Inspection Report

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

The Homestead

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Date of Inspection: 10 July 2014

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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	✓ Met this standard
Safety, availability and suitability of equipment	✓ 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	Homestead Homes Limited
Registered Manager	Ms Clare Louise Titley
Overview of the service	The Homestead is a care home which is registered to provide personal care for up to 24 people. The house is a large detached property situated in a residential area of Exmouth, Devon.
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 10 July 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?

The service was safe because people we spoke with told us they felt safe living at The Homestead.

We saw risk assessments had been completed and action taken to reduce risk where this was necessary.

Staff told us they felt there was sufficient equipment to meet the needs of people being cared for, it was regularly checked and it was safe to use. We saw details of the contract the organisation had with an accredited engineer to check and service the mobile and bath hoists.

People who use services were only deprived of their liberty when this had been authorised by the Court of Protection, or by a Supervisory Body under the Deprivation of Liberty Safeguards (DoLS). The registered manager told us no one at The Homestead was subject to such a safeguard.

We saw doors were not locked and people had free access to leave the building. Staff told us they had received training in the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

Is the service effective?

We spoke with five people living at The Homestead and each told us they were happy with the care they received. Staff we spoke with knew people well and understood people's care and support needs. We saw comprehensive care plans had identified people's needs and how these needs should be met.

Staff told us they had training in core areas such as manual handling, fire safety, food hygiene, safeguarding adults, Mental Capacity Act and Deprivation of Liberty Safeguards. They also had specific training to ensure care was appropriately given to people with particular needs. One staff member said "The district nurse came and gave us specific instruction in how to administer insulin for a particular person".

We spoke with a district nurse who told us "Staff follow plans and advice and are very good at communicating within the team. They chase things up if they need to; they are good advocates for people here".

One person we spoke with said "It is very good; they maintain my dignity and encourage me to be independent. They have time to talk with us and don't rush us.

This showed the service was effective.

Is the service caring?

The service was caring because during our visit we observed staff treating people respectfully and with sensitivity. The atmosphere within the home was positive, light-hearted and relaxed. We saw people were given choices and asked where they would like to sit. People were encouraged to be independent but given help where this was required.

We spoke with five people and each told us they were happy with the care they received.

One person said "I have met nothing but kindness and good food. I get a good night sleep and have good neighbours. Staff are used to my kind of humour and they treat me respectfully. I have nothing to complain about but if I did I think they would listen". Another person said "I am treated respectfully; staff have always been helpful when I have needed help. I have a very good room and brought some of my own things with me".

We spoke with three relatives and each told us they had found the care given to people at The Homestead to be very good. One relative said "Staff are really good with my mother. They are very positive and never say anything negative. The environment is very clean and I can visit or speck to my mother at any time. Staff keep me informed, they always tell me if something has happened".

Is the service responsive?

The service was responsive because people's needs were assessed before moving into the home and we saw there were regular reviews of care plans.

Staff we spoke with told us there was good communication within the team with thorough

handovers at each shift and good written information. There were clear processes for reporting any concerns about changes in the person's health and good support from the GP and other professionals.

We were given an example of physiotherapist being contacted due to concerns about a person's deteriorating mobility. The physiotherapist visited and recommended bed and chair raisers to make it easier for the person to get off the bed and chair. These had been provided by the organisation and we were told this had made life much easier for the person.

Is the service well-led?

The service was well led because staff we spoke with had a consistent understanding of what was expected of them.

The provider undertook an annual survey of people's views. We saw where people had made comments on the survey about the care they received this had been responded to by the organisation.

The registered manager told us they wanted to create an open culture. All staff we spoke with told us they felt comfortable about reporting any concerns including where care practices might be improved.

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

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.

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

We spoke with three care staff during our inspection and asked how they ensured people consented to the care they offered. Each told us they always asked people before doing something and explained what was happening.

