

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

Glenbourne Unit

Morlaix Drive, Derriford, Plymouth, PL6 5AS

Tel: 01752763103

Date of Inspection: 27 November 2012

Date of Publication:
December 2012

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

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Staffing	✓ 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	Plymouth Community Healthcare CIC
Registered Managers	Mr. David McAuley Mr. Stephen Waite
Overview of the service	The Glenbourne Unit consists of two inpatient wards (Bridford and Harford) providing assessment, care and treatment for men and women with mental health needs. The Glenbourne Unit can accommodate 46 patients who may be detained under the Mental Health Act (1983).
Type of service	Hospital services for people with mental health needs, learning disabilities and problems with substance misuse
Regulated activities	Assessment or medical treatment for persons detained under the Mental Health Act 1983 Diagnostic and screening procedures 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'.

	Page
Summary of this inspection:	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	5
Our judgements for each standard inspected:	
Respecting and involving people who use services	6
Care and welfare of people who use services	8
Safeguarding people who use services from abuse	10
Staffing	12
Supporting workers	14
Assessing and monitoring the quality of service provision	16
About CQC Inspections	18
How we define our judgements	19
Glossary of terms we use in this report	21
Contact us	23

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 reviewed all the information we have gathered about Glenbourne Unit, looked at the personal care or treatment records of people who use the service, carried out a visit on 27 November 2012 and observed how people were being cared for. We checked how people were cared for at each stage of their treatment and care, talked with people who represent the interests of people who use services, talked with people who use the service and talked with staff.

What people told us and what we found

On the day of our visit we were told that there were 42 patients staying at the Glenbourne unit on the two wards – Bridford and Harford and three patients were on leave. We spoke with 10 patients, 12 staff members including an occupational therapist and advocate and the management team. We looked at eight patients care files, observed care and reviewed information provided to us by the management team about how they ensured the quality and safety of the service.

Patients who used the service understood the care and treatment choices available to them. Patients told us how they were helped to understand the care and treatment choices available to them. Comments included: "I am fully involved in my care and treatment" and "I am involved in formulating my care plan and will write on it if I don't agree with what has been written."

Patients we spoke with who were staying at the Glenbourne Unit said that their care and welfare needs were being well met.

Patients we saw and spoke with confirmed that they felt safe and supported by staff at the Glenbourne Unit and had no concerns about the ability of staff to respond to safeguarding concerns.

Patients we spoke with informed us that staff met their needs in a timely manner. Everyone we spoke with were confident in the ability of staff to provide the care needed.

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

Respecting and involving people who use services ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

Reasons for our judgement

Patients who used the service understood the care and treatment choices available to them. Patients told us how they were helped to understand the care and treatment choices available to them. Comments included: "I am fully involved in my care and treatment"; "I am involved in formulating my care plan and will write on it if I don't agree with what has been written"; "I have used the advocate who attends the ward" and "The staff are amazing, they're brilliant, so supportive and helpful. They always make me feel better when I am down. The staff explain things properly and involve me in my care."

We saw evidence of patients being involved in making decisions about their care and treatment through discussions with staff and through their attendance at ward rounds. We saw that patients family or representatives were involved if appropriate. We observed staff spending time with patients, supporting them to make future decisions about their care and treatment. Care files showed that patients had one to one sessions with staff to discuss their current mental and physical health and to decide on future plans following discharge, such as accommodation and relationships with others.

We saw evidence of advocacy involvement in patients care. We spoke with one of the advocates about the service they offered patients. They explained that they supported patients with ward rounds (this is the process where a group of health and social care professionals meet with each patient to plan future treatments). The advocate told us about a ward round prompt sheet which enabled them and the patient to be aware of what would happen. The advocate's role was to support patients to ensure they were represented and enabled to understand what was being said in the ward round.

