

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

## Dimensions East Anglia Domiciliary Care Office

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Date of Inspection: 28 September 2012

Date of Publication: October  
2012

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

<b>Respecting and involving people who use services</b>	✓	Met this standard
<b>Care and welfare of people who use services</b>	✓	Met this standard
<b>Safeguarding people who use services from abuse</b>	✓	Met this standard
<b>Supporting workers</b>	✗	Action needed
<b>Assessing and monitoring the quality of service provision</b>	✗	Action needed
<b>Complaints</b>	✗	Action needed
<b>Records</b>	✗	Action needed
<b>Requirements relating to workers</b>	✓	Met this standard

## Details about this location

Registered Provider	Dimensions (UK) Limited
Registered Manager	Ms. Christine Farrow
Overview of the service	<p>Dimensions East Anglia Domiciliary Care office provides services to people throughout East Anglia in their own homes or shared tenancies. The agency supports people with learning disabilities.</p> <p>There is a registered manager in post who is supported by two other managers covering all services. Service managers provide further management support taking responsibility for up to four services, depending on the numbers of people using them.</p>
Type of services	Domiciliary care service Supported living service
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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This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 28 September 2012, 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 and talked with staff.

We spoke to the manager. We also visited a sample of people using the service on 1 October 2012.

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### What people told us and what we found

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People who were able to speak with us made positive comments about the staff. They did not feel that staff were ever rude and felt they were treated well. One person told us, "The staff are brilliant. They help me with what I need like shopping." Another person said, "I'm very happy. Staff are nice. They do talk to me about what I want to do, yes." Others told us staff were good and got on well with them. Where people were not able to speak with us we saw that they were comfortable in approaching staff on duty and heard some of them laughing round the table while staff talked to them during their evening meal.

We had some concerns about the way records were maintained. Not everyone using the service had the provider's new support plans fully completed and in place in their own homes. In some cases, the support required was not cross referenced with the assessments of risk so the information was not easy to find. Some files had information that was not easy to follow, was repetitive, or had not been maintained to ensure it reflected people's current needs. Copies of many of these records were incomplete in the agency's office, where they could not be located promptly for inspection or monitored by the management team.

We also found that the quality and safety of the service people received was not monitored and assessed as often as the provider's records suggested and that systems for following up improvements were not always robust to ensure that people remained safe.

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 13 November 2012, setting out the

action they will take to meet the standards. We will check to make sure that this action is taken.

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

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

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

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### Our judgement

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The provider was meeting this standard.

People's privacy, dignity and independence were respected and prompt action was taken to address any concerns. People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

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### Reasons for our judgement

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During our visits we were able to speak with five people using the service and to look and listen to what was happening for another three in their home.

People who use the service were given appropriate information and support regarding their care or treatment. We heard this taking place during our visits. For example, we heard staff supporting people to plan activities for the next day and reassuring them about the arrangements. We heard staff encouraging another person with their medicines.

For people who found it difficult to communicate verbally, other means of communication were used. For example, we found that photographs were used for one person to ensure that they were clear about the day's routines and where they would be going, as well as able to make some choices about what happened by using these pictures.

People were supported in promoting their independence and community involvement. People spoken with were able to tell us about the activities they did and how staff supported them. One person had enjoyed going fishing with staff support. Another told us that staff helped them to sort out their money so that they could budget for outings and holidays. Others showed us pictures of the activities and outings they had undertaken recently and told us about their plans for holidays. Where people were unable to tell us verbally about the things they did, one showed us pictures and for others we could confirm trips out in the local community from their records.

We asked people whether their support plans were discussed with them. People who were able to speak with us told us that they were. However, for one of the people asked, the information in their plan entitled "How it was completed and how I was involved" had not been filled in. The provider may find it useful to note that in most support plans seen, staff recorded that people had been involved in discussions to develop those plans; the only clear space for people to sign any part of their support plans showing they agreed these had been discussed with them, was on the assessments of risks.

One person's support plan showed where they had sometimes refused assistance with preparing a meal that was part of their support package. The person's reasons for this and discussions about it with them were recorded and their decision was respected.

The manager told us about an incident which showed that on one occasion, people's diversity, values and human rights were not respected by staff. We were also able to discuss another incident where people had shown some concerns about the way a staff member responded to them. It was clear from our discussions that the management team took prompt action to address the concerns and to ensure people's rights were protected and promoted. The provider's information about staff conduct showed that they expected staff to support people respectfully and fairly.