One care assistant said "I talk to people and check they are happy with what I am doing. We get to know people well; I talk a lot to people and you find out what they like and what their preferences are. You can't make a decision without their say so". They went on to give an example of when they had become a keyworker for a particular person they spoke to them and explained what their role was and asked if they were happy about the arrangement. The role of a keyworker was to regularly meet with the person to discuss how they were feeling and provide a means for the person to voice any concerns.

We asked staff what they did if people refused care. The care assistants we spoke with explained it was important people understood what was being said so they could make an informed decision. One care assistant said "If someone declines care we leave them and give time for them to think it over and often they will change their mind. We can't force people but will try to encourage them if it is important they have the care". Another care assistant gave us an example of someone who found it hard to concentrate and they said "Sometimes we need to repeat information and remind frequently to try to help them understand so they can make a decision". Care assistants we spoke with recognised giving people information in different ways could help people understand.

The care assistants we spoke with understood people had the right to make unwise decisions but also recognised they had a duty of care to ensure people were safe. They told us they would report any concerns about a person's welfare to senior staff. One care assistant said "I would explain the benefits of why the care was important and also the downside if care was refused. I would try to establish why the person may be refusing and if there were any underlying issues. I may contact the next of kin as sometimes if they speak with the person it can make a difference. If I thought the person may not be able to make an informed decision it may be necessary to request a formal assessment of their

capacity."

During our inspection we looked at three care files. In one file we saw a mental capacity assessment had been completed and it showed the person had capacity. This was recorded in the care plan. In another care plan we saw the plan of action stated the person had full mental capacity and the plan of action stated 'all staff to take full account of the person's wishes in any decision making processes'.

We were informed by the registered manager and care staff we spoke with all people living at the Homestead were deemed to have capacity. All of the care assistants we spoke with told us they recently had training in the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards and told us if someone was assessed as lacking capacity decisions could be made by relevant people in the person's best interest.

One care assistant gave us an example of when a person's health had deteriorated so much they had been unable to make a decision. The GP and person's next of kin had been contacted and a decision was made to prescribe a particular medicine in the person's best interest.

We asked four people living at the Homestead if staff ensured they were in agreement with the care being offered. They said "Staff will discuss things with me and ask what I think", "Staff ask what I want and listen to my likes and dislikes". Another person said "Staff ask me what I think my choices are respected" and a fourth person said "We discuss things. If I didn't agree with something I would say so and staff would respect this". This showed that before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

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.

We looked at three care folders and these contained up to date assessments of people's care needs, risk assessments and care plans. People had been encouraged to complete a life history and these gave care staff a better understanding of the person they were supporting and how to meet their needs. Files were well organised with identified sections for different areas of need.

We saw risk assessments for mobility, which included a handling plan for the person, and falls risk assessments. Waterlow pressure ulcer risk assessments and the malnutrition universal screening tool (MUST) assessment had also been completed. These assessments had been regularly reviewed. Where Waterlow assessments had identified a risk we saw reference to the district nurses involvement and provision of suitable mattresses and cushions had been recorded.

Care plans gave sufficient information about the person and the aims of care. The plan of action gave clear guidance to staff. For example one file we saw detailed information about the person's diagnosis and the effects of the condition on their day to day life.

Staff explained people were involved in their care. People had a weekly talk with their keyworker. We saw notes of these meetings in files we reviewed. Care plans were reviewed monthly and any changes made were recorded on a sheet at the front of the file and signed by the person and care staff.

One senior care assistant said "I work through the care plan with the person and check they are happy; when I update the plan I will go through this with the person as well. We have a weekly chat and make notes and check the person is happy and ask them to sign". People we spoke with told us staff spoke with them and asked them if they were happy with their care.

The provider may like to note it was not always clear when looking at files if people had been involved in their care. The person's signature was not always present and there was

no indication why the person had not signed the relevant documents.

We spoke with three family visitors during our inspection and each told us they were happy with the care their relatives received and they felt involved and kept up to date with what was happening.

