

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

Hollyrose House

116 Lodge Lane, Grays, RM16 2UL

Tel: 01375371940

Date of Inspection: 26 November 2013

Date of Publication:
December 2013

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

Consent to care and treatment	✓	Met this standard
Care and welfare of people who use services	✗	Action needed
Cleanliness and infection control	✓	Met this standard
Management of medicines	✓	Met this standard
Requirements relating to workers	✓	Met this standard
Staffing	✓	Met this standard
Supporting workers	✓	Met this standard
Assessing and monitoring the quality of service provision	✓	Met this standard
Records	✓	Met this standard

Details about this location

Registered Provider	Hollywood Rest Home
Registered Manager	Mr. Rajpaul Singh Dhillon
Overview of the service	Hollyrose House is registered to provide accommodation and care for up to 11 adults who have a mental disorder.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or 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'.

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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 26 November 2013, checked how people were cared for at each stage of their treatment and care and talked with people who use the service. We talked with staff.

What people told us and what we found

As part of this inspection process we spoke with the provider/manager, deputy manager, four members of staff and three people who used the service.

Our observations suggested that people living at the service were happy, that they felt safe and were well cared for. It was evident that people who used the service had a good relationship and rapport with the staff who supported them. Comments included, "It's not too bad here, I have no complaints" and "Its alright."

People's health and personal care needs were assessed and there were detailed care plans in place for care staff to follow so as to ensure that people were supported safely and in accordance with people's individual preferences and wishes. Improvements were required to ensure that people who used the service received appropriate social activities. Staff spoken with demonstrated a good understanding of people's health and personal care needs and how each person wished to be supported.

The provider was able to demonstrate that a robust staff recruitment policy and procedure was in place and followed to ensure that people living at the service were kept safe. There was also evidence to show that appropriate arrangements were in place for staff to receive regular supervision and an annual appraisal. We found that medication practices and procedures were well managed and appropriate systems were in place to assess and monitor the quality of service provision.

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

What we have told the provider to do

We have asked the provider to send us a report by 30 December 2013, 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.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Consent to care and treatment

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

Where people did not have the capacity to consent the provider acted in accordance with legal requirements. Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

At our last inspection of the service on 28 September 2012, we had moderate concerns about the provider's arrangements for assessing the needs of people who lacked capacity to make day-to-day decisions. We received an action plan from the provider telling us what they would do to become compliant.

The purpose of the Mental Capacity Act 2005 (MCA) is to empower people to make decisions wherever possible and to protect those who lack capacity by providing a flexible framework that places individuals at the heart of the decision making process.

The records for three out of 10 people who used the service were viewed and these showed that each person had had their capacity to make day-to-day decisions formally assessed. Information included reference relating to people's ability to make decisions, the decisions that people may need help with and the rationale as to why it was in their best interests. The records also showed that a Deprivation of Liberty Safeguard (DoLS) had been made for one person in conjunction with the local authority. The record was seen to be detailed so as to determine the level of understanding and capacity around the person's ability to make an informed decision relating to them being able to leave Hollyrose House unaccompanied.

The deputy manager told us that two people who lived at Hollyrose House were subject to 'power of attorney' arrangements. This is a written authorisation to represent or act on another's behalf where the person lacks the capacity to make decisions relating to their property, financial affairs and/or personal welfare. In addition, the deputy manager advised that no-one had an Independent Mental Capacity Advocate (IMCA) or an independent advocate. Information relating to local advocacy services were displayed within the home environment.

We found that written consent had been sought in relation to individual's care and

treatment, for a photograph of the person to be taken and displayed within their care file, for the person to be weighed at regular intervals, for the administration of medication; and for information to be shared with third parties. We observed during the inspection that staff sought the consent of people who used the service prior to providing support and treatment. Staff provided clear explanations to people about what was happening prior to any tasks being provided.

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

Our judgement

The provider was not meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. Improvements were required to ensure that people's social care needs were met.

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.

Reasons for our judgement

Records showed that the provider had appropriate arrangements in place to assess the needs of people prior to admission. Where appropriate additional information had been sought from the Local Authority and NHS Trusts. This ensured that the provider had taken into account all available information and was able to meet the needs of the prospective person being considered to live at the service.

