# Inspection Report

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

# Aldridge Dental Practice

31 High Street, Aldridge, WS9 8LX

Tel: 01922455897

Date of Inspection: 10 October 2012

Date of Publication: November 2012

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

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| **Consent to care and treatment** | ✓ Met this standard |
| **Care and welfare of people who use services** | ✓ Met this standard |
| **Cleanliness and infection control** | ✓ Met this standard |
| **Supporting workers** | ✓ Met this standard |
| **Assessing and monitoring the quality of service provision** | ✓ Met this standard |

## Details about this location

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| Registered Provider | Rodericks Limited |
| Registered Manager | Miss Sarah Campbell |
| Overview of the service | This dental practice provides a range of general dental treatments for adults and children. The practice has a contract with the NHS and treatment can be provided on a private basis. |
| Type of service | Dental service |
| Regulated activities | Diagnostic and screening procedures<br>Surgical procedures<br>Treatment of disease, disorder or injury |

# 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 announced 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 10 October 2012, observed how people were being cared for and talked with people who use the service. We talked with staff.

### What people told us and what we found

We saw records to demonstrate that before people agreed to any treatment, the various options available to them were discussed. People told us that they had all of the information that they needed to be able to make a decision.

Patient records were in good order and up to date. Information regarding medical history was kept under constant review. Dental health and hygiene information was given to people when they visited the dental practice. One person spoken with told us, "Since I have been going to this dentist I have never taken so much care of my teeth, they tell you exactly how to look after your teeth, I can't praise them enough."

We saw that the dental practice looked clean and clutter free. Records demonstrated that all areas of the practice were cleaned in line with procedures. Training records demonstrated that staff received regular training regarding infection control and decontamination procedures. People we spoke with said that the dental practice was always clean.

We saw annual staff appraisal records, we were told that weekly dental team talk meetings took place and staff meetings were also held every six to eight weeks. From records seen and discussions with the practice manager it appeared that staff received the necessary support to enable them to do their job.

Quality assurance systems included satisfaction surveys,a suggestions box and various audits undertaken by the practice manager. Robust quality assurance systems were in place.

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

**Consent to care and treatment** ✓ Met this standard

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

### Our judgement

The provider was meeting this standard.

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

### Reasons for our judgement

We visited Aldridge House dental practice at 10.20am on Wednesday 10 October 2012. We noted that this dental practice provided any treatment necessary under the NHS. We were told that this practice did not provide purely private treatment, however, people were able to upgrade their NHS treatment with some private elements if they wished. We asked how people were made aware of the cost of treatment and saw information in the waiting room which showed details of NHS fees. We were told that the primary care trust had a translation and interpretation service available if this was needed and fee information could be provided in other languages as required.

We discussed with the practice manager the way in which this dental surgery made people aware of treatment options available to them and obtained their consent for treatment undertaken. We were told that patient information leaflets were available in each dental surgery, we were shown copies of these leaflets. We were told that the dentist would discuss the treatment options with people, show them models and pictures to help explain and then give an information leaflet which people could take away with them and read before making any decision regarding treatment. We were shown the computerised clinical notes which recorded the treatment options available to people. We were told that everybody was offered an NHS and private choice and were made aware that they were able to change their mind. Risks and benefits of treatment were recorded on patient records and we were told that these were always explained to people before any treatment plan was agreed. We saw signed consent forms which recorded NHS treatments, we also saw that when any private treatments had been agreed these were also recorded on the consent form.

People we spoke with told us that their consent to examination and treatment was always obtained prior to receiving treatment. We were told, "They tell you what you could have done, how much it is going to cost. I had a tooth extraction and they gave me an after care leaflet, they tell you everything." "They tell you all you need to know. "

We saw that a six monthly patient record card audit was undertaken. This included checking that risk factors had been explained, consent obtained and a treatment plan

drawn up amongst other things.  Findings were recorded on a spread sheet and information was evaluated and signed.  This helped to demonstrate that staff were explaining the treatment options and risks associated with each treatment and drawing up appropriate treatment plans which had been consented to by the patient.  We were told that if a treatment plan was agreed and a person changed their mind they would have a new treatment plan developed.