One visitor said "When we were looking for a home for my mother there was something different about here, it didn't' feel like an institution, it had a nice feel. I am completely assured everything is taken care of. The staff are friendly and approachable and I am asked my opinion. It is a relaxed atmosphere. My mother enjoys most activities especially the yoga class".

Another visitor said "It is great, I feel very happy. The new owner has made changes which make it feel more homely. For example rectangular tables arranged in rows in the dining room have been changed for circular ones. The food is good and my relative is happy. The staff are very friendly and always positive and cheerful. Staff have been very supportive at difficult times. They are amazing anything you ask for they will help.

We spoke with a district nurse who said "It is excellent here; staff are on the ball and will telephone straight away if they have concerns. They follow plans and advice and are very good at communicating within the team. They chase things up if they need to; they are good advocates for people here".

Staff told us there was good communication within the team with thorough handovers at each shift and good written information. There were clear processes for reporting any concerns about changes in the person's health and good support from other professionals.

The registered manager gave an example of a physiotherapist being contacted due to concerns about a person's deteriorating mobility. The physiotherapist visited and recommended bed and chair raisers to make it easier for the person to get off the bed and chair. In the files we looked at we saw various specialists had been involved in care including physiotherapists and a Parkinson's specialist nurse.

We spoke with five people living at The Homestead each said they felt safe, were happy with the care they received, were treated respectfully and their dignity was maintained.

One person told us "It is very good care on the whole, staff treat me with respect. I am encouraged to be independent. We have a choice of meals and staff are very good and will find things I can eat. I have routines that staff follow. I always find the staff very helpful". Another person said "It is very good; they maintain my dignity and encourage me to be independent. They have time to talk with us and don't rush us. We have an activities coordinator who comes in on different days. There is a choice of food and we have frequent cups of tea and there are always biscuits".

In one file we saw a 'preferred priorities for care' document had been completed. This was not a legally binding document but could be used to represent the person's future hopes and wishes. We saw treatment escalation plans and resuscitation decision records completed in the files we reviewed. Staff told us one person had an advance directive. This showed the organisation considered longer term plans for people.

People who use services were only deprived of their liberty when this had been authorised by the Court of Protection, or by a Supervisory Body under the Deprivation of Liberty

Safeguards. The registered manager told us no one at The Homestead was subject to such a safeguard. We saw doors were not locked and people had free access to leave the building.

We spoke with the registered manager about the Judgment of the Supreme Court P v Cheshire West and Chester Council and another P and Q v Surrey County Council (March 2014). They told us they were aware of the judgement and also the guidance provided by the local authority and Care Quality Commission.

Safety, availability and suitability of equipment ✓ Met this standard

People should be safe from harm from unsafe or unsuitable equipment

Our judgement

The provider was meeting this standard.

People were protected from unsafe or unsuitable equipment.

Reasons for our judgement

There was enough equipment to promote the independence and comfort of people who use the service.

We asked staff if they felt there was sufficient equipment to meet the needs of people they cared for and each told us there was and it was regularly checked and safe to use. They explained equipment was stored in the aids cupboard although at the moment it was not usually required due to the level of need of people living at the home.

The registered manager said "We have all the equipment we need but at the moment we are not needing to use it". We were told equipment was maintained regularly and we saw details of the contract the provider had with a qualified engineer to service equipment. We saw a bath hoist had been serviced in May 2014.

Equipment provided by The Homestead included stand aids, handling belts, a mobile manual hoist and different size slings, bed and chair raisers and handling belts. The organisation also had a pneumatic lifting cushion to lift people from the floor if they had fallen. We saw rails had been fitted in toilets and bathrooms. The equipment was clean and safely stored.

The registered manager told us any problems with equipment would be reported by staff on a hazard sheet and the registered or deputy manager would be informed. Staff we spoke with confirmed if they had any concerns about equipment they informed managers who would take necessary action to resolve the problem and ensure the equipment was safe.

