Care Quality Commission

# Inspection Report

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

# Housing 21 - Bridlington Branch

Applegarth Court, Applegarth Lane, Bridlington, YO16 7NE

Tel: 03701924031

Date of Inspection: 07 January 2014

Date of Publication: January 2014

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

| | |
|---|---|
| **Care and welfare of people who use services** | ✓ Met this standard |
| **Cooperating with other providers** | ✓ Met this standard |
| **Cleanliness and infection control** | ✓ Met this standard |
| **Management of medicines** | ✓ Met this standard |
| **Requirements relating to workers** | ✓ Met this standard |
| **Supporting workers** | ✓ Met this standard |
| **Assessing and monitoring the quality of service provision** | ✓ Met this standard |

## Details about this location

| | |
|---|---|
| Registered Provider | Housing 21 |
| Registered Manager | Miss Christine Sandra Brown |
| Overview of the service | Housing 21 (Bridlington) Branch operates a domiciliary care service from Applegarth Court in Bridlington. It provides care and social support services to older people who may also have a memory related condition. The office is underneath the property where 22 of the people that use the service live in self-contained flats. There are also some people that use the service who live in the community. There is a registered manager, a senior care worker and seven care workers. The service office hours are between 09:00 and 17:00. |
| Type of service | Domiciliary care service |
| Regulated activity | Personal care |

# Contents

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

## Summary of this inspection

### Why we carried out this inspection

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

This was an unannounced inspection.

### How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 7 January 2014, 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 that care and treatment provided by Housing 21 was planned and delivered in a way that was intended to ensure peoples' safety and welfare. The service was 'caring' and 'responsive to peoples' needs'. People told us they thought the standard of care was 'excellent'. They said, "Oh I am looked after very well, the girls are very helpful", "The staff are good girls...they visit to help me with just one task but they never refuse to do anything else I might ask of them" and "The staff spoil me. No matter what I ask it is never too much trouble for them. I have never known such a lovely bunch of lasses".

We found that peoples' health, safety and welfare was protected when more than one provider was involved in their care and treatment, or when they moved between different services. This was because the provider worked in cooperation with others and documentation was seen in peoples' care files to evidence this. The service was effective.

There were effective systems in place to reduce the risk and spread of infection. Staff were trained and guided in good infection control systems and techniques, so people were effectively protected from the risk of harm from infection. The service was safe.

We found that people were encouraged to maintain their independence where medication handling was concerned, but that the support, in whatever form, was available to them and was provided where they required it. This meant that the service was responsive to peoples' needs and therefore people received their medication safely when they needed it and so their optimum health was maintained.

We found that appropriate security and 'fitness' checks were undertaken before staff began work and there were effective recruitment and selection processes in place to ensure staff were the right staff to support vulnerable people.

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

We found that the provider had an effective system to regularly assess and monitor the

quality of service that people received and improvements in the service were made where necessary.  The service was well led.

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

**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.

Care and treatment was planned and delivered in a way that was intended to ensure peoples' safety and welfare.

### Reasons for our judgement

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

We spoke with people that used the service and staff and we looked at peoples' care files. We also observed people interacting with the care staff that visited them. We saw there were policies and procedures in place for staff to follow which included 'confidentiality', 'data protection and consent', 'mental capacity', 'referral', 'care and support planning', 'care and needs assessment', 'client response on a visit', 'nutrition and diet', 'ability to sign documents' and 'support planning review and changes'.

People we spoke with told us they thought Housing 21 provided excellent care and support. They said, "Oh I am looked after very well, the girls are very helpful", "Housing 21 staff are good girls, they like to know if I have any issues, but they maintain good confidentiality with information. The staff visit to help me with just one task but they never refuse to do anything else I might ask of them. They are flexible" and "The staff spoil me. No matter what I ask it is never too much trouble for them. I have never known such a lovely bunch of lasses. Occasionally they change the support they provide but it's never a problem, like when they changed my shopping and cleaning day around. They didn't tell me in advance but it didn't matter to me as I am quite satisfied with whatever they can provide and it makes no difference to me when they shop or clean".

