Inspection Report

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

Spring House Residential Care Home

Spring House, Peter Tavy, Tavistock, PL19 9NP Tel: 01822810465

Date of Inspection: 24 June 2014

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
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Spring House Residential Care Home
Registered Manager	Mr Matthew Luckham
Overview of the service	Spring House Residential Care Home provides accommodation and personal care to a maximum of 25 older people who may have the condition of dementia. Health care needs are met through community health care services.
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'.

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 24 June 2014, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members and talked with staff.

What people told us and what we found

We considered our inspection findings to answer questions we always ask;

Is the service safe?
Is the service effective?
Is the service caring?
Is the service responsive?
Is the service well-led?

Below is a summary of what we found. The summary is based on our observations during the inspection, speaking with people using the service, the staff supporting them and from looking at records.

If you want to see the evidence supporting our summary please read the full report.

Is the service safe?

One member of staff told us "I have had safeguarding training. If I notice a bruise I would check if this had been recorded; anything we pick up is recorded. I would immediately report any concerns about the way someone was being treated to the registered manager. People are vulnerable it is down to us to protect them". This showed people were protected from abuse.

We looked at three care folders during our visit and saw that risk assessments had been completed and noted that all of these had been reviewed monthly. Risk assessments completed included a falls risk assessment, movement risk assessment and a comprehensive general risk assessment. This showed that the organisation reduced the risk to people of receiving unsafe or inappropriate care.

Systems were in place to make sure that staff learnt from events such as accidents and incidents, complaints and concerns. This reduced the risks to people and helped the

service to continually improve and showed the service was safe.

Is the service effective?

The service was effective. Care plans were very detailed, comprehensive and reflected personal preferences.

There was clear guidance for staff to follow to ensure appropriate care was provided. Care plans were reviewed and updated monthly and we saw evidence of equipment being provided to maintain independence and ensure people were comfortable.

We saw that the organisation consulted with the person's GP when a deterioration in health was observed and care had changed following advice by the GP. We saw at a later review there had been a significant improvement in the person's health and care plans had been updated to reflect this change in need. This showed that people received effective, safe and appropriate care.

Staff we spoke with told us they had sufficient information to provide the level of care that people required and that communication about care needs within Spring House were good.

We spoke with three staff during our inspection and all staff told us they felt well supported. One member of staff said "If I had a problem I would talk to my senior and the registered manager is very approachable. There is always someone to speak to if I needed to; I would never hesitate. There is superb support; we are a team and each of us support one another, nobody is left on their own. Another member of staff told us "there is good support, the registered manager and other staff are very approachable".

Is the service caring?

The service was caring. A member of staff we spoke with said "I will go in to the person's room in the morning and say good morning and ask what they would like to wear. I will show them different clothes to choose from. We like to co-ordinate clothes, we like people to look nice and will give a spray of perfume. Maintaining people's dignity is very important".

During our visited we observed people in the lounge, in the garden and during lunch time and we observed that staff interacted with people in a caring, respectful and sensitive way. Some people required assistance to eat their meal and we observed staff sitting with people patiently helping and encouraging them to eat and giving people the time they needed.

We spoke with three people during our visit and each told us they were happy with the care they received. One person said "I am looked after properly; I would tell them if I wasn't. It's pretty good considering; we go out to tea and have music days quite often, I love music. The place wouldn't be the same without music. Lots of people come and visit. The food is good, if you don't like something you can have something different.

Is the service responsive?

The service was responsive. We noted that staff responded to requests from people very quickly and we noticed one person who was a little distressed being responded to by two staff in a timely and appropriate way. Throughout the day we observed that staff regularly

asked people if they were comfortable or wanted anything.

Care records included a personal life history. One member of staff told us "We use life history information as a source for discussion with people and this has been very positive. When reminding one person of an event in their life you could see a twinkle in their eye".

