

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

Bradbury Manor

Nursted Road, Devizes, SN10 3AF

Tel: 01380732620

Date of Inspection: 16 October 2013

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	Wiltshire Council
Registered Manager	Mrs. Karen Taylor
Overview of the service	Bradbury Manor provides planned and emergency short term respite care for up to ten people with a learning disability, some of whom may have additional physical care needs. All accommodation is on the ground floor and in single rooms. There are shared recreational rooms and accessible gardens.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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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 16 October 2013, observed how people were being cared for and talked with people who use the service. We talked with staff.

What people told us and what we found

The service provided short break accommodation with care, mainly to people who stayed there regularly. One person told us "I always have my own key when I'm here. It's here, look. No-one can go in unless I want them to."

We saw the analysis of feedback from people who had used the service at Bradbury Manor. One person had written "I think it's brilliant. I always look forward to coming in."

The documentation we reviewed, and discussions we had confirmed that people's needs were assessed and then care and treatment was planned and delivered in line with their care plan. This documentation contained risk assessments for each person. These were written in easy-to-read language. The assessments were based on attempting to ensure people could do things, rather than stopping them from becoming involved in situations which might be a risk.

It was clear that staff understood the requirements of the safeguarding policy and followed the correct procedures. Concerns had been dealt with appropriately.

We saw documentation regarding induction, supervision and appraisal, which confirmed that staff received appropriate professional development. People told us they were confident about the ability of the staff who looked after them.

We heard and saw evidence which confirmed that the manager was concerned to improve the quality of service for the people who used Bradbury Manor, through understanding learning from feedback and from elsewhere.

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.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

The manager told us that the service worked with about sixty people living in Wiltshire. We were shown the process which the County Council used to decide how much support people would receive. This was based on an assessment of the needs of both the people who used Bradbury Manor and their relatives or other carers. The manager and her senior staff used this information to work with the person and their family, and book the appropriate stays and support. This included agreeing which weekends and which mid-week breaks would be used. We saw that bookings had been agreed until the end of December 2013.

We spoke with one person who told us that they always used the same room "and I like it that way." The manager told us "This depends on their mobility and whether they can get to the dining room. I also have to take into account who is here at the time. There are people who like to be here together and there are people who would rather not be here if someone else is here. That might affect the use of rooms."

It was clear, from the information provided that the manager and her staff ensured that people who use the service at Bradbury Manor understood the care and treatment choices available to them. This was assisted by the service user guide for Bradbury Manor, which we were shown. This was entitled 'customer's guide' and throughout our inspection staff referred to people who used the service as customers. We were told by a member of staff that this was intended to show how the people were entitled to choose which services, activities and support they used during their stay. This member of staff also told us that it made the staff "think about how we work with people, because they are in charge."

The guide stated that the service provided short break accommodation with care, mainly to people who stayed there regularly. There was a written explanation of what people could expect. This was accompanied by photographs, for instance of the entrance and pictures, for instance of the types of food available.

The guide stated that all the bedrooms were en-suite and we looked to confirm that this was the case. We saw that some bedrooms had larger shower areas than others. One member of staff explained "This is because we have people staying who need to use hoists and one person showers whilst still on their bed." Another member of staff confirmed that "all personal care takes place in people's rooms." The guide also stated that people could have a key to their bedroom, if they wanted to. One person told us "I always have my own key when I'm here. It's here, look. No-one can go in unless I want them to."

The guide also stated that there was 'a telephone you can use to ring people'. The manager told us "This is a mobile phone which can operate anywhere in the building. Mobile reception is not good here but I did some research to find one which can be used anywhere. It does mean people can keep in contact with their families whilst they are here, and it doesn't cost them anything to phone home."

