people who used the service due them being involved in activities or having particular communication needs. We spoke with the relatives of three people who used the service.

The person we spoke with who used the service told us they were happy living at The Oaklands. This person showed us their room and said they were happy with the care and support they received.

All of the relatives we spoke with told us they were very happy with the care and support their family members received. All spoke very highly about the staff, the registered manager and standards of care. One relative told us, "I feel very fortunate to have been able to access such a wonderful service for [family member's name]." Another told us, "I had previously looked at other care facilities in the area, but The Oaklands comes top."

Staff we spoke with told us they enjoyed working at The Oaklands, they felt well supported and that the provider was good in terms of providing training and development opportunities and ensuring that staff training was kept up-to-date. One staff member we spoke with told us, "I love it here, we have a great team and all get on really well."

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

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### More information about the provider

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Please see our website [www.cqc.org.uk](http://www.cqc.org.uk) for more information, including our most recent judgements against the essential standards. You can contact us using the telephone

number on the back of the report if you have additional questions.

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

## Our judgements for each standard inspected

**Respecting and involving people who use services** ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

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### Our judgement

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The provider was meeting this standard.

People who used the service experienced care and support that met their needs and protected their rights.

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### Reasons for our judgement

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During this inspection there were 20 people using the service. We reviewed all of the information we received from the provider. The provider told us the objective of The Oaklands was to maximise ability and minimise disability. To promote people's right to live an ordinary, meaningful life and to enjoy the rights and responsibilities of full citizenship.

The quality compliance manager showed us around the whole location. We saw that living environments were homely, safe, clean and well appointed. During our tour we met one of the people who used the service. The quality compliance manager introduced us and asked the person if they would like to show us their room which they agreed. We saw that the person had their own photos and personal effects in their room and had created their own personalised living space. We saw that other people's rooms were also personalised and decorated to their own tastes to reflect their individuality.

We looked at the care records of six people who used the service. We saw evidence that consent had been obtained which showed that people who used the service and their relatives had been consulted on a range of issues in relation to care and support decisions. Relatives with spoke confirmed they had been involved in their family member's care and consulted about care and support decisions.

The service operated a key-worker system whereby each person had a named staff member who supported them in all aspects of their care planning and in decisions about their care and support.

We saw evidence that people were involved in discussions about their care and treatment and supported to make suggestions to improve the service and influence how it was run. We saw that a range of methods were used to facilitate people's involvement and to obtain peoples views. Some of these included Sunday meetings; residents/parents/carers meetings; service user questionnaires; and individual and group discussions.

We looked at the provider's Statement of Purpose and Service User Guide which provided

people who used the service and their relatives with an overview of the facilities and the aims and objectives of the service. We saw that people were also given an easy to understand contract / statement of terms and conditions. This included clear, accurate information about their rights and responsibilities.

We saw that independent advocacy support services had been used for some of the people who used the service to ensure that their needs and rights were protected. We saw that information about advocacy support was made available to relatives and people who used the service.

We looked at activity records to see what choice and access to activities people who used the service had. We saw that staff supported people to decide what activities they wanted to be involved in which showed that activities were planned in advance in consultation with the person. We saw that people were supported in promoting their mobility, independence and community involvement. We found there was a wide range of activities (both on-site at the adjacent community centre, and a range of off-site activities) in which people could engage to meet their social and development needs.

The provider told us that everyone who used the service had the choice and were supported to attend day services if they so choose. Regular events include a disco, pie and pea's bingo night, youth club, summer fetes and Christmas parties, to mention just a few. The local community attended these which helped to promote social integration. People who used the service also attended a disco in Shirebrook each week and a youth club in Ollerton every week.

The provider told us The Oakland's had their own mini-bus and people had regular group outings to different places of interest as well as coffee shops and days out to the coast. People who used the service also had regular one-to-one outings into the local community with their key workers, where they were supported with shopping for personal effects and clothes. Everyone who used the service enjoyed numerous holidays, both in this country and abroad. During the year people were also supported to attend many functions such as open days and fetes around the local area and were involved with sponsored dog walks and other fundraising events within the local community.

During our inspection we saw people involved in arts and crafts activities in the on-site community centre. We saw photographs of events, parties, and excursions displayed throughout the service of activities in which people had been involved. Relatives we spoke with told us they had always been impressed by the activities provided and how staff supported people to engage in activities. One relative we spoke told us, "[Family member's name] has more holidays than I do."

Relatives told us they had been given information about the service before their family member came to stay, which helped them to understand what the service was providing.

