

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

## The Grange

The Grange, Redworth Road, Shildon, DL4 2JT

Tel: 01388772115

Date of Inspections: 23 April 2013  
19 April 2013

Date of Publication: May  
2013

We inspected the following standards in response to concerns that standards weren't being met. This is what we found:

<b>Care and welfare of people who use services</b>	✘	Enforcement action taken
<b>Requirements relating to workers</b>	✘	Enforcement action taken
<b>Staffing</b>	✘	Action needed
<b>Supporting workers</b>	✘	Enforcement action taken
<b>Assessing and monitoring the quality of service provision</b>	✘	Action needed
<b>Records</b>	✘	Action needed

## Details about this location

Registered Provider	Highlea Care Limited
Registered Manager	Miss Lorraine Spiers
Overview of the service	<p>The Grange is a domiciliary care service which provides support to people with a learning disability. At the time of this inspection The Grange offered support to people living in 11 supported living buildings. This inspection focused on South View, West/High View and East View; all of which are located at The Grange, Redworth Road, Shildon. The head offices of the provider are also located in Shildon, County Durham.</p>
Type of services	<p>Domiciliary care service Supported living service</p>
Regulated activity	Personal care

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## Summary of this inspection

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### Why we carried out this inspection

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We carried out this inspection in response to concerns that one or more of the essential standards of quality and safety were not being met.

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 19 April 2013 and 23 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 staff, reviewed information given to us by the provider and talked with other authorities.

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### What people told us and what we found

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We carried out this responsive inspection because we received some anonymous information of concern about The Grange. This related to the care and welfare of people who used the service, staff recruitment, staffing levels, support provided to staff and the keeping of records.

In response to these concerns, we carried out an unannounced inspection on 19 April 2013 and 23 April 2013.

As part of this inspection we followed up on a compliance action set at the previous inspection in November 2012. We found improvements had not been made.

People we spoke with told or indicated to us they were happy with the care and support they were receiving. One person said "It's the best move I've made" and "I like the quietness here." Although people said they felt supported and looked after, other evidence did not always support this.

The provider did not have effective recruitment and selection processes in place. There were not enough qualified, skilled and experienced staff to meet people's needs. Staff were not supported to enable them to deliver care and treatment safely and to an appropriate standard.

The provider did not have an effective system in place to regularly assess and monitor the quality of service people received.

People's personal records, including medical records, were not accurate and fit for purpose. We also found the providers policies and procedures required review and some records could not be located promptly when needed.

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

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## **What we have told the provider to do**

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We have asked the provider to send us a report by 15 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 The Grange 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

### Care and welfare of people who use services

✘ Enforcement action taken

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

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### Our judgement

The provider was not meeting this standard.

People did not experience care, treatment and support that met their needs and protected their rights.

We have judged that this has a major 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

At the last inspection in November 2012 we found people did not experience care, treatment and support that met their needs and protected their rights. This was because some of the actions set out in people's care plans had not been carried out.

The provider sent us an action plan which had been completed following our inspection in November 2012. The registered manager also sent us written confirmation they believed the action plan had been completed and the provider was compliant again with the regulations. We returned to inspect on 19 April 2013 and 23 April 2013 to review improvements the provider had made. We found improvements had not been made.

People we spoke with told or indicated to us they were happy with the care and support they were receiving. One person said "It's the best move I've made" and "I like the quietness here." They also said they had the opportunity to take part in activities, including going to watch greyhound racing, shopping and accessing the local community. Although people told or indicated to us they felt supported and looked after, other evidence did not always support this.

We looked at the care records for four people in detail. We saw people's needs had been individually assessed, and where necessary plans of care drawn up. We saw detailed information was supplied by other agencies and professionals, such as social services and the local challenging behaviour team. This was used to complement the care plans and to guide staff about how to support people at times of vulnerability and to help meet people's needs.

We saw one person's care plan included end of life guidance. This guidance stated '15

minute observations of (person's name) should take place and be documented'. We saw detailed observation records were being maintained by night staff, however such detailed observations were not being recorded in the same manner through the day. This meant there was a risk this person was not being observed or supported in line with their identified care needs.

We saw three people had care plans for challenging behaviours. Each care plan included guidance for staff to follow if these people displayed any of the behaviours stated in the care plan. This included how best to support people to minimise risk of harm to themselves and others. We saw the actions of staff recorded when they dealt with challenging behaviours did not reflect this guidance. For example, one person's care plan stated they should be supported by staff listening to them and trying to prevent their behaviour from escalating. We saw on two occasions it was noted staff had withdrawn from the situation and left this person alone.