The care plans for three out of 10 people were viewed. Records showed that each person had a detailed person centred support plan in place detailing their specific care needs and how they were to be supported by staff so as to ensure that people were supported in a safe, effective and consistent way. Records showed that support plans viewed took into account people's ethnicity, gender, religious beliefs, disability and age. In addition records made reference to people's strengths and abilities. This means that care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. The provider may find it useful to note that 'incident' records were not completed for all incidents when cross referenced with the person's daily records. This means that an accurate analysis of the information may not be captured.

We found that risk assessments detailing risks to people's health and wellbeing were recorded and included the actions to be taken to reduce any potential risk. There was evidence to show that people were supported to take risks as part of an independent lifestyle. For example, we were told that one person walked to the local shops independently.

We found that support plans viewed had been reviewed and updated at regular intervals or as and when people's needs changed. This showed that people received the level of care and support they required for their health and personal care needs. Information relating to people's healthcare needs were clearly recorded. Each person was noted to have access to local healthcare services and healthcare professionals so as to maintain their health and wellbeing.

There was limited evidence to show that people who used the service were enabled and supported to take part in appropriate activities both 'in house' and within the local community. For example, the daily care records, for a 14 day period, for one person were reviewed. The records suggested that this person was accompanied to go out for a walk within the local community on three occasions. The records provided no other evidence of meaningful activities and/or stimulation provided. Information relating to the person's personal preferences relating to social activities was not recorded within their care file. Another person's care file recorded that they liked tai-chi, keep fit, flower arranging and art and crafts based activities. The daily care records, for this person were also reviewed. The records suggested that they had not participated and/or been provided with the opportunity to undertake any of these activities. During our inspection three people were overheard to state that they were bored. We discussed this with two people and they told us that they spent the majority of their time sitting in the lounge either listening to music or watching television. A weekly schedule of activities was provided and following discussion with staff we were advised that only three activities were consistently provided for people living at Hollyrose House; and these included tai-chi, 'Amy's beauty' and keep fit. We spoke with three members of staff and they told us that the schedule of activities was not routinely followed and there had been a decline in the activities provided. The rationale for this was discussed with the provider and deputy manager at the time of our inspection. We were given an assurance that the issue would be addressed.

We spoke with three people who used the service. Two people confirmed that they were happy living at Hollyrose House and found the care and support provided to meet their needs. Comments included, "It's not too bad here, I have no complaints" and "It's alright." One person told us that they did not like living at Hollyrose House as they wished to live in their own home and found the home's environment to be too noisy at times. From our discussions with staff and the deputy manager it was evident that staff were aware of the issue.

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 cared for in a clean, hygienic environment.

Reasons for our judgement

The deputy manager told us that since our last inspection to Hollyrose House an Infection Prevention and Control Lead (IPC) had been appointed. The role of the IPC means that they are responsible for ensuring that the service's infection prevention and control arrangements are appropriate and that systems are implemented to ensure that the cleanliness of the service is monitored and standards achieved. On inspection of this person's personnel file we found that there was no evidence to show that they had completed appropriate infection control training. We discussed this with them at the time of our inspection and they confirmed that this training had not been undertaken. However; the provider and member of staff provided assurance that training would be completed as a matter of priority.

At the time of our inspection a copy of the Department of Health Prevention and Control of Infection in Care Homes an Information Resource (Health Protection Agency) was available. This provided statutory guidance for management and staff about compliance in relation to cleanliness and infection control. We discussed this with the IPC lead and they confirmed that they had not read the guidance and were not aware of the 10 compliance criterion against which a provider would be judged on and how it relates to everyday practice at the service. We were given an assurance by the provider and member of staff that they would read the guidance as a matter of priority.

Records showed that infection control audits were completed on 04 October 2013 and 08 November 2013. Where issues had been highlighted on 04 October 2013 for improvement, we found that these had been addressed by 08 November 2013. For example, in October 2013 the provider had highlighted that wall mounted paper towel dispensers, wall mounted liquid soap dispensers and foot operated pedal bins should be purchased for all communal toilets and bathrooms. When we looked around the premises we found these to be in place.

Weekly and daily cleaning schedules were in place for all areas of the home environment. Records showed that these were completed each day by staff on duty.

We looked around the premises and found that all areas of the home environment were clean and there were no unpleasant odours. We found that there were sufficient supplies

of personal protective equipment for staff usage, for example, disposable plastic aprons and gloves. These were for single use only and discarded after personal care with a person who uses the service had been delivered so as to prevent the transfer of infection from one person to another.