All of the relatives we spoke with told us they had been invited to be involved in reviews of their family member's care and support. One relative told us, "I have always been involved with [family member's] care reviews. Anything I've raised has always been responded to promptly." We saw evidence that GPs were involved in reviewing people's medication needs to ensure these were kept up-to-date and appropriate to their needs.

The quality compliance manager showed us copies of the quarterly newsletter and told us, "We welcome contributions from everyone for the newsletter. This encourages people's involvement and adds to the community feel at The Oakland's, as well as helping to

promote forthcoming events to facilitate inclusion."

During our inspection we observed positive interaction between staff and people who used the service, with staff supporting them appropriately, addressing them respectfully and knocking on doors before opening them.

**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 who used the service experienced care and support that met their needs and protected their rights.

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**Reasons for our judgement**

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Relatives we spoke with told us that staff were good at responding to the health and medical needs of their family members and acted promptly to obtain professional medical support. One relative told us, "[Family member's name] has recently been in hospital and staff provided round the clock care and support which was fantastic."

We looked at the care records of six people who used the service. These contained thorough assessments of need and detailed person centred support plans including people's personal history, goals and aspirations. We saw that assessments had been carried out prior to people entering the service to ensure it was able to meet their needs. Copies of the service user guide and contracts of residency were also contained within people's records.

The registered manager explained the assessment and planning procedure when people were deciding whether to use the service. People had an extended community care assessment undertaken by a social worker, followed by an assessment by The Oaklands staff to ensure their needs and wishes could be met. Following this, prospective clients (and their relatives where appropriate) were encouraged to visit and take time to decide if the service was right for them. Opportunities for day visits and overnight stays were provided.

The provider told us that people who used the service had an individualised, person centred care plan, developed from their pre-admission assessment. Care plans were holistic and developed in partnership with the person (and their relatives where appropriate) which included the person's full range of care and support needs. Care plans formed the basis for care to be delivered and were referred to every day by staff, including at staff handover periods. Care plans were regularly reviewed and updated to pick up any changes in people's condition or circumstances and to measure progress.

The quality compliance manager showed us that improvements had recently been made to care plans to make them more person centred and that further improvements were being implemented to include more detail in the behavioural section of care plans. This was in relation to potential triggers and de-escalation techniques for people who presented with challenging behaviour, which would be reviewed regularly to ensure it continued to meet their needs.

We saw that care plan review documents were in place which showed that a range of people including doctors and other health professionals were included in people's reviews to ensure they received safe and appropriate care that met their needs and supported their rights.

We saw that people had an individualised 'health action plan' which included full details about their health and medical needs. All of the care records we looked at showed that people had regular access to external health services such as a doctor, dentist, optician, and chiropodist to ensure that their physical health needs were being met. We saw that people also had regular assessments from a variety of agencies such as speech and language, occupational therapists, and social workers to promote their independence.

The provider told us that people who used the service were supported when attending health appointments, if this was their choice. Appointments were delivered in symbol format as well as written to assist people's understanding. Key workers worked closely with people to explain any treatments they may require. Whenever possible the person's key worker would attend the health appointment with them so they were at ease throughout the appointment and whilst receiving any treatment. If the person was worried about a forthcoming appointment they would be supported closely with additional support prior to, during and after the appointment to ensure their concerns were minimised. Every effort would be made to promote people's safety and protect their welfare.

The provider told us they had recently employed the service of a worker from a local partially sighted group who had made a number of recommendations on behalf of one person who used the service, particularly in relation to making environmental changes, such as lighting and colour schemes, to help support and enable the person to be as independent as possible.

The provider told us they had responded to comments made by Nottinghamshire County Council quality development inspectors during their last key inspection which had recommended that a mental capacity assessment should be in place for people who used the service who might lack capacity to make decisions, and that assessments should cover each activity of daily living as required by the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). We saw evidence of mental capacity assessments within individual care plans.

The MCA and DoLS are designed to protect anyone aged 18 and over who suffers from a mental disorder or disability of the mind (such as dementia or a profound learning disability), or lacks the capacity to give informed consent to the arrangements made for their care and / or treatment.

The provider told us they embrace the 'Dignity in Care Campaign' and that some of the people who used the service were 'dignity champions' as well as some of the staff team to help ensure that all aspects of the service provided had compassion, dignity and respect for people.

A 'dignity champion' is someone who has usually undertaken specific training in dignity awareness and speaks up about dignity to improve the way services are organised and delivered. Staff we spoke with confirmed they had received training in dignity awareness.