Staff we spoke with said they were very happy working for the service. They said, "I've worked here for three years and I think as a service we do a good job", and "I am quite new to the service but I have learned such a lot. I really enjoy working here, the people we look after are so nice". Staff demonstrated that they understood peoples' needs and told us about some examples of how they provided support.

When we visited people that used the service we saw that staff were polite, unassuming and unobtrusive when working in peoples' homes. We saw that staff interacted well with

people and the staff maintained a professional attitude. Staff were efficient, open and honest.

We looked at peoples' care files and saw they contained a terms and conditions of business document, which was an eight page document that had been signed by each person that received the service as well as the appointed senior carer of the service. Care files contained a 'customer support plan' which showed information about the person's likes and preferences, their next of kin contact details, ailments and disabilities, whether or not they had a key safe in use, if they smoked and the type of housing they occupied. These details were important for staff to be aware of for safety and security reasons. We also saw people had a weekly timetable of the calls or visits they received from staff.

Peoples' 'customer support plans' were structured to include three sections. Section one was information about the support a person required throughout the day time and told us what support people required from getting up in the morning to going to bed at night. It explained about people's personal care needs, the cleaning and shopping support they received and any social time that staff spent with them.

Section two talked about the support a person required with safety, sight, sound and communication and finances, as well as attending social events, maintaining contact with family members and friends, links with the local community and accessing a GP. There was also information in this section on a person's mobility, medical conditions, day-to-day living, domestic chores, nutrition and hydration, safeguarding concerns, fire safety and on utilities supplied. All of this meant that people had every aspect of their support needs planned for and executed.

We saw that people had certain areas of their support risk assessed. These included infection control in the bathroom and food safety in the kitchen. Risk 'pointers' that had been assessed and listed for these areas and that of personal care, covered bathing, wet and electric shaving, bed bathing, use of the toilet or commode, assistance to bed, hoisting, transferring, monitoring weight, laundry and ironing, cleaning, cooking, collection of pension, shopping, open fires and the general environment.

Section three was the part of the 'customer support plan' that provided the evidence that the plan was reviewed and updated. In this section there was also documents such as moving and handling risk assessments, a copy of the placing local authority 'support plan', information about payment for the service, a medication risk assessment, the current domiciliary medication administration record (DomMAR) sheet and the original DomMAR request form, and a medication consent form signed by the person to show they consented to Housing 21 handling their medication. There were also diary sheets (log sheets), details of any hospitalisation and discharge and copies of any other organisation services previously provided. There was a special request form for calls or visits from staff over the Christmas holiday period as some people spent time with relatives and did not require their usual contact with Housing 21 staff. All of this meant that people were clear about the support they had requested and when. It also meant staff were aware of peoples' timetabled needs and so communication was clear and effective.

We also saw archived diary sheets (log sheets) from December 2013 which recorded information about the support people had received, how they presented in their general health and demeanour and whether there were any changes to their conditions and care needs.

This meant that people maintained as much of their independence as they could, but their care and support needs were appropriately assessed and planned for and they experienced a caring, safe and effective service from Housing 21 - Bridlington Branch.

**Cooperating with other providers** ✓ Met this standard

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

## Our judgement

The provider was meeting this standard.

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

## Reasons for our judgement

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

We spoke with people that used the service but they did not give us any feedback about this outcome. We spoke with staff about cooperating with other providers and we saw the types of information that the service shared with others.

Staff told us they cooperated well with other organisations, had good relationships with stakeholders involved in a person's care and shared relevant information where appropriate for continuation in the meeting of meeting peoples' needs. Other stakeholders might include GPs, district nurses, occupational and physiotherapists, community psychiatric nurses, community nurses, workers with the community team for learning disability and specialist such as neurologists or consultants.

We were informed by the manager that whenever a new 'service user' was identified information about them was obtained directly from the person or their family in the first instance. Other information was sought from social services, any of the stakeholders listed above and other agency, service or organisation staff if appropriate.

We were told the service had a particularly good relationship with neurology staff at the St Catherine's Hospice in Scarborough and had recently received their criteria of working with people and consultants in order to be able to liaise with staff and be supported by them on complex care cases.