We were shown information which had been developed in an 'easy read' picture format to help children and people with a learning difficulty understand the treatment that they were going to receive.  We were also shown a copy of the informed consent form which would be used if a person refused treatment but it was felt that it was in their best interest to have treatment undertaken. A copy of the information would be kept on the patient's records. This meant that dental treatment would be completed in the best interests of a person who did not have the mental capacity to make treatment decisions.

We were told that all of the dentists at this dental practice had recently undertaken training regarding the mental capacity act.  This helped dentists understand issues regarding mental capacity and undertaking best interests decisions to ensure people received treatment as needed.

**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

During our visit of Aldridge House Dental Practice we met the practice manager, area manager, a nurse trainer and a dentist. The practice manager and area manager assisted us throughout the majority of our visit. A dental nurse trainer showed us the decontamination process. We looked at patient records and discussed treatment options, sedation and consent.

We were told that this dental practice did not use sedation for any treatment provided. Extremely nervous patients would be referred to the Birmingham Dental Hospital or the Walsall Primary Care Trust dental teaching surgery. We spoke with people who used the service to find out how staff at this dental practice made them feel at ease if they were nervous. We were told, "I am very anxious, they are kind and take their time, so far so good." "It all starts as soon as you walk in the door, the reception staff make you feel at ease, they are sweet they totally understand if you are nervous. The dentist explains everything, step by step, they smile and listen to what you have to say, they give you time if you need it and they take their time. Everyone puts you at your ease." "I am a very anxious patient and they are good at making you feel relaxed." We could see that reception staff appeared to have a good relationship with people visiting the dental practice.

We spoke with the practice manager regarding arrangements in place to provide emergency treatment to people. We were told that out of usual opening hours, the telephone answer machine referred people to contact NHS Direct for further advice. The sign on the door outside of the dental surgery recorded the dentists names and opening hours. It also referred people to call NHS direct in case of emergency out of usual opening hours. We were told that people who telephoned during normal working hours for emergency treatment were usually seen on the day that they telephoned. Emergency treatment slots were set aside each day.

We asked the practice manager about the recall arrangements for the dental surgery. We were told that recall arrangements followed clinical guidelines. If a patient insisted upon a different visit time, either sooner or later, this would be detailed on their records and on the NHS form that had to be completed after each NHS patient visit. We were told that this dental practice offered a text, email and call reminder service. This helped to ensure people did not miss their dental appointments. Everyone we spoke with was happy with

the recall arrangements.

The practice manager showed us three sets of computerised patient records. We saw that sufficient information was recorded regarding all aspects of dental health and hygiene including medical history (which was reviewed at each visit to the surgery), examination notes, treatment options discussed and any other discussions held with the patient. We saw notes that demonstrated that people were involved in their treatment plans. We were told that at each routine check up an assessment of the patient's teeth, gums, soft tissues and oral health took place. We saw computerised records that demonstrated that this took place. We saw that the medical questionnaire asked people for important information regarding smoking and alcohol intake and people who smoked were offered smoking cessation help provided by Walsall Primary Care Trust.

We spoke with people over the telephone after our visit to this dental surgery. People told us that they were happy with the care and treatment received from this dental surgery. We were told, "The very first time I visited I hadn't been to the dentist for 20 years because I was so frightened. The dentist did a very thorough check, clean, x-rays the lot. They are very thorough." "I came to this dentist recommended by my daughter, I hadn't been to the dentist for over 20 years because of bad experiences and I was so frightened. I came here last year and I haven't looked back, I can't fault them ten out of ten." "I moved to this dentist because I was unhappy with my other dentist but this one seems OK."

We asked the practice manager about emergency procedures. We were told that all staff received training each year regarding defibrillation and cardio pulmonary resuscitation. We were told that staff practiced on a resuscitation doll. This helped to ensure that resuscitation council guidelines were met regarding staff training. We saw certificates which demonstrated that this training was up to date. We were told that there had been no medical emergencies at this practice. We saw that the dental practice had 'life support' details of steps to take in emergency situations. This information was on display by the emergency medical equipment.