We saw that the service had recently celebrated a 'National Dignity in Care' day where people from other local care establishments had been invited to be involved with this. We saw various pictures around the service showing peoples involvement in the dignity in care

day.

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

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## **Our judgement**

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The provider was meeting this standard.

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

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## **Reasons for our judgement**

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We looked at the care records of six people. We saw that risk assessments had been undertaken to ensure that people were protected from harm or abuse. Details about known risks had been included within care documents to ensure that care and support was planned and delivered in a way that ensured people's safety and welfare. This showed the provider had identified the possibility of abuse and was taking steps to prevent abuse from happening.

Staff we spoke with told us they had received training in safeguarding vulnerable people. They told us that they were aware of and understood the signs of abuse and also the different types of abuse. Staff told us they felt confident they could report any concerns they might have appropriately. The provider had a safeguarding policy to help staff understand safeguarding processes. We saw that information about safeguarding, whistle-blowing, and how to report concerns was displayed on notice boards and at various places throughout the service (including pictorial, easy read versions).

'Safeguarding' is a process of identifying and reporting suspected, potential or actual abuse of vulnerable people and provides a framework of consistency to protect individuals at risk.

'Whistle-blowing' is a procedure to support staff to report any serious concerns they may have to an outside agency.

We saw that a pictorial copy of the complaints procedure was displayed in all three bungalows with contact numbers for the local safeguarding team and the Care Quality Commission contact details so that people who used the service, staff, and visitors had access to this information. This showed that the provider had taken the necessary steps to ensure that staff were aware of their personal responsibility in safeguarding people who used the service.

The provider told us that everyone who used the service had access to information about what abuse was and how to recognise the signs and different types of abuse. Also that people who used the service had attended 'smile no bullying' courses and were aware of what protection and rights they could expect to be upheld whilst living at The Oaklands.

Staff we spoke with and training records we looked at showed that all staff had received training to help them to manage challenging or aggressive behaviour to help ensure that people who used the service were protected from harm.

We looked at accident and incident records and found that these were regularly reviewed by senior staff to learn from these experiences to help ensure that people were being supported safely and protected from harm.

The registered manager told us that the administration of medication was always undertaken by qualified and appropriately trained member of staff. We observed that medication was kept safe and securely locked when not in use to help protect people from harm.

We found that regular residents meetings provided people who used the service with opportunities to raise any issues they may have in a way which respected their dignity and human rights. Also that, regular staff and management meetings provided staff with opportunities to raise any issues they may have.

All of the relatives we spoke with told us they had never had any complaints or concerns about any aspect of the service provided.

**There should be enough members of staff to keep people safe and meet their health and welfare needs**

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## Our judgement

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The provider was meeting this standard.

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

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## Reasons for our judgement

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The registered manager told us that staff were required to read all organisational policies and procedures and were required to re-visit these on a yearly basis. We saw evidence that staff had signed to confirm they had read, understood and accepted these.

The provider told us that all new staff undertook an induction programme and worked alongside an experienced member of staff for a time, before being approved to work independently with people who used the service. The provider told us that, in line with current vetting and barring requirements, all staff had enhanced criminal record bureau (CRB) and protection of vulnerable adults (PoVA) checks before they commenced employment. Two written references were obtained for all new staff. We looked at recruitment processes and a sample of personnel files and found appropriate systems and records in place which adhered to recognised standards of good practice.

We looked at staff supervision records which were up-to-date. Staff we spoke with told us they had regular supervision and personal development appraisals with their manager which ensured that staff practices and standards of care were regularly monitored and evaluated.

Staff we spoke with confirmed they received appropriate training and regular supervision. One staff member we spoke with told us, "I love it here, we have a great team and all get on really well."

All of the relatives we spoke with expressed positive comments about the professionalism, politeness and respect of the staff and management of the service. One relative told us, "I have to say, the manager is brilliant."

The provider told us all staff were fully trained to National Vocational Qualification (NVQ) standards relative to their individual roles and responsibilities. We looked at the service training plan and staff training records which showed that the provider had developed a robust approach to training and development. Information had been provided to all staff about training requirements, courses available and developmental opportunities. We saw that staff had undertaken a range of training which the provider had identified as mandatory, such as moving and handling, food hygiene, fire safety, and health and safety.

Staff we spoke with told us the provider was good in terms of providing training and

development opportunities and ensuring that staff training was kept up-to-date. All of the staff we spoke with told us they enjoyed the training and development opportunities provided. Staff told us that training included training on dignity awareness, the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) which we evidenced from looking at training records. Further, more specialist training such as providing end of life care was also provided for staff who had agreed they wanted to provide this level of care and support for people.