The manager explained they had also recently made a referral for one person that used the service to access the local authority 'Falls Team'. Staff from this service had been to visit Housing 21 to look at ways of assisting the person when episodes of immobility due to their medical condition overtook them.

The manager also explained they visited people that wished to use the service to carry out

an assessment of their needs, complete risk assessments on the environment and ensure the service could meet the person's needs before they offered to provide a service of care and support.

We saw documents in peoples' care files that corroborated the cooperation that took place between the service and other organisations or care providers. These included hospital admission and discharge notes, copies of letters from health care professionals and social services officers and information about other agencies or private individuals that people received support from.

We saw there was a policy for staff to follow on 'cooperating with other providers'.

All of this meant that people that used the service experienced continued and seamless care when moving between services or when support was provided by more than one service provider.

**Cleanliness and infection control** ✓ Met this standard

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

## Our judgement

The provider was meeting this standard.

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

## Reasons for our judgement

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

We spoke with people that used the service and staff about infection control practices and we looked at staff training records. We also observed the standards of cleanliness maintained in peoples' homes and saw how staff carried out cleaning tasks.

People told us they were satisfied with the staff performance with regard to cleanliness. One person said, "The staff do a grand job of keeping my flat clean. They follow good hygiene practices and always wear aprons and gloves, when giving personal care". Another person told us they managed all of their own cleaning and cooking, but this was later supplemented with information from the senior carer for the service that told us the person received support to rise, wash and dress and with cooking meals. We also saw the carer in this person's home cleaning the bathroom and vacuuming the bedroom. Another person told us they did not receive cleaning support from Housing 21 as they had a private cleaner and nor did they require help with cooking, which was later confirmed by the manager.

Of the staff we spoke with, one of them told us they had not worked in care before and was new to the role. However, they felt they had settled in well at the agency and with the instruction and information they had received on their induction coupled with their own common sense approach, felt they were equipped to provide a good standard of infection control and food hygiene in their work.

The other staff said they had completed infection control training and explained how they ensured people were protected from the risks of infection. When we looked at the training matrix for the service their training was confirmed as having been completed in April 2013. They said, "I follow good hand hygiene, wear gloves and make sure they are changed between jobs. I have responsibility to ensure clinical waste is disposed of appropriately and that I use a sensible approach to all tasks where infection control is essential. I have completed courses on such as MRSA (meticillin-resistant staphylococcus aureus) and Norovirus and have completed basic food hygiene training. This is updated every year with Housing 21". According to the matrix other staff had completed infection control

training in January 2013.

We also saw from training records held that staff had completed training in infection control and basic food hygiene. There was clear instruction to staff for good hand hygiene, safe handling of food and general good practice in protecting people from infections. We saw there were policies and procedures in place for staff to follow on infection control management. All of this meant that people that used the service experienced satisfactory levels of hygiene and infection control and so were at reduced risk of becoming ill due to cross-infection or poor hygiene standards.

**Management of medicines** ✓ Met this standard

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

## Our judgement

The provider was meeting this standard.

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

## Reasons for our judgement

Medicines were handled appropriately. Appropriate arrangements were in place in relation to obtaining and recording medicine. Medicines were kept safely and they were safely administered.

We spoke with people that used the service and staff about handling medicines and we saw how they were stored, administered and recorded. We saw that staff had been trained in medication administration if they were expected to support people with taking medicines. We saw there was a general medication policy in place for staff to follow which was supplemented by forms for recording prescribed and non-prescribed medication and for recording medication administered. There was a medication information leaflet for people that used the service and a consent form for them to sign to give the service permission to handle their medicines.

People told us they were satisfied with the arrangements for handling their medication. They said, "I handle my own medication, what little there is", "I look after my medication myself, though the arrangements for getting it was a little messy before staff helped to sort it out. Now it all comes in together. I keep it in a drawer and the staff keep an eye on the stock levels for me. They also make sure I know which tablets to take. They complete a form and I don't interfere with this at all" and "My meds are sorted, staff order and give it to me and then sign a sheet to say they have given me it. It has changed a lot over the last few months because of my different illnesses, but might have settled down now".