On inspection of the home's laundry on 26 November 2013, we found that the laundry facilities were sited so that soiled clothing and infected linen were not carried through areas where food was stored and prepared and did not infringe on people's rooms or communal areas. We found that there were suitable arrangements in place so that dirty laundry was handled with care and reduced the potential spread of infection.

The staff training matrix showed that all but two members of staff had undertaken infection control training.

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

At our last inspection of the service on 28 September 2012, we had minor concerns about the provider's arrangements for the safe storage and recording of medicines. We received an action plan from the provider telling us what they would do to become compliant.

At this inspection we found that appropriate arrangements were in place to ensure that medicines were stored securely for the protection of people who used the service. The temperature of the area where medication was stored was monitored and recorded each day and this was within recommended guidelines.

We looked at the medication and medication records for each person who used the service. Systems were in place to record when medicines were received into the service, when they were given to people and when they were disposed of. The records were well maintained and showed that people who used the service received their prescribed medication as they should. This means that appropriate arrangements were in place in relation to the recording of medication at Hollyrose House. The provider may find it useful to note that where a variable dose of medication was to be administered, the specific dose given was not always recorded.

The provider might find it useful to note that where medication administration records recorded that people who used the service were prescribed PRN (as required) medication, PRN protocols were not completed accordingly. This is used to identify a medication that can be taken as the person needs it rather than on a fixed schedule. This was discussed at the time of our inspection with the deputy manager and they provided an assurance that these would be put in place.

The deputy manager told us that medication audits were completed each month. The audits for September 2013, October 2013 and November 2013 were viewed. Records showed that these were completed well and that where areas for improvement were required, the details of corrective action to be taken had been recorded.

There was evidence to show that all staff who administered medication to people who used the service had received appropriate accredited medication training.

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

The provider was able to demonstrate that appropriate checks were undertaken before staff began work and that they were proactive and had a good understanding of equality and diversity throughout the recruitment process. This was noted to take into account people's gender, age, sexual orientation and ethnicity. In addition the prospective employee was noted to complete an equal opportunities questionnaire.

We looked at the staff personnel records for three members of staff and these showed that all records as required by regulation had been sought. For example, staff had completed an application form and any gaps in the employment record had been explored. In addition there was proof of identification, satisfactory evidence of conduct in previous employment, health declaration and evidence of a satisfactory check having been undertaken by the Disclosure and Barring Service (DBS). The latter helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. The DBS replaces the Criminal Records Bureau (CRB) and Independent Safeguarding Authority (ISA).

The deputy manager told us that there was a six month probation period for staff. The aim of the probation period was to provide a settling in period for the employee and a period to enable the provider to assess the employee's ability and attitude to work. The deputy manager advised that the probation period could be extended if required. We spoke with one member of staff and they confirmed that their induction had been very good.

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

At our last inspection of the service on 28 September 2012, we had moderate concerns that people who used the service had not always been supported by sufficient numbers of staff. We received an action plan from the provider telling us what they would do to become compliant.

The deputy manager told us that there were 10 people living at Hollyrose House at the time of our inspection. The deputy manager advised that staffing levels at the service were three members of staff (including one senior member of staff) on duty between 8.00am and 10.00pm and two members of waking staff (including one senior member of staff) on duty between 10.00pm and 8.00am each day. They confirmed that in addition to providing care for people who used the service, staff also undertook catering, housekeeping and laundry tasks. The deputy manager confirmed that arrangements were in place to employ a chef for the service. The manager's hours were supernumerary to the above staffing levels.

The provider confirmed that the dependency levels of people living at Hollyrose House were not determined as the basis for deciding staffing levels at the service. There was no evidence to show that this information was recorded and that the provider reviewed staffing provision to ensure that they had the right number and mix of staff with the necessary skills and experience to meet the changing needs of those living at Hollyrose House.

We reviewed four weeks staff rosters and found these to accurately reflect staff on duty at the time of our inspection. We found that staffing levels as told to us by the deputy manager were being maintained each day. Our observations showed that staff deployment within the service was appropriate to meet the needs of people living there. Communal lounge areas throughout the day were supported by appropriate numbers of staff and where assistance was required by people who used the service this was provided in a timely manner. We spoke with four members of staff and they confirmed that staffing levels at the home were maintained each day. Where staffing shortfalls were experienced as a result of staff sickness, annual leave and/or unforeseen emergencies, there was evidence to show that the provider could respond appropriately and alternative arrangements were made to ensure that staffing levels were maintained.