We saw how people were encouraged to express their views and were supported in promoting their independence and community involvement. In addition to retaining contact with relatives, the guide also stated that the people could make use of a sensory garden. A member of staff showed us both this area and also the remainder of the gardens surrounding the house. They told us "It is a memorial to someone who was here. It's good for people to come here and be able to see colours and smell different scents." We were also shown an area where people could plant seeds and grow vegetables. "It's really something when people plant things, see them grow and then can pick them or dig them up and cook them." the member of staff told us.

During our inspection we looked at how staff and people staying at Bradbury Manor interacted with each other. It was clear that the staff were friendly and respectful and that the people appreciated the support given. For instance, we spoke with one person who told us "I'm listening to my favourite music. I like staff help me by putting it on." Another person told us "I watched the football last night and was so excited. I really wanted to play today and it's good they've joined in."

At our last inspection we had noted that there was no provision of notice boards in bedrooms. There were still no notice boards in people's rooms. The manager told us "We did look at this, as a staff group, but saw problems about using pin-boards, because of risk for some people. I'm hoping the Friends of Bradbury can help with something when they do their annual Christmas trip to buy things for the place."

The guide we had been shown referred to making adjustments for people's cultural needs. It talked about different religions and how staff would help contact different faith groups, locally in required. It also talked about different food. The manger told us how staff ensured that this happened. It was clear from her description that she and the staff took the matter seriously and made sure appropriate arrangements were made. For instance, one person who practised a faith not recognising Christmas was not offered a service because other people might be observing the festival. The guide also referred to 'other formats and languages'. This ensured that people unable to read, or whose first language was not English, could receive the information in a way they would understand.

We saw the analysis of feedback from people who had used the service at Bradbury Manor and their relatives. One person had written "Our daughter's needs were met in every way." Another person had written "I think it's brilliant. I always look forward to coming in."

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

We looked at the documentation held for six people. There was a folder of information to be used mainly by the staff and any other professionals involved in supporting people. There was also a support plan which was written in easy-to-read language. It also used photographs and pictures to assist understanding. The use of documents in the two formats meant that people who used the service at Bradbury Manor could be confident about information held about them. It also meant that staff and other, relevant professionals had access to all the information they required.

The support plan included sections headed 'likes and dislikes' and 'personal care'. These contained information which would help staff make sure people were treated as individuals. For instance, one support plan indicated that they might have an epileptic fit. It stated "Please see my epilepsy profile for what to do." The profile was in the other folder of information and gave detailed instructions for care and what medicine to give. During our inspection staff made arrangements for this person to go into town. The member of staff who was accompanying the person came and collected the profile. They told us "I always take this with me when we go out. If there's a problem I can telephone for help and show whoever turns up exactly what should happen. That way the support will be what's been agreed and expected."

Another support plan stated that the person enjoyed going into town and shopping. We spoke with this person when they returned from a trip during our inspection. They told us "I've bought my newspaper and magazines. I also bought a pumpkin. I might make a lantern here, or I might take it home. The staff always take me to town when I'm here."

The documentation we reviewed, and discussions we had confirmed that people's needs were assessed and then care and treatment was planned and delivered in line with their care plan.

The customer's guide referred to other support people who used the service provided at Bradbury Manor could expect to receive. This stated that people would continue to access services from their local GP, if they were local. Otherwise, the guide stated that the home had an arrangement with a local surgery to register people as 'temporary patients,' if they needed medical attention whilst staying in the home. The guide also referred to support

the local specialist learning disabilities service would provide.

The folder of information for staff included a health action plan. This ensured that people were involved in understanding and planning for their own health needs. They also assisted communication with health professionals about people's individual needs. For instance, one health action plan identified the assistance that person would receive from the District Nurses at their local GP practice, which the staff at Bradbury Manor could not provide. During our inspection this person received a visit from the District Nurse. The manager told us "It was someone they've known for some time and they were really pleased. It shows how we can work with the local services to make sure people get all the care they need, even if we're not able to provide it."