The manager told us that staff administered medication directly from the packets they were prescribed in, when they assisted someone with their medication. Support usually involved making sure stocks were adequate, requests for repeat prescriptions to be obtained had been passed to the office and people were taking the right medication at the right time. Staff were also required to sign the domiciliary medication administration record (domMAR) sheets where these were in place for people that were involved with a placing local authority. We saw the domMAR sheets in one person's home and others that had been archived at the service office. They had been appropriately and accurately completed.

Staff told us they supported people with taking their medication, had completed medication administration training and generally only dealt with the administration side. We saw the staff training matrix which showed all but two staff had completed training in medication handling in 2013. The two staff had last completed this training in 2012 and the matrix showed their refresher training was planned for March and July 2014. Staff said they did not usually order or collect medication, but they informed the office whenever a person's stocks were low and they occasionally collected an extra prescription if a GP had visited the person and left one at the time.

We saw that people were generally in control of the safe keeping of their medication and as would be expected in anyone's home they kept it stored in cupboards. One person had a medication packet out on a table close to them but they were fully in control of the safe keeping of this.

We found that people were encouraged to maintain their independence where medication handling was concerned, but that the support, in whatever form, was available to them and was provided where they required it. This meant that the service was responsive to peoples' needs and therefore people received their medication safely when they needed it and so their optimum health was maintained.

**Requirements relating to workers** ✓ Met this standard

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

## Our judgement

The provider was meeting this standard.

People were cared for or supported by suitably qualified, skilled and experienced staff.

## Reasons for our judgement

Appropriate checks were undertaken before staff began work. There were effective recruitment and selection processes in place.

We spoke with people that used the service but their feedback did not include information about this outcome. We spoke with staff about working for Housing 21 but their feedback did not include information on the recruitment and selection processes they had experienced. Staff did tell us they had completed an induction to their roles. However, we looked at staff files and saw there was sufficient information to assess this outcome.

Staff files contained a recruitment checklist which showed all of the dates when different recruitment processes had begun and when they had been completed. For example there were dates showing when security checks had been requested and received from the Disclosure and Barring Service (DBS), references had been requested and received and such as letters had been sent and interviews had been held. There was a statement at the beginning of each file which told us that the staff member's copy of their contract of working was held at the Housing 21 central headquarters.

We saw evidence that job application forms were completed by candidates, interview letters were sent, interview assessments were completed using a scoring system and outcomes were recorded and security checks were made using the DBS and taking of references. There was also a health check document, evidence that the person had a right to work in the United Kingdom, next of kin details and a signed declaration that they would work according to the 'working time directive'. The service had also checked candidates' identity and completed an Independent Safeguarding Authority (ISA) check before requesting a full DBS check. These details were also included on the recruitment checklist.

We saw a copy of a job description, the staff member's identity badge, emergency contact details for their next of kin, a four unit completed induction programme record, a confidentiality agreement, declaration of fitness to work, training records and a data protection consent form for the service to hold information about the staff.

All of this meant that the service followed a safe policy, procedure and process for

recruiting and selecting staff to work with people, and so vulnerable people were supported by a staff workforce that was security checked and suitably 'fit' to provide them with the care they needed.

**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

Staff received appropriate professional development. Staff were able, from time to time, to obtain further relevant qualifications.

We spoke with people that used the service and staff about skills and training. We looked at staff files and the service's training matrix to confirm the training staff had completed. We also saw the policies and procedures on supporting workers. These included 'gifts and bequeaths', 'limits of authority', 'observation of care workers', 'supervision of care workers', 'appraisals' and 'holiday requests'.

People told us they thought the staff were 'excellent' at what they did. They said, "The staff are very good, they seem to know what to do and are excellent" and "The staff understand my conditions, I cannot find fault with any of them. They are excellent. They don't mention training but then I haven't asked them about it".

Staff told us about the training courses they had completed and we confirmed this information they had given us by looking at the staff training matrix and staff certificates of attendance. We saw that staff had completed courses in moving and handling, use of the hoist, safeguarding vulnerable people, medication administration, nutrition and wellbeing, fire safety, equality and diversity, infection control, dementia awareness, stroke awareness, multiple sclerosis and end of life care. Four staff had also completed National Vocational Qualifications in care at level 2 and 3.