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

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**Our judgement**

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The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

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**Reasons for our judgement**

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People told us they felt well cared for by staff. One said that, "I trust staff. They help me with things I want to do." Another told us that they had made a lot of progress since starting using the agency. They said that staff supported them with the things they found difficult, including shopping and budgeting.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. We were able to see from records held in people's homes that their needs were assessed. Staff had guidance about what to do to support people safely and effectively. However, we found that some information had been added to without reviewing what was already present to see if it was still needed. The provider may find it useful to note that this practice had led to one person having 19 separate assessments of risk with guidance for staff about supporting the person safely. This meant that it would be difficult for staff to retain all the information and to be sure they were following the relevant information properly.

We found that people had access to other professionals who could advise how to support them effectively. This had resulted in specialist assessments and guidance for example around behaviour and communication, and also about supporting someone with eating and drinking safely. Staff were able to tell us what they needed to do in order to follow these plans effectively and so to support people safely.

We saw evidence in records that incidents of behaviour which challenged had reduced and staff felt this was because of more consistent implementation of a management and communication plan introduced in January 2012. We know from professionals in contact with the service that where there have been concerns those professionals have been involved in ensuring that people can be supported effectively. Staff were able to tell us about the plan and we saw that one trigger point for behaviour was when people left the building. The guidance for managing this was followed when our inspector left, to ensure any risks of agitation were reduced.

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

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## **Our judgement**

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The provider was meeting this standard.

People 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. Issues of concern would be addressed promptly.

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## **Reasons for our judgement**

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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. There was guidance for staff to follow if they suspected any one was at risk of abuse. Staff had access to training to help them understand what might constitute abuse and the importance of reporting this. The provider also operated a dedicated line for whistleblowers who felt unable to approach a manager within the area with their concerns. Details of the telephone number for this were available in places we visited.

The provider responded appropriately to any allegation of abuse. Where concerns had been brought to the attention of the service that led to abuse being suspected, prompt action had been taken, although (because of issues of confidentiality) if staff raised concerns the resulting action could not always be shared with them. Our records confirmed that the provider referred concerns to the appropriate authorities and took action to ensure people's continued safety where it was needed.

During the course of this inspection we were informed of a safeguarding matter, in that a concern had been raised. This is where one or more person's health, wellbeing or rights may not have been properly protected and they may have suffered (or been at risk of) harm, abuse or neglect. There was evidence that the provider had taken appropriate action by immediately informing the relevant authorities and following their own procedures for responding to it. The overall review of this matter had not been concluded at the time of our visit.

We also looked at a very limited number of records of financial transactions. We could see that in one case, bank statements had been checked to make sure they tallied with appropriate withdrawals from the person's account. However, the provider may find it useful to note that balances of money held for safekeeping on behalf of people using the service, were not always checked as frequently as expected to ensure any issues with possible theft or misappropriation of monies would be identified and followed up promptly. For example, the recording form for daily cash checks for one person, showed these had been omitted (or not recorded) on five days in September.

Where people had, on occasions, to be held safely in order to prevent imminent harm to

themselves or to others, the circumstances around this were investigated by the agency (and safeguarding teams if appropriate) to ensure that it was warranted, was not excessive and was within the law.

**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 always supported to deliver care and treatment safely and to an appropriate standard.

We have judged that this has a minor 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 told us that the staff working with them were good. We had comments like, "I like them, yes". "They are really brilliant". People told us that the staff helped them with the things they needed to do.

However, we found that staff did not always receive appropriate professional development. We noted from the provider's own compliance audits that there were concerns for the frequency and regularity of supervision and appraisal in some places.

One audit completed in December 2011 noted shortfalls in supervision and appraisal that continued when the service was checked again in June 2012. We found that arrangements had improved in the service with the service manager making efforts to ensure this was maintained. In other houses we found staff members responsible for ensuring the staff teams received supervision were making sure this was carried out. However, we found that those staff did not always receive supervision themselves with the same regularity. For example, records showed that one of these staff had themselves received no supervision between July 2011 and February 2012 when they received two sessions. Their next opportunity to discuss their work was in August, six months later. Supervision was needed to ensure that the performance of staff was monitored, they were appropriately supported to work effectively and safely with people and had opportunities to discuss any problems or development needs with a line manager.