We looked for evidence that people's care and treatment was planned and delivered in a way that was intended to ensure their safety & welfare. The documentation we saw contained risk assessments for each person. These were written in easy-to-read language. The assessments were based on attempting to ensure people could do things, rather than stopping them from becoming involved in situations which might be a risk. For instance, we looked at the support plan for the person who had epileptic fits. The risk assessment stated "I like watching bright disco lights. I enjoy this but staff need to be careful because they might make me have a fit."

The guide which we had been shown also stated that people could look after their own medication, if they wished to. A risk assessment was necessary and people had to agree to use a lockable cabinet, to ensure that other people could not access their medication. We spoke with one person who had used this facility on previous stays. They told us "I always used to look after my own drugs, but not anymore. I had a scare at home. I prefer the staff doing it now."

We asked the manager how she could evidence that people's care reflected relevant research and guidance. She showed us information which had been accessed from the internet about the problems which people who used the service at Bradbury Manor experienced. "When we have people who have symptoms we haven't come across before we get the information printed off and put it in their files." we were told. We also saw a poster on the notice board in the main corridor which asked staff if they wanted to attend training about giving insulin injections. The manager told us "That's me being proactive. We have someone coming in who will need injections and can't do them, themselves. I want to ensure they get a good and proper service from us." The poster demonstrated that the majority of staff had asked for the relevant training.

One of the support plans we saw identified the use of "quiet time" which would take place in the person's bedroom. We challenged the manager about whether this was a deprivation of the person's liberty. From the manager's explanation it was clear that the requirements of the Deprivation of Liberties Safeguards were understood. It was also clear that the use of this action had been agreed at a multi-disciplinary meeting where the person's 'best interests' had been considered.

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

We were shown a flowchart which illustrated the process staff were expected to follow if they thought that abuse had occurred. This included the telephone numbers and other contact details for those to be notified, both within the County Council and externally. We also saw the current policy and procedures for safeguarding vulnerable adults. This set out definitions of 'vulnerable adult' and 'abuse'. There was information to assist staff recognise signs of abuse. The expected action to be taken was also stated. The manager also showed us a leaflet headed 'Keeping adults safe from abuse and neglect.' "This is a new leaflet, about to go out to all services." we were told. The leaflet summarised the information contained in the flowchart, policy and procedure. The production of a summary meant that staff would be able to readily find the relevant information, if they had a concern about abuse.

The manager told us that that County Council expected all staff to undertake training in safeguarding vulnerable adults on an annual basis. She told us that this was achieved through a combination of individual access electronically and groups of staff receiving information. "This applies to both safeguarding and the Mental Capacity Act 2005." we were told. "My line manager is attending the next staff meeting to give face-to-face training." We were shown a print-out which confirmed which staff had undertaken the individual electronic training. This also identified the date by which remaining staff were expected to complete this.

One of the sets of documentation for people who used the service at Bradbury Manor included a formal notification of a concern about abuse which staff had raised. We discussed this with the manager. It was clear from the documentation and discussion with the manager that staff had understood the requirements of the policy and followed the correct procedures. The concern had been dealt with appropriately and the manager was confident that the risk of this happening again had been addressed. The manager told us about two other formal notifications. Again, the descriptions demonstrated appropriate action had been taken.

From the documentation which we reviewed and from the discussions we had with the manager and other staff, it was clear that people who use the service at Bradbury Manor

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. The manager and her staff have also responded appropriately to allegations of abuse.

We were shown an agenda and set of minutes from a meeting of managers and senior staff from Bradbury Manor and other similar services in Wiltshire. This meeting had taken place in September 2013 and was held monthly. Two agenda items were about whistleblowing. The manager showed us a 'Stop Abuse' poster and a new leaflet about whistleblowing which had been discussed at the meeting. She told us "Our policy has also been reviewed. We need to promote awareness of whistleblowing as widely as possible and my manager will be leading on this, including further training for everyone." We were shown the new whistleblowing policy. This identified how staff could take action within the County Council and also externally. It also confirmed how staff that used the policy would be supported.