We saw that a designated storage room was available to keep emergency medication, first aid kit and emergency equipment. This helped to ensure that medication and equipment was easily accessible in case of an emergency. We were told that emergency drugs were checked on a monthly basis. We saw records to demonstrate this. The dental practice had an emergency drug replacement system. This helped to ensure that all emergency drugs were available for use and were within their use by date. Emergency medication was easily accessible, clearly labelled and had the date of disposal recorded. We saw records that demonstrated that emergency equipment was checked on a weekly basis. We also saw records that demonstrated that the first aid kit was checked on a monthly basis to ensure that first aid equipment was available as needed. We saw a sign in the dental practice waiting room which recorded the name of the member of staff on duty who was the designated 'first aider'.

**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

We looked around the reception, waiting area, two treatment rooms and the, patient toilet. All areas were clean, clutter free and appeared to be hygienic. We also looked in the rooms used to decontaminate and sterilise used dental equipment. A dental nurse trainer showed us the process for decontamination and sterilisation of used instruments. Appropriate personal protective equipment such as gloves and aprons were used throughout this process. We saw that used equipment was bought into the decontamination room in a locked container. Instruments were cleaned and scrubbed as necessary and transferred into a washer disinfector. Once checked they were transferred to a separate room to be sterilised, bagged and stored. The dental nurse trainer explained the procedure for date stamping the bagged instruments. The procedure used helped to clearly identify when the 21 day use by date had expired. We were told that any instruments that had passed the use by date would be re-sterilised prior to use. We looked at instruments ready to be used in the dental treatment areas and saw that they were within their use by date

The nurse trainer told us that the she provided decontamination training to staff at dental practices. Trainers spent a half day with staff, observed a morning/afternoon in surgery and observed a decontamination process. This meant that staff received regular reviews of their working practices regarding infection control to ensure they were working to guidelines.

We saw that checks took place on a regular basis to ensure that all equipment used in the washing and sterilising of used dental equipment was working correctly. We saw a checklist that staff signed to demonstrate that they had undertaken the action required to keep the autoclave safe to use and print outs and test strips were available to demonstrate staff checks undertaken.

We were shown a copy of the last Legionella risk assessment. Legionella is an infectious disease that thrives in warm temperatures between 25 – 45 degrees Celsius. Legionella can be found in man made domestic and industrial water supply systems such as hot and cold pipes. A Legionnaire's disease risk assessment assesses the risk of bacterial contamination by Legionella and the potential for this to infect people with Legionnaire's disease. We were shown records that demonstrated that staff were monitoring the temperature of hot and cold water outlets to ensure they were within the required

temperature range and the practice manager turned on taps that were not regularly used to flush out stored water. These were requirements made in the Legionella risk assessment.

We spoke with people who used the service about the cleanliness of this dental practice. Everyone we spoke with said that the surgery was always clean and that the dentist always wore gloves when providing treatment. We were told "it is spotless." It is very nice and clean."

We were told that a cleaner was employed to clean the dental practice including the floors in treatment rooms. We saw a copy of the cleaning schedule which had been signed each day when cleaning tasks had been completed. We were shown a copy of the company's environmental cleaning policy. The cleaner had signed a document to confirm that they would work to this policy.

We saw that each dental surgery had a checklist that recorded the action that staff should take to ensure that the dental surgery was kept clean. Staff signed after they had undertaken each task. We discussed the routines followed by dental nurses regarding cleaning of dental surgeries. This included a clean down of all surfaces before each patient was seen. A close down procedure at the end of each night was also completed in line with the dental practice's procedures.

We were told that the practice manager was the infection control lead for this dental surgery. We saw certificates that demonstrated that staff undertook infection control training on an annual basis. We saw a copy of a three monthly 'infection prevention society' audit undertaken by the practice manager. This showed that this practice were fully compliant. We also saw a copy of an infection control audit undertaken in March 2012 on behalf of the primary care trust. We saw that some of the issues for action that were identified had already been acted upon, for example the storage of mops had been changed and we were told that mop heads were now changed on a more regular basis.

The area manager discussed the hand hygiene audits that took place every three months. We were told that the company have recently purchased a wash and glow kit which highlighted poor hand hygiene.