We also saw that the provider's audits identified mandatory training such as emergency first aid, and how to move and handle people safely, was out of date. We checked records for five staff at the agency office at random. On two of these we found that training in moving and handling and in emergency first aid, was out of date. For one person this had expired during 2011 and there was no evidence that it had been updated. The same training for the other staff member had expired during 2012. This meant that the provider could not be sure they were up to date with current practices and continued to be competent to support people safely.

Staff spoken with confirmed that training had been a problem but that efforts had been

made to arrange this. However, staff felt it was sometimes difficult to attend if the whole team for one supported living setting was allocated their half day sessions on the same day. They felt this arrangement presented difficulties in ensuring continuity of care for people using services.

## 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.

Although the provider had a system in place to identify and assess risks to the health, safety and welfare of people who use the service and others, it was not always effective in ensuring that shortfalls were followed up and addressed.

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 people using the service but their feedback did not relate to this standard.

There was evidence that learning from the provider's audits did not always take place and that appropriate changes were not always implemented. The provider's systems for monitoring the quality of the service showed, on their compliance audit reports, that these were supposed to be carried out every three months in the various settings where support was provided. We found that this was not always the case. For example, one service was 'flagged' because it had scored poorly in some of the checks that were made, indicating that it needed regular follow up to ensure that it improved. Despite being 'flagged' as concerning in December 2011, one of these had no evidence of a further audit to check the required improvements until June 2012.

Although there was an improvement plan stored electronically in the agency's office following the December report, indicating that improvements were to be made by the end of March 2012, this had not been updated. There was no improvement plan following the June 2012 audit. This audit identified similar shortfalls in training, supervision and appraisal that had been identified in the December audit, showing that improvements had not been made. However, in one service we could see that improvement plans had been updated in the service itself and audits did reflect an improvement. This was not the case in all services visited.

For another service, there were provider compliance audits in May and August 2012. The reports identified immediate concerns at arising at both of these audits. The senior and manager of that service could not recall people using the service being involved in surveys. Areas for improvement, classified using a traffic light system as 'red', had not been updated in the improvement plan to show they had been addressed.

We noted that one audit showed concerns for adherence to procedures for managing medicines and finances and there was an e-mail showing that this was a 'common thread

in East Anglia' in relation to the recording of bank statement transactions in people's cash books. This indicated that shortfalls identified in one service had not been used to check and improve quality across all services. There was a further common thread we could see from audit reports, identifying shortfalls in supervision, appraisal and mandatory training that again, had not been acted upon across all services to improve outcomes for people.

**People should have their complaints listened to and acted on properly**

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**Our judgement**

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The provider was not meeting this standard.

There was a complaints system available. However, comments and complaints people made were not always thoroughly investigated with outcomes recorded.

We have judged that this has a minor 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 were made aware of the complaints system. This was provided in a format that met their needs. We could see from people's records that there was a leaflet about complaints, including pictures, so that they would know who they could complain to. Five people told us that they did not have any complaints. They were able to tell us who they would speak to if they did have concerns and said that they felt they would be listened to. One said that the manager 'would do something about it.'

However, we found that information about complaints was not consistently recorded. Some were logged electronically and some in paper format. The provider expected that these would also be added to the 'knowledge project' folder in electronic files. This was so common issues could be looked at and addressed. We found evidence in one check made that although an area manager had been able to tell the auditor about a complaint, this had not been logged into the 'knowledge project' as part of the concern. The manager acknowledged that these systems meant it would be difficult to establish how many complaints had been received within the last six months and the outcomes of all of these.

People's complaints were not always fully investigated and resolved, where possible, to their satisfaction. Before our visit we had asked the manager for information about the investigation and outcome of one specific complaint. The report supplied did not show that it had been investigated fully and resulted in the Care Quality Commission, commissioners of the service and the local authority's quality monitoring team requesting that this be looked at again. In the report relating to another complaint, a course of action had been agreed with the complainants that included a follow up meeting. This had not taken place and we were told that the complainants felt this was not needed. However, there was nothing in the summary and outcome of the complaint to indicate this and that the complainants felt the matter had been resolved to their satisfaction.

**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.

Record keeping practices varied. Not everyone using the service was protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were not always 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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We spoke with people using the service but their feedback did not relate to this standard.

Records could not be located promptly when needed for inspection at the agency's office.