Patients who used the service were given appropriate information and support regarding their care or treatment. Patients told us that they had received information about what it meant to be a patient on the Glenbourne Unit and the services available to them to aid their recovery. Information included medication options and their possible side effects, occupational therapy options and psychological therapy benefits for specific mental health difficulties. Patients informed us that they were involved in the planning of their care and support. This was achieved through care plans being developed with patients involved, so they were empowered to be in charge of their own care and treatment. Patients confirmed

that they had copies of their current care plans, so they could refer to them if needed and add information to them if they felt they wanted something adding. One patient told us, "I write on my care plan, this is encouraged and then I discuss with staff. They then update the care plan if it is felt appropriate."

Patients were supported in promoting their independence and community involvement. We saw patients accessing the local community, either visiting the unit's coffee shop or going to the shops with staff support. Three patients were also on leave to their home as part of their discharge planning. We saw that patients detained under the Mental Health Act were encouraged when appropriate to access the local community to aid their recovery.

Patients privacy and dignity were respected. Each ward provided a service to both males and females. We toured each ward and found that separate sleeping areas, bathrooms and toilets were in place with a door dividing them. We saw clear signage to orientate patients to the right area. The television areas were for both males and females during the daytime, but from 7pm these were divided to cater for the preferences of male and female patients. This demonstrated that the Glenbourne Unit recognised the importance of providing a dignified service to all patients with mental health needs.

Patients diversity, values and human rights were respected. We saw that the Glenbourne Unit had a prayer room. We were told that patients frequently accessed the room in order to attend to their spiritual needs and enable them time for reflection and quietness. We were told that there were weekly communion sessions for people to access. We saw these days and times displayed on the wards for patients to refer to. This demonstrated that patients were enabled to attend to their own beliefs whilst staying at the Glenbourne Unit.

Patients human rights were respected. This was through care and support being person centred and the correct use of the Mental Health Act and patient's ability to appeal against their section if they felt they had been detained unfairly. We saw evidence of Independent Mental Health Advocates (IMHA's) and solicitor's details displayed on the wards by the patient telephone. This showed that the Glenbourne Unit recognised the importance of patients having their human rights upheld through them being able to access independent advice when needed.

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

Patients we spoke with who were staying at the Glenbourne Unit said that their care and welfare needs were being well met. Comments included: "You have nothing to worry about here. The staff are lovely and they take me out. I have copies of my care plan which I have signed to say I agree with the care and treatment plan"; "Staff are always available to talk and help" and "The staff are very kind, very caring." We observed patients and staff. We saw plenty of positive interactions taking place and patients looked relaxed and comfortable asking staff for advice or information.

Patients needs were assessed and care and treatment was planned and delivered in line with their individual care plan. Care files showed that assessments had been conducted with the patient at the centre of these processes. We saw evidence of assessments from admission through to discharge, including crisis management. Health of the Nation Outcome Scales (HoNOS) had been completed on admission and had been reviewed in a timely way and when there was evidence of changing mental health needs. HoNOS is a tool used to measure the health and social functioning of people with mental illness, the aim to provide a means of recording progress towards the Health of the Nation target 'to improve significantly the health and social functioning of patients with mental health problems.

Care and treatment was planned and delivered in a way that ensured patients safety and welfare. We saw evidence of detailed, person centred care plans specific to individual needs. Care plans included the assessment and management of risk. For example increased observation levels due to concerns over a patient's safety and welfare and the use of distraction techniques to help manage a patient's emotional distress. We saw that each ward had a de-escalation room, which was an area that patients could go with staff support if they were struggling to manage their emotions and/or if they were deemed a risk to themselves or others. This demonstrated the importance of providing care and support to patients in a holistic, less restrictive and punitive way.

We saw that occupational therapy was encouraged to form an important part of patients treatment plans. We saw that the unit had a dedicated occupational therapy team, whose role was supporting people from admission through to discharge. Activities were varied and included arts and crafts, cooking, exercises, coping strategies and psychological wellbeing. In addition, the occupational therapists conducted assessments with people to

assess their capabilities to manage in the community following discharge, such as their ability and safety when in the kitchen.