We spoke with the practice manager about the uniform policy. We were told that staff were not able to wear their tunic out of the dental surgery but they provided their own trousers which could be worn outside of the surgery. Each staff member had two tunics, one to wash and one to wear. We were told that tunics must be washed by the staff member each day. We saw that staff wore clean, smart, short sleeved uniforms so they could wash their hands thoroughly to reduce the risk of contamination from clothing. The practice manager should note that clothing worn to undertake decontamination should not be worn outside the practice. This would include trousers.

We spoke with the practice manager about the process for handling and disposal of sharp objects (sharps) which included used needles and syringes and other used items that could cause a puncture, cut or abrasion. We were told that dentists filled sharps boxes. We saw sharps boxes in the dental treatment rooms and saw that they were not over full and were correctly labelled. We were told that there had been no "sharps" injuries at this dental practice.

**Supporting workers** ✓ Met this standard

**Staff should be properly trained and supervised, and have the chance to develop and improve their skills**

## Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

## Reasons for our judgement

This dental practice employed five dental nurses, one receptionist, a cleaner, a practice manager and eight dentists. Four of the dental nurses were undertaking the National Vocational Qualification (NVQ) in dental nursing and were due to take their examination this year to become qualified. One dental nurse was already qualified.

We asked about the induction processes that took place for new staff. We were told that staff undertook the company's corporate induction. This included reading all policies and procedures and signing a document to confirm that they had read and would work to these policies. We were told that the initial induction lasted for one day and then unqualified dental nurses commenced their NVQ qualification. We were told that the company had a reception and a dental nurse trainer who provided training to new staff. We met with a nurse trainer during our visit. The trainer told us that they worked alongside newly employed staff for four weeks to observe and give guidance. Once the nurse trainer was satisfied that the staff member was competent, they visited every three months to complete a review and provide guidance to the member of staff. The area manager told us that the company had many nurse trainers who were responsible for different areas of the country, this meant that in-house training and support was always available for staff as needed.

At the time of our visit all dental nurses were busy in surgery. We spoke with the practice manager and area manager about staff training, supervision and appraisal. We were told that the practice manager had recently introduced dental team talk meetings. These meetings were held once every week and were a useful way to enable staff to bring up issues with the practice manager and for the practice manager to talk to staff about any training issues. We were told that these meetings were minuted and the records were kept on the computer. Staff could have access to these minutes if they requested.

As well as the dental team talk meetings, full staff meetings were held every six to eight weeks. We saw that the minutes of these meetings were kept in a folder for all staff to review. Staff signed a document to demonstrate that they had read these minutes. We were told that any reoccurring practice issues discussed during dental team talk meetings would be included on the agenda for the staff meeting.

We were told that dental team talk and observation were used as part of the supervision

process.  An annual appraisal also took place.  We saw that newly employed staff had a review after the first month, then after month three, six, nine and then they had their annual appraisal.  This helped to ensure that staff understood policies and procedures and working practices at the dental practice.  We were told that the practice manager talked with the dentist for an update regarding the dental nurses' progress for the three monthly reviews undertaken.  We saw that appraisals had been undertaken on a regular basis.  We were told that when any poor practice was identified by a dentist they spoke to the practice manager and issues identified would be included as a topic for discussion during dental team talk.

We were shown copies of staff training certificates which were up to date and evidenced that staff received regular mandatory training.  We saw a training schedule for dental nurses which showed them week by week what training was being provided.  Training undertaken included fire awareness, equality and diversity, basic life support and automated external defibrillator (AED), infection control and decontamination.  The practice manager told us that "lunch and learn" training sessions were provided by some dental companies regarding the products they provided.  All qualified staff registered with the West Midlands Deanery and undertook training as necessary to meet continuous professional development (CPD) requirements.  The West Midlands Deanery was responsible for postgraduate medical and dental training in the West Midlands from foundation stage upwards including courses for staff to achieve CPD requirements. CPD is any activity which contributed to the professional development of dental professionals such as attendance at training courses. This helped to ensure that members of the dental team kept their skills and knowledge up to date throughout their careers.