The provider told us that all staff undertook mandatory training in equality, diversity and human rights to help them identify and challenge any discriminatory practice.

Information sent to us by the provider showed that all senior support workers had at least NVQ level 3 Health & Social Care. Also that the registered manager had NVQ level 4 Health & Social Care, the Registered Manager's Award and Diploma Level 5 and 7 in Management. The deputy manager had NVQ level 4 Health & Social Care.

We found that staff training requirements were well managed and up-to-date.

We looked at staff rotas and time sheets over the last three months and the provider's audits of staffing levels. We found that staff rotas were planned in advance with consideration given to the staffing levels necessary to provide individualised support for people who used the service. We saw that a senior staff member was present on every shift, supported by a number of care staff.

The provider told us that additional staff was provided when one-to-one support for people who used the service was required. Also that, any shortfalls in staffing were covered from within the organisation, or where this was not possible additional staff were brought in to cover absences to keep people safe and to meet their health and welfare 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

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### Our judgement

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The provider was meeting this standard.

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

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### Reasons for our judgement

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We reviewed all of the information we received from the provider. We looked at a range of organisational documents, policies, procedures and audits to see what systems the service had in place to manage risks and assure the health, welfare and safety of people using the service.

We saw that regular quality audits were undertaken to ensure that care documents were fully completed. The provider had used the information from these audits to ensure that the needs of people using its services were assessed and that care and support was planned and delivered in line with people's individual care plans and in accordance with recognised good practice.

Feedback from relatives of people who used the service demonstrated they were asked for their views about the quality of care and support their family member's received and that these were acted upon. One relative told us, "They [staff] are good at keeping me informed. They always ring me if they need to check anything and always ask my opinion on things."

The provider had a system to take account of comments and complaints to improve the service. We looked at comments and complaints records and although no complaints had been received the registered manager told us that action would always be taken promptly to resolve any complaints ensuring that the rights of people who used the service were respected. We saw evidence of positive comments and thank you cards and letters received from relatives. All of the relatives we spoke with confirmed they had never had any reason to make any complaints and had no concerns about the standards of care and support their family members received.

We saw that The Oakland's had a clear, accessible complaints procedure which was available in each bungalow in pictorial (easy read) format along with a stamped addressed envelope with the Care Quality Commission (CQC) address. Therefore, if people found the complaints procedure unsatisfactory they could contact the CQC independently.

We saw that arrangements were in place to deal with emergency situations. The service had a 'Business Continuity / Emergency Planning' procedure in place which included

details about the procedures to be followed in an emergency situation if people needed to be evacuated and/or relocated elsewhere.

We looked at records of recent staff, senior management, and residents meetings and found that these provided both staff and people who used the service with opportunities to discuss any issues they may have. We saw that people's views were being addressed and responded to and that information from these meetings was used to improve the services provided.

We looked at records of other internal meetings and at the findings of a range of quality monitoring documents, audits and questionnaires which had recently been undertaken which the service had used to make improvements where necessary. These showed that people who used the service were asked for their views about their care and support and these were acted upon.

We saw that the provider undertook a range of regular environmental and health and safety audits to help ensure that people's health and safety was maintained.

The provider told us that all permanent and respite clients were sent questionnaires asking for their feedback about different aspects of the service. Completed questionnaires were reviewed and an action plan put in place to address any concerns and to make improvements to the way the service was delivered. Also that, they had a parents / carers forum where parents and carers have the opportunity to meet up and share and discuss any issues they might have. Relatives we spoke with confirmed they had been invited to attend the parents / carers forum.

The provider told us that every Sunday they had bungalow meetings with everybody who used the service in attendance, which were documented and recorded. People discussed how their week had been and were given opportunities for reflection and contemplation. People discussed the week ahead and the activities and opportunities in which they could engage. The forum also enabled people who used the service to inform staff, and each other, about things that had not gone so well and was an opportunity for people to voice any worries or concerns they may have.

We found the provider took a robust approach to quality and compliance. This was evidenced by the fact they had identified the need for a quality compliance manager position within the organisation. The quality compliance manager provided considerable information to help support and assist our inspection and worked closely with us throughout the inspection process.

We found the provider had appropriate systems in place for gathering, recording and evaluating information about the quality and safety of the care and support provided.

## About CQC inspections

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

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

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

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

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

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

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

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

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

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

## How we define our judgements

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

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

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

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

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

## How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

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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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Write to us  
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