Care was planned to meet individual needs. We noted in one person's records they had night time continence problems as they forgot where the bathroom was. A commode had been provided in the person's room and a pressure mat fitted which alerted staff when the person got out of bed. They could then offer assistance.

Is the service well-led?

The service was well led because staff had a good understanding of the ethos of the home and the quality of care they were expected to provide.

One family visitor we spoke with said "Surveys and questionnaires are undertaken and I have been involved. They are always asking for suggestions; they are very open".

We saw that paper records of accidents had been kept and we noted that accidents had been reported appropriately. We were informed by the registered manager that accidents were also recorded in the computer system and this allowed for easy searching and collation of any recurring themes that could occur.

Senior staff had a weekly meeting that was used to share information relating to complaints, accidents or incidents that may have occurred.

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

People were supported in promoting their independence and community involvement.

People's diversity, values and human rights were respected.

People expressed their views and were involved in making decisions about their care and treatment.

There were 23 people living at Spring House Residential Care Home on the day of our visit. Most had dementia and were unable to tell us about the service they received.

We spoke with a family member of one person living at Spring House who told us "little things are important here. Clothes are always co-ordinated and necklaces are matched to clothes"

We asked staff how they ensured people were respectfully cared for. One member of staff we spoke with said "I will go in to the person's room in the morning and say good morning and ask what they would like to wear. I will show them different clothes to choose from. We like to co-ordinate clothes, we like people to look nice and will give a spray of perfume. Maintaining people's dignity is very important".

Another member of staff told us "we encourage ladies to wear trousers as this helps to maintain their dignity if we need to use equipment to help them move, but people may choose to wear a skirt and this is alright". They went on to tell us that one person had wanted to wear a skirt on the day of our visit and sometimes she was "rather un-lady like in the way that she sat so we try to watch her to ensure her dignity is maintained". During our inspection we saw staff sensitively reminding this person to adjust her skirt.

During our visited we observed people in the lounge, in the garden and during lunch time. We noted that staff interacted with people in a caring, respectful and sensitive way. Some people required assistance to eat their meal and we observed staff sitting with people

patiently helping and encouraging them to eat and giving the time they needed for this.

We asked staff how they ensured people were involved in their care. One member of staff said "I always talk to people and explain what I am doing and why, I talk through everything". Another member of staff told us "I always talk to people and give people different ways to make choices. For example I show the person different clothes". A third member of staff said "You get to know people well and the routines that they have. Sometimes people are not able to say what they want but you get to know the individual, everyone is an individual. One lady is deaf and so we use signs to help communication".

We looked at the care records for three people living at Spring House and saw personal life histories that included people's preferred routines and preferences, such as the clothes they preferred, whether they liked a bath or a shower and their preferred foods. This provided the information so people could be supported in the way which was individual to them.

Care reviews were undertaken monthly and inclusion of the person or their family was indicated in the records. We asked staff about the involvement of people and their family in care reviews. One member of staff said "We contact the family before the review and see if they can come in and talk with us; when possible people will also sit in on the review. I will usually ask the person and their family member to talk together first and then we all come together to share how we feel things are progressing. I then complete the review. We may talk to a family member on the telephone if they are not able to join us for the review".

We spoke with a family member who said "I am fully involved in care, if I have any queries they are always answered. I usually attend the residents' meeting that happens every six months as I am an advocate for my mother. There is good communication by telephone and email".

The registered manager told us that people were encouraged to be as independent as possible. He gave an example of someone who wanted to go out independently but had not been allowed to do so in their previous home. A risk assessment was completed and appropriate measures put in place that meant the person was able to leave Spring House independently. It was recognised that there was a potential risk but there were significant benefits for the person in being able to do this and reasonable precautions had been taken.

Care and welfare of people who use services ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

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

The registered manager had developed a comprehensive computer based system that included both staff and care functions. Care functions included the recording of assessments, risk assessments, care plans, care reviews and notes. In addition there was a messaging system that was used by all staff. The system "flagged up" the areas of need that required monitoring for each person and staff recorded when this was completed and the outcome of care given.