One person we spoke with after our visit told us, "The receptionist is warm and friendly, all of the staff are lovely there is a happy atmosphere at the dentist."

**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.
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## Reasons for our judgement

We looked around the waiting area and we spoke with the practice manager and area manager about quality assurance processes in place. We saw that there was a suggestions box on the reception desk in which people were able to post any comments or suggestions. We saw that there was a satisfaction survey on the reception desk and a complaint procedure on display. We saw that the results of the recent satisfaction surveys were on display in the corridor by the dental surgeries. The practice manager told us that satisfaction surveys were given to 40 people per dentist who work at the practice on a six monthly basis. The results were analysed and discussed at practice meetings which were held every six to eight weeks. The results were also put on display. We saw that the results of recent surveys were very positive and people appeared to be happy with the service they received at this dental practice. We were told that people rarely put comments or suggestions in the suggestions box. The practice manager said that if people wished to make a comment they were told that they could fill out a satisfaction survey, use the suggestions box or complete the feedback form on the NHS Choices website. We were told that the practice manager checked this website monthly to audit any feedback recorded.

We discussed complaints received with the practice manager. We were shown the complaints log which recorded the last complaint received as March 2011. We were told that any complaints received, either verbal or written, would be recorded in the complaint log. If the complaint concerned clinical practice, the dentists own indemnity insurance would handle the complaint but the dental surgery would log the details and ensure that they were updated. The primary care trust sent a request for information every six months; this included a request regarding the number of complaints received at the dental surgery. We were told that all complainants must receive an acknowledgement letter and a copy of the complaints resolution policy within three days of the initial complaint being received. We saw a copy of a "reflection form" which must be completed after every complaint received. This gave the dentist the opportunity to record what they may do differently following receipt of a complaint. All complaints received would be discussed at practice meetings. The practice manager said that staff working at the surgery had a good relationship with patients and would address any issues at the time they were informed, if this was possible.

We asked people if they had ever had to make a complaint. Everyone that we spoke with said that they were happy with the service provided. We were told, "No, I can't see that I would ever need to (make a complaint)."

We asked the practice manager about the disabled facilities at this practice and were told that all of the treatment rooms were on the ground floor and people could be seen by the dentist in their wheelchair if they preferred.
The dental surgery had level access making it easy for those people in wheelchairs to enter the surgery. There was also a disabled toilet for visitors to the dental practice to use.

We asked people if they were seen by the dentist on time. People we spoke with told us that there was never usually a wait to see the dentist. We were told. " Generally a five or ten minute wait but nothing longer, I have heard them explaining to people if there is going to be a wait the reasons why but I haven't had to wait." "I only had a very short wait."

We were told that this dentist was completing an in-house good practice award. This is a company wide award for each dental surgery owned by Rodericks.

We saw that digital x-ray machines were available in each treatment room. We saw the radiation protection folder and an audit of x-rays undertaken. We were told that none of the dental nurses assist with taking x-rays as they had not undertaken this training. We saw that monthly checks were completed on x-ray imaging plates to ensure that everything was in good working order. A six monthly safety system check was also undertaken to ensure that equipment was in good working order. A service contract was also in place, this meant that equipment was regularly checked and serviced. We saw a copy of the radiograph audits undertaken every year. We were told that if any issues were identified these audits would be undertaken on a more frequent basis.

We discussed the various audits that took place. We saw audits regarding hand hygiene, patient records, infection control, amongst other things. We saw evidence to demonstrate that ten patient records were randomly sampled and checked by the company's clinical advisor every six months. This check was made to ensure that patient notes were completed correctly. The practice manager told us that if issues were identified, the audit would be completed again every three months. We could see that there were assessment and monitoring system in place to ensure that the quality of the services provided met people's needs and expectations and clinical guidelines. Records were clear and easy to follow and information was well organised.

## 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.

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| ✓ **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.<br>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.<br>We monitor the implementation of action plans in these reports and, if necessary, take further action.<br>We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete. |
| ✖ **Enforcement action taken** | If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people. |

## How we define our judgements (continued)

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

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

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

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

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

## Glossary of terms we use in this report

### Essential standard

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

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| 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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|---|---|
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