The care plans also stated ABC charts were to be completed when these behaviours were displayed, as there may be a pattern to people's behaviour.' ABC stands for Antecedents Behaviour Consequences. An ABC recording chart provides an easy way to identify the causes of a particular behaviour and the stimulating information or events that maintain that behaviour. We found occurrences of challenging behaviours had been recorded, however ABC charts had not been completed for most of these events. We spoke with the service manager at The Grange about this. They told us it was important these charts were completed and reviewed. This meant the provider was not ensuring the welfare and safety of these people as triggers to or patterns of behaviour were not being monitored and there was a risk of challenging behaviours being stimulated as a result.

We looked at one person's care plan for oral hygiene. This included guidance on how staff should support this person with cleaning their teeth. We saw records of staff attempting to provide support for this person were kept, however from the records we saw it was apparent this person hadn't cleaned their teeth for periods of up to 43 consecutive days. We saw they had been visited by the dentist with 'no problems' recorded in their care records. We spoke with the practice manager of this person's dental practice who told us the practice's records of this visit stated this person had 'poor oral hygiene, declined treatment, not co-operative.' We spoke with this person as part of our inspection and it was evident they were not achieving the desired outcome of good oral hygiene.

We looked at one person's recorded activities log. We saw between the dates of 1 March 2013 and 2 April 2013, 29 entries related to 'watching TV or films', 3 entries for 'placement / day centre' and one entry for 'fresh air outside.' On both days of the inspection we saw this person sat in a communal lounge area facing the TV for approximately one hour. We saw this person's support plan had been reviewed on 4 April 2013 and their lack of meaningful activity had been identified. We saw activities provided for this person had not changed as a result of this review. This meant the provider was not always maintaining people's feeling of wellbeing through the provision of meaningful daytime activity.

## Requirements relating to workers

✘ Enforcement action taken

People should be cared for by staff who are properly qualified and able to do their job

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### Our judgement

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The provider was not meeting this standard.

People were cared for, or supported by, staff that were not suitably qualified, skilled or experienced.

We have judged that this has a major 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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We saw the provider did not have effective recruitment and selection processes in place.

The registered manager showed us the provider's current recruitment procedure. The procedure had an 'issue date' of March 2011 and a 'next review date' of March 2012. The registered manager confirmed the review of this policy was overdue.

We looked at the records the provider held for five members of care staff in detail. We saw people had been employed without satisfactory evidence of their conduct in previous employment being received through references. The provider's own recruitment procedure stated 'An offer of employment will only be made on condition that two satisfactory references are obtained in respect of the applicant.' We saw people had been employed with no satisfactory references, one satisfactory reference and where references received confirmed unsatisfactory conduct in their previous employment.

We saw one person had been recruited without any references being received. We saw this person had started work on 5 October 2011, however an 'ISA First' check was not completed for them until 26 October 2011 and an 'enhanced CRB' check not received until 9 November 2011. An ISA Adult First Check is a service provided by the Disclosure and Barring Service (DBS) that can be used in cases where, exceptionally, and in accordance with the terms of Department of Health guidance, a person is permitted to start work with vulnerable adults before a DBS certificate has been obtained. An 'enhanced CRB check' (or criminal record disclosure) involves investigating an individual's background to determine whether or not they have a criminal conviction. This check is now completed by the DBS. This meant this person had been employed and started working alongside vulnerable people before the provider had completed the necessary criminal conviction checks.

All of this meant information needed in respect of people employed by the provider was

not always available. In addition, the provider was not following its own recruitment procedure.

**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 not meeting this standard.

There were not enough qualified, skilled and experienced staff to meet people's needs.

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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We spoke with the registered manager about staffing levels at The Grange and asked to see the current duty rotas. We saw it was recorded on the duty rotas there were shortfalls of staffing hours provided across all three units. The registered manager told us they moved staff around in order to meet these shortfalls.

The Grange is organised into three units; South View, East View and West/High View. The registered manager told us they had identified the need for three team leaders at The Grange. They said there were two team leader vacancies to be filled. The rotas we saw showed one team leader was currently in post, which confirmed this. They also said the provider had been trying to recruit to these posts, but had been unable to fill them to date. We saw from the rotas there were three senior support workers, seventeen support workers and three night support workers employed at The Grange. We also saw there was a service manager employed at The Grange. The registered manager told us the service manager had responsibility for overseeing all three units at The Grange.