One member of staff told us "I would challenge anything if I saw something. When it comes to this we'd take it seriously. People would think twice, afterwards, once action has been taken." Another member of staff told us "I'm confident that we'd all know exactly what to do. It's about the chain of command and I'd go to who-ever I thought was necessary, to get it sorted."

At our last inspection we had noted that bed rails were used for some people when they were in bed. We noted that, although risk assessments had been undertaken, these did not always appear to demonstrate that less restrictive safety measures had been considered. This included an apparent lack of explanation and agreement with people's carers or advocates. The manager showed us a file which included letters received from the relatives of people who used the service at Bradbury Manor. Five of these confirmed that the relatives wanted bed rails used, and each gave specific reasons why this was their request. It was clear that the decisions taken were informed by options and alternatives and were in the best interests of their relatives. The documents demonstrated that the manager had acted appropriately on the comments we had made at our last inspection.

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

We looked at documentation related to staff records. These were kept in two files. One contained staff training records and the other contained information which demonstrated how staff were supported to do their work. This included records of induction, supervision and appraisal. We looked at documentation for all groups of staff working at Bradbury Manor.

One of the sets of records was for a member of staff who had recently completed their probationary period. The manager confirmed that this was a 26 week process and we saw documentation which demonstrated that progress had been reviewed at regular intervals during that time. There was a final review which had recently been completed, which confirmed that the manager was satisfied that the member of staff was competent to undertake the work.

Each of the sets of records confirmed that staff received regular supervision. The arrangements for this were set out in a supervision contract. It was clear from the documentation that the terms of this contract were adhered to. Each supervision session included opportunities for both the member of staff and their supervisor to raise issues. There was a record of the discussion and any action agreed as a consequence. For instance, one person had identified further training they thought they needed and this had been supported. The documentation confirmed that staff had regular opportunities to review their work and receive feedback and any coaching necessary.

Each of the sets of records contained a completed annual appraisal. The manager told us "I'm just preparing to start this year's round. They're due in December." The appraisal documentation included the opportunity for the member of staff to reflect on their achievements in the previous year. It also enabled the appraiser to feedback observations about their work. There was then a section which recorded objectives for the coming year and learning opportunities to be pursued. For instance, one person identified that their role required them to supervise others and they needed to learn the skills required. Each record then had a section which demonstrated that progress had been reviewed at regular intervals throughout the year. This documentation confirmed that all staff received regular and systematic support which was intended to ensure they provided high-quality services to the people who used Bradbury Manor.

The documentation regarding induction, supervision and appraisal confirmed that staff received appropriate professional development.

The training files included a section confirming which mandatory training was applicable for each member of staff. This identified the date which had been booked for the member of staff to complete each relevant course. The date on which this piece of training would need to be renewed was also identified. This meant that staff were always competent in areas which had been identified as essential to ensure people received a high-quality service.

The training files also included a section headed 'special to service' training. At our last inspection we noted that tissue viability awareness training had last been delivered to staff in 2008. The manager confirmed that many of the people who use the service at Bradbury Manor had restricted movement. This meant they were at risk of pressure damage to their skin. The manager showed us evidence that a specialist nurse, from the local health trust, had delivered the appropriate training to staff recently. This ensured that staff would be able to identify people at risk of pressure damage and take appropriate action.

The last section in the training files related to personal development. One member of staff told us "I'm going on a two-day course, from tomorrow, about mental health. We're getting people with mental health problems, including dementia and I want to know how to deal with this properly."

It was clear, from our discussions and the review of documentation that staff were able, from time to time, to obtain further development or relevant qualifications.

The customer's guide gave some information about what people and carers could expect from staff. This included a commitment to staff receiving the appropriate training 'to do a good job.' The annual survey to get feedback from people who used the service at Bradbury Manor and their relatives included a comment that someone thought "The service is excellent, professionally managed with well-trained staff." The minutes of the last meeting with people who used the service included a quote from one person that "The staff have good manners." This feedback confirmed that people and their relatives were satisfied that the staff had met the commitment in the guide.