We saw in staff files that there was evidence of shifts having been completed while shadowing another more experienced staff member and evidence that direct observations of staff practice and competence had been carried out in relation to care, moving and handling and medication administration. We also saw there was evidence that care worker surveys were completed, a system for requesting annual leave was in place and supervisions and appraisals had been held. There was evidence that staff had been risk assessed in various areas of their work to ensure their safety with regard to lone working, using hazardous substances, working environments, infection control, managing challenging behaviour, allergies, driving vehicles and wearing personal protective equipment.

All of this meant that staff had opportunities to acquire and improve their skills, could undertake qualifications and were appropriately supervised in their roles. This meant people were cared for and supported by a skilled workforce that was well supported by its employers.

**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 received.

## Reasons for our judgement

People that used the service, their representatives and staff were asked for their views about their care and treatment and they were acted on.

We spoke with people that used the service and staff about quality monitoring the service and we looked at the quality assurance system in use. We saw there were policies and procedures on 'service delivery', 'service delivery validation', 'quality objectives', 'suggestions, comments and complaints', 'investigating complaints' and 'service user rights'.

People we spoke with told us they were asked for their views on occasion. One person said, "The manager has sought my views recently to check that the service was good enough. We also attend meetings and have a newsletter. We recently had a Christmas quiz and prize draw". Another person said they had not been asked to complete a satisfaction survey yet but they had only been receiving the service a few months. A third person said, "I can't remember if I have been asked for my views about the care but the staff always check that I am alright and ask me what I need help with".

Staff we spoke with told us they did not have direct involvement with peoples' satisfaction surveys unless it was to help them complete the form. Staff said, "I know there are some surveys sent out now and then but I don't know about any audits. The staff are 'spot checked' regularly and we also have other observations and assessments carried out on our competence" and "I have no involvement with surveys except to help people fill them out if they wish. I always make a declaration at the bottom of the form to say I have assisted but the words are those of the client. We are asked about the whole service in team meetings and supervisions and if we feel there is anything that should be changed'.

We saw a blank copy of the satisfaction survey that was issued every twelve weeks to a selection of people that used the service and a completed copy from one person's care file dated June 2013. The survey asked people if they thought the staff were polite and courteous, listened to and respected their wishes, arrived on time for their visit and supported them and encouraged their independence. It also asked if people knew how to

contact the office if they had any concerns, how safe their care was, how satisfied they were with the service provided, if they had any suggestions for improvements and whether they wanted to make any concerns known to the office at that time. The completed survey had been answered positively and there were no extra comments made.

The manager told us that all surveys were passed directly to Housing 21 headquarters via electronic mail for collation of information. However, before this happened they were scrutinised for any dissatisfaction declared and the manager would visit the person individually to try to resolve the concern and improve the service. We saw the electronic copy of the last set of information that had been sent to headquarters. Collated information was then used to determine general dissatisfactions and to provide changes to the service so that it improved. Results of surveys were also shared with staff at team meetings and suggestions were aired to decide on a way forward to improve the care or experience of the service user. We saw the minutes of the last staff meeting held in September 2013.

We saw details of some of the audits that had been completed in the last year. These included checks on medication systems and handling, completing and quality of daily diary notes (log sheets), staff training and qualifications, contents and quality of care files, risk management plans and quality of reviews of care.

We were told by the manager that the service had tried holding 'surgeries' for people and their relatives but no one had ever attended. They said the most effective way of checking peoples' satisfaction was to visit them daily and ask if they had any particular needs, wishes or concerns. This was carried out for those people living in the Applegarth Court complex but community based people were visited monthly.

The main approach in quality monitoring the service was very much that of an individual one. People were asked individually and regularly if there was anything they were unhappy about with regard to the service, care and support they received. Overall the quality assurance system was simple. All of this meant that people experienced opportunities to make their views about the service known and to have any areas they had identified for improvement improved.

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

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

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

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

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

## Glossary of terms we use in this report

### Essential standard

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

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

### Regulated activity

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

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

### (Registered) Provider

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

### Regulations

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

### Responsive inspection

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

### Routine inspection

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

### Themed inspection

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

## Contact us

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