We spoke with the service manager at The Grange. They said the previous service manager at The Grange had appointed some of the staff to their posts. They said that following meetings with staff, they had decided to extend some people's probationary periods. When we asked why, the service manager told us they believed they required further development and support, and in one case, they had identified a member of staff wasn't showing awareness of their role.

All of this meant there were not enough qualified, skilled and experienced staff to meet people's needs.

**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 cared for by staff who were not supported to deliver care and treatment safely and to an appropriate standard.

We have judged that this has a major 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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People were cared for by staff who were not supported to deliver care and treatment safely and to an appropriate standard.

The people we spoke with who used the service indicated they were happy with the staff who supported them. One person said "Staff help me through the day on a Saturday." Although people told or indicated to us they felt the staff were able to support them safely, other evidence did not always support this.

We spoke with a member of staff at The Grange who told us they had been in that position for three months. They said their induction had been done for risk assessments, development reviews and planning sessions. They also said "If I needed something, they (the provider) know I will ask."

We spoke with the registered manager and the service manager at The Grange about this person's induction. Both the registered manager and service manager told us it had been identified at a meeting with the staff member they had not received induction training. We saw the records made from this meeting confirmed this. The service manager showed us an induction pack for the staff member. They said "That only came because I requested it." This meant staff were not receiving appropriate support through induction in a timely manner.

We spoke with a member of staff employed as a support worker. They told us they used to work in a different role within the organisation, but had been made redundant from that post. They said they had become a support worker after "A bit chat on in the office" and they "Just wanted to work with people." They said they'd been working as a support worker for about two months and the staff records we saw confirmed this. They said they had taken people out into the community on a one-to-one basis. We asked them what training they had done around care and safety and they told us they had done some non-violent

crisis intervention training. They also said they had done some first aid training in their previous role. We asked them if they had any training planned and they said "I'm going on courses to learn how to work with people." They also added "I don't know what courses yet."

We looked at the training records for staff employed to work within East View. We saw training or updates to training around care and safety had not been completed by all staff. We saw some staff had not completed fire safety or infection control training or updates and planned competency checks relating to medication had not been completed. All of this meant people were being cared for, including on a one-to-one basis, by staff who were not suitably trained.

The registered manager said "Both development reviews (appraisals) and planning sessions (supervisions) have gone off track." The records we viewed confirmed this. Supervisions were formal meetings where staff could discuss work related matters such as training and work performance. We saw some staff had not received an appraisal since they started to work for the provider and supervisions sessions had not been held on a regular basis. We spoke with a member of staff who had worked for the provider for over a year. They told us they had never had an appraisal. This meant staff were not being supported through the provision of appropriate supervision and appraisal.

We spoke with the service manager at The Grange and asked them if staff meetings were held. They told us they had been unable to find any evidence to confirm staff meetings had been held in the past, however they showed us they had meetings planned within the next two weeks.

All of these measures demonstrated staff were not appropriately supported in relation to their responsibilities.

## Assessing and monitoring the quality of service provision

✕ Action needed

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

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### Our judgement

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The provider was not meeting this standard.

The provider did not have an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who used the service and others.

We have judged that this has a moderate impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

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### Reasons for our judgement

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We did not plan to inspect this outcome, however concerns identified during the course of our inspection led us to do so.

We saw the provider had a recruitment procedure in place. The procedure stated 'An offer of employment will only be made on condition that two satisfactory references are obtained in respect of the applicant.' We saw an unsatisfactory reference had been received for a person interviewed for the post of support worker. We saw this unsatisfactory reference had been followed up with a telephone call to the referee. The records of the telephone call confirmed the same unsatisfactory information relating to the reference had been received. We saw this person had been employed, despite this unsatisfactory reference having been followed up and validated. We asked the registered manager why this hadn't been picked up before now and they were unable to explain why.

We looked at the care records for four people in detail. We saw that some people's care plans and monitoring records had been reviewed and some people's had not been reviewed. We saw where reviews had taken place and actions had been identified as being required, these actions had not been completed. This included for activities provided for one person and support with oral hygiene provided for another person.

All of this meant the provider did not have an effective system in place to regularly assess and monitor the quality of service people received.

**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 maintained.

We have judged that this has a moderate impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

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## Reasons for our judgement

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People's personal records, including medical records, were not accurate and fit for purpose.