We looked at three care folders during our visit and saw that initial assessments, risk assessments and care plans had been completed and noted that all of these had been reviewed monthly. This showed that people's care was reviewed to ensure changing needs were identified and care changed accordingly.

Risk assessments completed included a falls risk assessment, movement risk assessment and a comprehensive general risk assessment. The assessments showed that the home understood risks associated with the needs of people using the service.

In one risk assessment it had been recorded that the person was not eating well and had difficulty chewing foods. The treatment plan stated that the GP had been contacted and had advised that a food supplement and a soft diet should be given. In the most recent review it was noted that the person's appetite had improved and there was no longer a need for a food chart to be maintained. A soft diet was still required due to the difficulty in chewing. We saw the actions to take included reference to no longer requiring the food supplement. This showed that the organisation was responsive to people's changing needs.

Care records included a personal life history. This covered areas such as family life as a child to preferred daily routines as an adult. This information was particular important for people suffering dementia who may not be able to communicate this information. One member of staff told us "We use life history information as a source for discussion with

people and this has been very positive. When reminding one person of an event in their life you could see a twinkle in their eye".

Care plans were very detailed, comprehensive and reflected personal preferences. There was clear guidance for staff to follow to ensure appropriate care was provided. Care plans were reviewed and updated monthly.

We saw evidence of equipment being provided to maintain independence and ensure people were comfortable. For example we noted in one person's records they had night time continence problems as they forgot where the bathroom was. A commode had been provided in the person's room and a pressure mat fitted which alerted staff when the person got out of bed. They could then offer assistance.

Reviews had been undertaken monthly and these were recorded in the computer system. The review format was comprehensive and included areas of physical health, mental health and personal care needs. Each section had a brief description of the person's current situation and any actions required to be completed. The person's level of need was also scored and this was compared to the level of need recorded at the previous review. It was possible to view a graph of the previous twelve months records which showed any changes in the persons level of care needs in each area reviewed.

We spoke with three care staff and asked them how they ensured that any concerns they may have about the person's health or care needs were addressed. They told us they reported any changes to the senior person and these would be noted in the computer care record and could result in increased monitoring or an appointment with the GP.

At each shift handover meeting key records from the previous shift (or shifts depending on what time of day) were printed out. It was possible for staff to "red flag" key records that needed to be printed out over a longer period of time to ensure all staff had the information required. We were present at a handover meeting and observed the notes being used to inform staff coming on duty of each person's current care needs.

Staff we spoke with told us they had sufficient information to provide the level of care that people required and communication about care needs within Spring House were good.

We spoke with three people during our visit and each told us they were happy with the care they received. One person said "I am looked after properly; I would tell them if I wasn't. It's pretty good considering; we go out to tea and have music days quite often, I love music, the place wouldn't be the same without music. Lots of people come and visit. The food is good, if you don't like something you can have something different".

Another person told us they are "very nice people that work here; they look after us. My family come and see me". Another person said "It is nice here; we have three choices of lunch and desert. On Sundays we have a roast".

We spoke with two visitors on the day of our inspection. One person said "It is splendid, very nice, very good, and very friendly. I have been coming several years and staff are always very welcoming; we can come anytime. The atmosphere is very nice". Another person told us that it was a "lovely home, a home from home. There are always things going on. I check the website before I visit to see if there is anyone coming to the home to entertain as my mother enjoys this and I don't want her to miss it".

We noted details of activities for the week of our visit displayed in the lounge and saw a range of activities for the month were listed on the organisations website. On the day of our inspection an accordionist was entertaining in the afternoon with songs and tunes that people enjoyed

There was easy access to a garden where people could enjoy the shaded areas and relax in a safe outdoor space

Safeguarding people who use services from abuse ✓ Met this standard

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

People who used 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.

We were advised by the registered manager that Spring House Care Home used the local authority's multi-agency safeguarding adults policy and a whistleblowing policy that gave details of who staff should contact in the case of any concerns about possible abuse. We saw that both these policies were easily accessible in the organisations computer based system and whistleblowing was a topic covered in the organisations induction programme.