Copies of up to date assessments, plans of care and risk assessments were not available in the agency's office so that the registered manager and management team could monitor these. We identified that people using the service had only basic personal information on the electronic records held at the office with the exception of one out of seven seen which had been updated. Because it was clear from basic information that other people needed assistance in specific areas, for example around finances or communication, we looked at the sections of the support plans designed for recording this and found them to be blank.

We carried out a similar check for someone needing assistance with eating and drinking. The sections of 'My Support Plan' supposed to record mealtime support was blank, as was the document indicating the person's preferred routines. Decision making agreements were also blank, as were assessments of risks about how to support people safely.

We followed up our concerns by visiting a sample of services. We found that records in people's homes were available so that staff had guidance about supporting people safely. However, not everyone's personal records were maintained as complete and some had not been reviewed to ensure they were accurate and fit for purpose.

For example, one person had no record about who was involved in helping to assess their needs and develop the plan for supporting them safely. The communication profile for the same person had not been updated since October 2011 and there was a risk assessment relating to changes in the environment that was no longer applicable. This related to scaffolding being erected at their home in August 2011 that was no longer present. The assessment of risks for the same person, associated with a woodwork activity was dated December 2010, was not cross referenced with support plans and not signed as reviewed since April 2011 to ensure it continued to reflect the person's current needs and risks.

In other assessments of risk seen, the overall level of risk arising from an activity had not been recorded so that severity, likelihood and impact on the person were known. There was no indication at the end of the assessments whether the proposed actions reduced the risks to an acceptable level so that the activity could continue and the people concerned would be as safe as reasonably practicable.

Record keeping practices were however variable. For some people we visited in their homes, the provider's new system for assessing and recording needs, identifying support and risks and what support staff needed to offer was fully complete, kept up to date and reviewed.

## Requirements relating to workers

✓ Met this standard

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 meeting this standard.

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

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### Reasons for our judgement

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Because there had been a lot of changes in the staff group, we looked at the way staff were recruited. We looked at recruitment records for five staff. Appropriate checks were undertaken before staff began work. These contained evidence that checks had been made to ensure their suitability for work before they were confirmed in post. There was confirmation from the provider's Human Resources Department that enhanced Criminal Records Bureau checks had been obtained. Prospective staff were also checked against the register for people who are barred from working with vulnerable adults.

They also included references as evidence of satisfactory conduct of people in their previous work. There was evidence that anything that was unclear in information obtained was followed up. Interview questions and notes were recorded so that a decision about appointing the prospective staff member could be made based on relevant information.

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 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 could not show that people were always cared for by staff who were appropriately supported in relation to their responsibilities and to deliver care safely. This was because there remained shortfalls in the training, supervision, appraisal and development they received.</p> <p>Regulation 23(1) (a)</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 provider's systems for monitoring the quality of the service were not always implemented in line with their policy and were insufficiently robust in following up identified concerns and risks to show that these were managed effectively.</p> <p>Regulation 10(1) (b)</p>
Regulated activity	Regulation

This section is primarily information for the provider

Personal care	<p><b>Regulation 19 HSCA 2008 (Regulated Activities) Regulations 2010</b></p> <p><b>Complaints</b></p> <p><b>How the regulation was not being met:</b></p> <p>The system for handling complaints was not always sufficiently robust to ensure that complaints were fully investigated and, so far as practicable, resolved to the satisfaction of the person making the complaint.</p> <p>Regulation 19(2) (e)</p>
Regulated activity	Regulation
Personal care	<p><b>Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010</b></p> <p><b>Records</b></p> <p><b>How the regulation was not being met:</b></p> <p>The provider could not be sure that people were protected from unsafe or inappropriate care arising from lack of proper information about their care and treatment, because records were not consistently maintained as up to date. Records could not be located promptly when required at the regulated premises.</p> <p>Regulation 20(1) (a) and 20(2) (a) Health and Social Care Act 2008 section 63(4)(a)</p>

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 13 November 2012.

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.

## 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, 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, primary medical services 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 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.

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

## How we define our judgements (continued)

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

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

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

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

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

## Glossary of terms we use in this report

### Essential standard

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

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

### Regulated activity

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

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

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### **(Registered) Provider**

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

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### **Regulations**

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

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### **Responsive inspection**

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

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### **Routine inspection**

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

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### **Themed inspection**

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

## Contact us

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