There were arrangements in place to deal with foreseeable emergencies. We saw that where medication had to be used to manage a person's behaviour that the correct policies and procedures were followed. We saw evidence of alternatives being offered before moving to rapid tranquilisation. Rapid tranquilisation is used when disturbed or violent behaviour by an individual in an adult in-patient psychiatric setting poses a serious risk to that individual, other patients and staff. Immediate management of such patients is necessary to ensure the safety of other patients and staff and to reduce the patient's level of distress due to acute agitation.

The Glenbourne Unit followed the organisations rapid tranquilisation policy formulated by the Chief Pharmacist. This set out guidance in line with the National Institute for Health and Clinical Excellence (NICE) for the short term management of disturbed/violent behaviour in in-patient settings on the importance of appropriate medication choices for rapid tranquilisation; how to monitor the patient following the use of medication; staff training requirements and administering medication within the legal limits of the Mental Health Act. We saw evidence of the policy being followed, for example the completion of a monitoring form, which documented a patient's vital signs (for example blood pressure, temperature, pulse, respiratory rate, fluid intake and level of consciousness) when they had been administered rapid tranquilisation medication. This demonstrated that patients care and treatment reflected relevant research and guidance to ensure their safety and welfare.

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

Patients we saw and spoke with confirmed that they felt safe and supported by staff at the Glenbourne Unit and had no concerns about the ability of staff to respond to safeguarding concerns. They felt that their human rights were upheld and respected by staff.

Comments included: "I feel safe here and know I could raise any concerns with staff" and "I would not have a problem raising concerns if I had any."

We saw that the organisations observation policy was implemented in practice in line with research and guidance from the Department of Health and National Institute for Health and Clinical Excellence (NICE). The purpose of which set out how observations are an integral part of a therapeutic plan over a 24 hour period and to ensure the sensitive monitoring of patients behaviour and mental state to maintain patient and staff safety. We observed observations being carried out by staff on both wards. This showed that steps were in place to safeguard patients, with timely responses occurring if concerns for a patient's safety or that of others became evident.

We spoke with staff about their understanding of what constituted abuse and how to raise concerns. They demonstrated a good understanding of what kinds of things might constitute abuse and knew where they should go to report any suspicions they may have. Staff informed us that they had received formal safeguarding training.

The provider responded appropriately to any allegation of abuse. We saw a copy of the multi-agency policy and procedures for safeguarding adults. It set out the measures which should be in place to safeguard vulnerable adults, such as working in partnership with the local authority. We saw that both wards had a 'safeguarding adults' flowchart visible in the staff office, which broke down the actions to be taken if an alleged safeguarding concern had been identified. It was easy to follow which enable staff to be clear on their responsibilities, such as informing the nurse in charge, the unit's management team, liaising with the local authority and the completion of an incident form.

We saw that restraint was used on occasions for the safety of a patient and that of others. We saw evidence that this was only used as a last resort when all other interventions had been exhausted, such as distraction techniques and/or one to one talking time with staff. Where we saw evidence of restraint being used there was documented evidence of other

interventions being used first, liaisons with other health care professionals and debriefing sessions with the patient concerned. Staff confirmed that they had received physical intervention and breakaway training to ensure that they were knowledgeable about the principles of restraint and were competent and confident when carry out these interventions and to safeguard patients from harm. We saw that the unit's staff training matrix confirmed this. The management team explained that at all times, the wards were staffed with sufficient staff numbers to carry out restraint safely and emphasised the importance of their staff team having the appropriate training to practice safely. This demonstrated that patients who use the service were protected against the risk of unlawful or excessive control or restraint because the provider had made suitable arrangements.

Staffing

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

Patients we spoke with informed us that staff met their needs in a timely manner. Everyone we spoke with were confident in the ability of staff to provide the care needed. Comments included: "The staff are amazing people" and "The staff are competent and well trained in their roles."

The Glenbourne Unit had put protective time in place between 1 and 2pm on a daily basis. This meant that between these times visits from other health and social care professionals were not permitted. To allow for staff to be readily available the morning and afternoon shift crossed over to ensure the protective time was effective. We saw that at midday there was a cross over of staff, which meant that between midday and 2pm there were additional staff to ensure that protective time could be facilitated. Patients spoke positively of the protective time because it allowed time for community and ward activities to take place without interruption. Patients commented that they would like more protective time because of its value in aiding their recovery.