We saw one person's care plan stated 15 minute observations were to be completed and documented. We saw detailed records had been completed between the hours of 22:00 and 08:00, but not between 08:00 and 22:00. This meant an accurate record in relation to the care and treatment of this person was not being maintained.

We saw the oral hygiene care plan for one person stated they should be prompted twice a day to brush their teeth and these prompts should be documented. The records we saw showed on the occasions entries had been made, most of these were once a day. We also saw significant gaps in the recording of prompting with oral hygiene of up to 38 consecutive days. We saw in their records this had been visited by the dentist and 'no problems' had been recorded in their care records. We spoke with the practice manager of this person's dental practice who told us the practice records of this visit stated this person had 'poor oral hygiene, declined treatment, not co-operative.' This meant incomplete and inaccurate records had been maintained in support of the oral hygiene care plan for this person.

We saw the provider held and maintained a set of policies and procedures. We saw many of these policies and procedures were not up to date. This included the 'Recruitment Procedure', 'Statutory Grievance Procedure' and 'Disciplinary Rules of the Organisation.' The registered manager provided these policies and procedures for us to view as part of the inspection and confirmed they were the current versions. All of these policies and procedures had an 'issue date' of March 2011 and a 'next review date' of March 2012. The registered manager confirmed the review of these policies and procedures was overdue. This meant other records relevant to the management of the services were not being maintained.

We spoke with the registered manager who told us the service manager at The Grange

was gathering the staff training records for us to view later that day. We spoke with the service manager at The Grange later that day and asked them to provide us with the training records for staff employed to work within West View. The service manager was unable to locate and provide these records for inspection. This meant records in relation to people employed by the provider could not be located promptly when needed.

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
Personal care	<p><b>Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010</b></p> <p><b>Staffing</b></p> <p><b>How the regulation was not being met:</b></p> <p>There were insufficient numbers of suitably qualified, skilled and experienced persons employed for the purposes of carrying on the regulated activity (Regulation 22).</p>
Regulated activity	Regulation
Personal care	<p><b>Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010</b></p> <p><b>Assessing and monitoring the quality of service provision</b></p> <p><b>How the regulation was not being met:</b></p> <p>The registered person did not protect service users, and others who may be at risk, by the effective operation of systems to regularly assess and monitor the quality of services provided; or through the effective identification, assessment and management of risks relating to the health, welfare and safety of service users (Regulation 10.(1)(a) and (b)).</p>
Regulated activity	Regulation
Personal care	<p><b>Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010</b></p> <p><b>Records</b></p>

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

**How the regulation was not being met:**

The registered person did not ensure people were protected against the risks of unsafe or inappropriate care by the maintenance of accurate records in relation to care and treatment provided. Also by not maintaining such other records in relation to the management of the regulated activity and not being able to locate such records promptly when required (Regulation 20.(1)(a) and (b) and (2)(b)).

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 15 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 30 June 2013</b>	
This action has been taken in relation to:	
Regulated activity	Regulation or section of the Act
Personal care	<b>Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010</b>
	<b>Care and welfare of people who use services</b>
	<p><b>How the regulation was not being met:</b></p> <p>The registered person did not take proper steps to ensure that each service user was protected against the risk of receiving care or treatment that was inappropriate or unsafe, by means of planning and delivering care in such a way as to meet the service users individual needs and ensure the welfare and safety of the service user (Regulation 9(1)(b)(i) and (ii)).</p>
<b>We have served a warning notice to be met by 30 June 2013</b>	
This action has been taken in relation to:	
Regulated activity	Regulation or section of the Act
Personal care	<b>Regulation 21 HSCA 2008 (Regulated Activities) Regulations 2010</b>
	<b>Requirements relating to workers</b>
	<p><b>How the regulation was not being met:</b></p> <p>The registered person did not operate effective recruitment procedures or ensure that information specified in Schedule 3</p>

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

	was available in respect of people employed for the purposes of carrying on a regulated activity (Regulation 21.(a) and (b)).
<b>We have served a warning notice to be met by 30 June 2013</b>	
This action has been taken in relation to:	
Regulated activity	Regulation or section of the Act
Personal care	<p><b>Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010</b></p> <p><b>Supporting workers</b></p> <p><b>How the regulation was not being met:</b></p> <p>The registered person did not have suitable arrangements in place in order to ensure that persons employed for the purposes of carrying on the regulated activity were appropriately supported in relation to their responsibilities, to enable them to deliver care and treatment to service users safely, including by receiving appropriate training, supervision and appraisal (Regulation 23.(1)(a)).</p>

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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