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.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

Reasons for our judgement

We were shown an analysis of feedback received from people who used the service at Bradbury Manor, and their relatives from September 2012. This contained responses to questions about their experience of the service. Most responses rated the service as 'very good' or 'good'. There were no responses which suggested people were dissatisfied. "We'll be doing this year's survey once we've agreed a revised format." a member of staff told us. "I want to use some of my experience from working in other agencies and make the survey even more meaningful for the people here."

We saw minutes of a meeting held with the people who used the service at Bradbury Manor. These were dated April 2013 and there were photographs of each person present, together with the names of the staff there. The minutes consisted of pages with photographs and pictures to illustrate the items discussed at the meeting. These included 'trips we would like to do' and 'ideas for improvements'. There were three suggestions for improvements. We asked the manager what changes had happened as a result. It was clear, from her description that the ideas had been taken seriously. For instance, she told us that outdoor games equipment had been purchased and we saw this in the garden. We also observed racks of DVDs which had been purchased and were available for people to watch. The manager told us that the next meeting was "planned for next week."

We were shown minutes of a meeting held with the staff team, dated October 2013. The minutes demonstrated that meetings were scheduled to happen each month. The minutes demonstrated that this was an opportunity for the manager to feedback issues to staff and for staff to raise concerns. For instance, the minutes had noted that staff had raised the issue of low morale. We discussed this with the manager. From this discussion it was clear that the manager had taken the concern seriously and thought about what to do, to address and deal with the points made by staff.

From the documents which we saw and the discussions we had it was clear that people who use the service at Bradbury Manor, their representatives and the staff were asked for their views about their care and treatment and that these were acted on.

We were shown a folder headed 'accidents and incidents'. This contained information for staff about how to use the electronic reporting system to record all incidents. Five incidents were recorded which involved staff and four incidents were recorded which involved people who used the service, during 2013. Each of the detailed documents regarding the incident were noted as held in the relevant staff or person's record. We discussed the incidents which involved people with the manager. From the discussion there was clear evidence that learning from investigations into the incidents had taken place and appropriate changes, in the service were implemented.

We saw notices regarding the County Council's expectations about the handling of complaints and other comments in the manager's office, in the foyer of Bradbury Manor and in the main corridor. We also saw the policy which set out the process for dealing with complaints, concerns and compliments. We were shown a file which contained details of all issues raised in 2013. The three statutory notifications regarding safeguarding were included in this file. One concern, raised by a relative was also included. The documentation regarding this concern, and further discussion with the manager confirmed that account was taken of complaints and comments to improve the service. The manager also told us that all complaints, concerns, accidents and incidents were reviewed and analysed by the County Council. "We discuss these at manager's meetings and take any learning from these to improve our own service." we were told.

We were shown a folder which contained documents related to 'quality audit inspections'. These were conducted every three months, by the County Council. "These inspections often include County Councillors." one member of staff told us. "That way we know there's some public scrutiny." The last recorded audit had occurred in July 2013. We saw the report from the audit and the improvement action plan developed from this. The action plan included anticipated dates for achievement and confirmation of this. All actions scheduled for completion had been achieved. One action, related to the garden was scheduled for completion in early 2014. The audit report included a section which required confirmation that all actions from previous audits had been completed. Earlier documentation confirmed that the issue we had noted at our last inspection, regarding pictorial aids for menus had been addressed.

The minutes of the last meeting of managers and senior staff from Bradbury Manor and other similar services also demonstrated that there had been a discussion regarding a recent inspection, by the CQC, at one of the other services. The manager told us "We would always do this. It means that we share learning and make sure we're always trying to improve the service." This and the quarterly quality audit provided further evidence that the manager was concerned to improve the quality of service for the people who used Bradbury Manor, through understanding learning from feedback and from elsewhere.

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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