A member of the management team told us about the required staffing levels on the unit over a 24 hour period. Both wards were allocated five staff members in the mornings and afternoons, which included two registered nurses and four staff members at night, which included two registered nurses. Within these staffing levels a staff member was allocated as the ward coordinator, whose role included ensuring staff were designated to tasks for the day, such as observations and one-to-one time with patients and covering staff shortages due to short notice sickness. In addition to the required staffing levels, the ward manager was supernumerary, which meant they were not included in the numbers and senior registered nurses were allocated one day per week supernumerary in order for them to attend to their continued professional development in line with the requirements of their registration with the Nursing and Midwifery Council. This demonstrated that the organisation recognised the importance of having enough staff on duty at any given time to ensure the safety of patients, staff and visitors. At the same time being mindful of registered nurses having time to develop their knowledge and skills in line with their professional registration.

The management team explained that they had current issues with recruitment and retention of staff, especially registered nurses. In addition one of the wards currently had a ward manager vacancy. During our visit we were informed that the ward manager's post had been filled by someone on a secondment from another service provided by the

organisation.

The management team showed us a current advert for qualified nurses which had been published on the NHS jobs website. This showed that the organisation was proactive in attending to the staffing issues within the Glenbourne Unit. In addition, they showed us their risk assessment for staff vacancies at the unit. It showed where the vacancies were, the possible risks and control measures to alleviate the risks in the interim while they were recruiting staff. The interim measures included the use of a local agency and NHS Professionals, which had been developed by the Department of Health to provide flexible staffing solutions for organisations by having a pool of staff with relevant skills, knowledge and professional experience in order to meet the varying needs of patients within different settings. This demonstrated that the organisation was ensuring that staffing levels remained stable with the use of outside agencies, at the same time making sure they had appropriately qualified and competent people covering the staff shortages to attend to patients needs.

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

Patients we spoke with said that staff were supportive and helpful. Staff knew how to respond to specific health and social care needs and were observed to be competent with such. Staff were able to speak confidently about the care practices they delivered and understood how they contributed to patients health and wellbeing.

Staff confirmed that they received training on an ongoing basis to enable them to carry out their roles confidently. We saw that staff received training on the Mental Health Act, safeguarding vulnerable adults and children, fire safety, infection control, diversity, information governance, moving and handling, conflict resolution, basic life support and first aid, physical intervention and breakaway techniques. This showed that care was taken to ensure that staff were trained to a level to meet patients current and changing needs. In addition, staff had received training on the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards (DoLS), which aimed to help staff to understand how the principles of the Act are transferred into practice. Staff confirmed that the training they received on the Mental Capacity Act (2005) enabled them to be confident when assessing the capacity of patients to consent to treatment when they were informally staying at the Glenbourne Unit. Plus to recognise what would be deemed as restrictive practice and the need for discussions with other health and social care professionals.

Staff received appropriate professional development. We saw that staff were encouraged to undertake additional training in order for them to develop within their roles and to advance in their careers. We spoke with a member of staff who had recently been promoted into a new role as an advanced practitioner. They had completed an external course at a local education establishment supported by the organisation. They were currently completing their preceptorship (a way of enabling transition from academic studies to practice) on one of the wards in order for them to put their learning into practice with the support of allocated mentors. They told us, "I feel really supported by both my mentors and am enjoying my new role."

We saw that the Glenbourne Unit employed newly qualified nurses and that they were encouraged by the organisation. As part of their new role they received a preceptorship, which required them to work closely with their mentors and experienced registered nurses to ensure they developed both their competence and confidence in working in an inpatient mental health unit. We saw the learning contract which needed to be completed during

their preceptorship which set out the areas of practice which needed to be covered and signed off by their designated mentor to help them make the transition from student to accountable practitioner. Additionally, the preceptorship enabled the identification of areas to work on as part of their ongoing professional development.