Although we saw the information was readily available the provider may find it useful to note that some staff we spoke with were unclear about who to contact outside of the organisation if they needed to raise an alert. However, these staff were very clear about reporting any concerns about possible abuse to the registered manager, and said they would not hesitate to do this if necessary.

We asked staff about their understanding of adult safeguarding and all three staff we spoke with were able to tell us the possible types of abuse and the signs to look for that may suggest a person was being abused. This showed that staff had been made fully aware of this information.

One staff member told us "I have had safeguarding training. If I notice a bruise I would check if this had been recorded; anything we pick up is recorded. I would immediately report any concerns about the way someone was being treated to the manager. People are vulnerable it is down to us to protect them". Another member of staff explained to us that if a person had been abused there may be "unexplained bruising or the person may act out of character. I would report any signs of abuse to the senior or manager".

A member of staff told us that they had "safeguarding adults training which included watching a DVD and also social care television". They went on to say that they may notice "a person acted differently around a particular person or member of staff, they may not

want to join in activities when previously they were keen to do so or they may suffer from stress incontinence; there may be changes in the person that were not accounted for". They told us that they would report any concerns to the registered manager and were aware that the relevant policies were available in the computer system.

Many people living at Spring House lacked capacity to make an informed decision about living there. In the care records we reviewed we saw that mental capacity assessments had been undertaken every thirty days and following these assessments it had been noted that the person was not able to give informed consent to living in the home. This showed that the home was aware of how to uphold people's rights and protect people from unlawful restrictions.

Some people living at Spring House were prone to walking without obvious purpose and were deemed to be at risk if out in the community alone and therefore keypads were used on doors to ensure people were kept safe. In response to the Judgment of the Supreme Court P v Cheshire West and Chester Council and another P and Q v Surrey County Council (March 2014) the registered manager informed us he had applied to the local authority for deprivation of liberty authorisations for fifteen people.

We asked how the current arrangements worked and we were informed that if someone was risk assessed as being safe to leave the home alone they would have access to the keypad number. When someone wanted to out but required support to do this a staff member would be allocated as soon as possible within the same day to ensure this happened.

On person we spoke with said "I feel safe here".

We asked staff what they would do if a person living at Spring House asked them to assist in writing their will. All staff were very clear that this was not appropriate and would inform the registered manager. Staff told us they did not accept gifts. This showed that people were protected from staff inappropriately benefiting through the close working relationships that could develop between people and staff caring for them.

Supporting workers ✓ Met this standard

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

The provider has secured high standards of care by creating an environment where clinical excellence could do well.

We spoke with three staff during our inspection and each told us that they felt well supported. One member of staff said "If I had a problem I would talk to my senior and the manager is very approachable. There is always someone to speak to if I need to; I would never hesitate. There is superb support. We are a team. Each of us support one another, nobody is left on their own. Another member of staff told us "there is good support, the manager and other staff are very approachable".

The registered manager explained that staff had a quarterly one to one supervision session with a senior person and these sessions included an on-going appraisal process. This showed that the organisation ensured staff were properly supported and staff development was encouraged.

Staff we spoke with confirmed they had supervision of their work and we saw the template that was used to structure these sessions. The template included a scale for staff to express how they felt about seven areas including happiness in their current role, quality of communication, cleanliness and quality of training. There was space for comments about each area. The registered manager told us that the templates were used to provide a starting point for discussion between the member of staff and supervisor.

One senior member of staff we spoke with (who supervised other staff) explained that the supervision sessions were an opportunity to provide positive feedback and also address any issues that may arise in the session. It was also an opportunity to identify training needs that staff may have. They told us they felt staff were able to express how they felt and then these issues could be worked on. They informed us they had felt "well supported and encouraged to develop".