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

At our last inspection to the service on 28 September 2012, we had moderate concerns about the provider's arrangements to ensure that staff received an induction and opportunities for professional development. We received an action plan from the provider telling us what they would do to become compliant.

A copy of the staff training matrix was provided for us at the time of the inspection. The deputy manager confirmed to us that mandatory training for staff was completed at annual, bi-annual and three yearly intervals. This referred specifically to food hygiene, health and safety, fire awareness, basic first aid, manual handling, infection control, dementia awareness, safeguarding of vulnerable adults and mental health awareness. The training matrix showed that the majority of staff's training was up to date. The deputy manager advised that training for staff consisted of e-learning and 'face-to-face' training from an external trainer. We spoke with three members of staff and they confirmed that they found that training methods provided met their learning needs.

The induction training records for three newly appointed staff were viewed. Records showed that each member of staff received a detailed 'in-house' induction. A record was noted within staff's personnel files advising that they did not require completion of Skills for Care Common Induction Standards as they were experienced care staff and had achieved a National Vocational Qualification (NVQ). We spoke with two members of staff and they confirmed that their induction had been a very positive experience. Staff told us that they felt valued as a member of staff and found there to be good teamwork amongst staff members.

The provider's supervision policy detailed that all staff should receive formal supervision at three monthly intervals. The records for four members of staff were viewed and these showed that each person had received regular supervision. Where records were in place these were detailed and covered issues relating to all aspects of practice, roles and responsibilities, workload management and monitoring, identification of learning and training needs and individual performance. Where issues were highlighted, an action plan was completed detailing areas for improvement and timescales for action.

The provider's supervision policy also recorded that all staff should receive an annual appraisal. Records for two members of staff employed longer than 12 months were looked at. Records showed that each person had received an annual appraisal. The purpose of an annual appraisal is to ensure that staff are competent and provide a high standard of care and support to people who use the service.

Assessing and monitoring the quality of service provision

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

At our last inspection of the service on 28 September 2012, we had minor concerns about the provider's arrangements to regularly assess and monitor the quality of the service provided at Hollyrose House. We received an action plan from the provider telling us what they would do to become compliant.

There was evidence to show that satisfaction surveys for people who used the service and those acting on their behalf had been completed in October 2013, so as to determine peoples' views about the quality of the service provided. An analysis of the information showed that people were happy living at Hollyrose House and that they found staff to be kind and caring. The views from others recorded that they were always made to feel welcome and that there was a nice friendly atmosphere at the service.

The provider was able to demonstrate that since our last inspection to the service in September 2012, an on-line quality assurance system had been implemented and completed. This was noted to cover five key areas and enabled the provider to 'self-audit' by identifying areas of compliance and/or non-compliance; and the subsequent evidence as to how this had been achieved. The provider may find it useful to note that the evidence section of the 'self-audit' tool was not detailed and required further improvement.

Records showed that staff meetings were conducted at regular intervals. The purpose of these meetings was to enable staff to have 'a voice', to raise issues and for the management team of the service to action these.

We looked at the complaints policy and procedures which informed people how to make a complaint and included the stages and timescales for the process. We spoke with three people who used the service. They told us that they were not aware of the complaint procedure but would report any concerns to a staff member. We asked to view the complaint records. The deputy manager told us that no complaints had been received within the preceding 12 months. In addition there was no record of compliments maintained so as to capture the service's achievements.

Records

✓ Met this standard

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

Reasons for our judgement

At our last inspection of the service on 28 September 2012, we had moderate concerns that people who used the service were not fully protected against the risks of unsafe or inappropriate care and treatment arising from a lack of proper information about them because an accurate record had not been maintained. We received an action plan from the provider telling us what they would do to become compliant.

At this inspection we found that an accurate record of people's care and support needs was maintained. Where people's care and support needs had changed there was evidence to show that their individual care plan had been reviewed and updated to reflect the new information. We found that records were securely stored but accessible for those authorised to have access so as to ensure individual's confidentiality.

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
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services
	How the regulation was not being met: Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. Improvements were required to ensure that people's social care needs were met. Regulation 9(1)(b)(i)

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 30 December 2013.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

About CQC inspections

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

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

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

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

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

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

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

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

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

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

How we define our judgements

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

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

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

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

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

How we define our judgements (continued)

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

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

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