We saw that the Glenbourne Unit had a library available for staff, which contained up-to-date journals and books on a range of subjects associated with mental health. This provided a resource for all staff, but also enabled registered nurses to attend to the requirements of their registration with the Nursing and Midwifery Council. This showed that staff were encouraged to keep up to date on current best practice in order to provide patients with the right care and support to aid their recovery.

Staff received regular supervision and appraisals in order for them to feel supported in their roles and to attend to future professional development.

We saw the Glenbourne Unit's 'provider compliance assessment' for supporting workers, which provides a tool to assist with self assessment. It set out the measures in place to support workers. The evidence focused on the importance of supporting workers through training, supervision and appraisals. In addition it showed that staff had access to occupational health, counselling and a dedicated bullying helpline to support them in their work.

This demonstrated that the Glenbourne Unit recognised the importance of having a staff team which was well trained and supported in order to meet the needs of the patients staying at the unit.

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 in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

Reasons for our judgement

Patients who use the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. We saw that both wards had a patient's feedback box with forms available for patients to complete. In addition, each ward held community meetings on a weekly basis to attend to any arising issues for patients staying at the Glenbourne Unit.

We saw that staff had been encouraged to complete questionnaires about their support, respect from colleagues, working hours, ability to do their job to a standard they were happy with and meeting demands. We saw results for March, April and May 2012, which evidenced improvements in working hours and meeting demands of roles. This demonstrated that the organisation valued input from both patients and staff to ensure the quality and safety of the service provided.

Decisions about care and treatment were made by the appropriate staff at the appropriate level. We saw that patient care records were audited on a fortnightly basis to ensure that decisions about care and treatment had been recorded appropriately and treatment was planned in light of relevant assessments. Areas covered as part of the audit included Mental Health Act status, capacity to consent to treatment, care plans and risk assessments being up to date and reviewed, involvement of patients in the decision making process and individual assessments, including the use of a nutritional assessment tool.

We saw that a range of audits were carried out by the management team. These were conducted on each ward on an ongoing basis to monitor the quality and safety of service provision. Areas covered included the overall environment, safety considerations, patients, family and health and social care professional involvement, clinical records and training needs. An annual ligature audit was conducted to assess each wards safety and to identify areas of risk. We saw that this had been conducted for 2012 and showed the measures put in place to mitigate the risk to patients. The extent of audits carried out demonstrated that the organisation recognised the importance of ensuring that patients receiving a service were safe and cared for in a supportive and therapeutic environment.

We saw that both wards had received accreditation certificates from the Royal College of

Psychiatrists rated as excellent. This showed that the service was able to demonstrate the quality of care they provided to patients and carers, their wider organisation and commissioners and that they met national guidelines and standards. The accreditation process enabled the organisation to share good practice, spread learning and adopt benchmarking and trend analysis to assess their own performance.

There was evidence that learning from incidents / investigations took place and appropriate changes were implemented. We looked at the incidents which included the involvement of the police over the past six months. We saw that actions had been taken in line with the organisations policies and procedures and that outstanding actions were attended to as a matter of priority. Where patient incidents had taken place we saw involvement of other health and social care professionals and where necessary a patient being transferred to more appropriate facilities, such as a Psychiatric Intensive Care Unit (PICU). This demonstrated that the Glenbourne Unit was both responsive and proactive in dealing with incidents which affect both patients and staff.

The provider took account of complaints and comments to improve the service. We saw the complaints received since August 2012. There was evidence that these had been appropriately followed up by the management team, such as correspondence being sent to the complainant to apologise, learning outcomes being implemented and additional training for staff being put in place. We saw a copy of the complaints procedure displayed on both wards, which set out the procedure which would be followed if a complaint was made. This demonstrated that the Glenbourne Unit ensured that patients were given enough information in order for them to raise any concerns and valued their comments to improve the quality of care provided and the overall running of the service.

About CQC inspections

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

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

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

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

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

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

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

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

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

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

How we define our judgements

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

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

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

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

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

How we define our judgements (continued)

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

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

Phone: 03000 616161

Email: enquiries@ccq.org.uk

Write to us
at: Care Quality Commission
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

Website: www.cqc.org.uk

Copyright Copyright © (2011) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.