We looked at seven staff files and saw that with just one exception supervision records were present for all staff. These records showed a supervision session had been held within the last three months. However the provider may find it useful to note that prior to

this there were some extended periods that supervision had not been recorded.

The registered manager told us he was very keen to encourage staff training and paid staff for the time they spent undertaking training. The registered manager had identified core training that staff with different roles and responsibilities needed to undertake on a regular basis. The organisations computer system showed staff the training they had completed and when training was out of date. Training was discussed at staff supervision sessions. All staff we spoke with were aware of the training they needed to complete to bring them up to date.

One member of staff we spoke with said "Access to training is good. We have on-line training and also DVD's and some face to face training". Staff told us that they had received training in such areas as manual handling, food hygiene and also training in using equipment. End of life care and working with people with dementia were also key training topics. One member of staff said "we are paid for the time we spend training and we are expected to do one topic a month".

The organisation had an induction programme new staff worked through. The subjects included the organisations philosophy, orientation to the home, the computer system, handover and rotas, policies, moving and handling and personal care. There was also core training for new staff. The registered manager explained that staff were expected to complete their induction training as soon as possible and this was encouraged by increasing the member of staffs salary when the training was completed.

We looked at one staff file for a person that started working for the organisation in January 2014 and saw that the induction programme had been completed in twelve weeks.

Staff we spoke with told us new staff would usually shadow a more experienced member of staff when they first started working at Spring House. One member of staff said "there are two new members of staff starting work next week and they will initially shadow to ensure they are working to the necessary standards". The registered manager confirmed that new staff were additional to the shift and staff in the role of senior care manager observed and assessed new staff to ensure they were competent to undertake tasks at the expected standard.

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

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

The provider took account of complaints and comments to improve the service.

A quality assurance survey was sent to people living at Spring House and family members in April and October each year; the results were published in graph form on the organisations website and results of the most recent survey were compared with the results of previous surveys.

The most recent survey was undertaken in April 2014 and covered areas such as comfort of rooms, quality of care, friendliness of staff, cleanliness of home, choice of meals, quality of meals, décor of home, response to complaints, laundry service, social activities and overall impression.

One family visitor we spoke with said "Surveys and questionnaires are undertaken and I have been involved. They are always asking for suggestions; they are very open".

A regular residents meeting was held which all residents were invited to. This was used to inform people of forthcoming events, any changes within the home and was also an opportunity for people to express how they were feeling. A visitor we spoke with who was also the advocate for her mother told us that they usually attended the residents meeting.

We saw that paper records of accidents had been kept and we noted that accidents had been reported appropriately. For example in one file we looked at we saw that a fall had been reported that had not been witnessed and no apparent injury had occurred. We were informed by the registered manager that accidents were also recorded in the computer system and this allowed for easy searching and collation of any recurring themes that could occur.

The registered manager explained that senior staff had a weekly clinical review meeting.

These meetings would also be used to share information relating to complaints, accidents or incidents that may have occurred. Notes were kept of these meetings and were available for all staff to view on the computer system. In addition, staff were alerted to any key messages such as learning from an incident or a complaint through the organisations messaging system. New messages were visible on the screen when a member of staff logged on to the system.

A member of staff we spoke with told us that any incidents or complaints would in the first instance be investigated by the registered manager and the outcome fed back to staff through the computer messaging system that allowed for individual or group messages to be sent. They told us this was "used effectively".

One member of staff told us that there was a daily audit of the medicines administration records and that other medicine audits were undertaken regularly, such as ordering and receiving medicines and the use of creams.

The organisations computer system provided a structured approach to both care and staff functions within the home and was therefore central to the service provided.

A function of the system was to list any new care records added, any records edited or updates to body maps. This provided an on-going audit of what was happening within the computer system. It showed the date and time of any new record or change to a record, the care plan area affected, the action (i.e. if it was a new record or edited record), the field effected, information recorded prior to and after the change and who made the change to the record. This ensured that there was a strong governance process in place to monitor changes to care information recorded within the system.

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.

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