In the files we reviewed we saw risk assessments had been completed for moving and handling people where their mobility was reduced. Relevant sections of the risk assessment listed the equipment available such as the lifting cushion or hoist to assist if a person had fallen.

Staff told us they received training in using all of the equipment available at The Homestead. One care assistant said "We get training to use all of the equipment and have regular courses. We are reminded when our training needs to be updated". Another care assistant told us "The equipment is stored in the aids cupboard and we have regulars training updates. The trainer demonstrates how to use the equipment and we are given

advice on the best equipment to use".

The registered manager said "All staff have training with the manual handling trainer. Staff have to try the equipment and we need to be sure they are confident to use it. If we have new equipment we arrange training for this". One care assistant said "I have had training to use the equipment, if I hadn't I wouldn't use it".

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

Staff received appropriate professional development and were able, from time to time, to obtain further relevant training.

All care staff we spoke with told us they had an annual appraisal of their work and the registered manager informed us all staff had received an appraisal in the last year. We looked at three staff records and saw appraisals had been completed in the last twelve months. One care assistant we spoke with said "I had an annual appraisal; it was very good. It gives you a boost when people say you are doing well".

The registered manager told us they had an "open door policy" and staff were free to discuss any concerns or problems they had. Staff we spoke with were very positive about the support they received. One staff member said "If we have any issues a private meeting with the manager can be arranged. They have an open door policy; they are absolutely brilliant about being able to go and speak with them. I feel one hundred per cent well supported". Another said "I have never been so happy since the new owner and managers have taken over. I had really good support following the death of a resident".

We asked the registered manager about the induction process for new staff. They told us new staff shadowed more experienced staff for about a month but this varied according to the individual needs of the member of staff. New staff worked through the Skills for Care induction workbook in the first three months and were also allocated a mentor to support them through the induction period.

We spoke with a staff member who had recently started working at the Homestead. They told us "I was given information about fire safety and was introduced to people here. I shadowed for the first few shifts and had an induction book I had to work through and also completed on-line training courses. I had a mentor who I could go to if I had any problems. I had a review after the first month to check I was happy with everything. It was really good".

Staff we spoke with told us they had training in core areas such as manual handling, fire safety, food hygiene, safeguarding adults, Mental Capacity Act and Deprivation of Liberty Safeguards. They also had specific training to ensure care was appropriately given to

people with particular needs. One staff member said "The district nurse came and gave us specific instruction in how to administer insulin for a particular person".

Another care assistant said "We are able to do some specific training such as working with people with diabetes. The manager keeps a record of training we have done and when it is due to be updated". The registered manager told us they had recently changed the pharmacy they used. The pharmacist came to The Homestead and staff had a training update. This showed staff skills and knowledge were kept up to date.

Staff were encouraged to undertake accredited training. The registered manger told us two staff were currently undertaking the Qualifications and Credit Framework (QCF) and virtually all of the staff team had a vocational qualification. Staff we spoke with confirmed they had undertaken accredited training. One care assistant said "I am currently working towards level three QCF, I was encouraged to do this. The manager likes everyone to do the QCF". Another staff member said "I have an NVQ3; the organisation encourages staff to do accredited training. I feel up to date with training".

We were given an example of how one staff member was supported through a difficult period. We were told the organisation was very supportive and flexible to meet their needs. The staff member said "Anything I wanted they were there, they were very responsive to my needs. I had fantastic support".

One care assistant said "I love coming to work, it is a happy work place. If you are happy coming into work and happy at work everyone is happy. It is very fair you can always ask; people give time".

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

The provider undertook an annual survey of the views of people living at The Homestead, their families and visitors. We saw completed survey forms for the last survey in May 2014 and a summary of responses had been completed.

The survey covered areas such as the person's overall experience at the home, care and support received, cleanliness, environment, activities and food. The summary noted the average score for people living at the home was excellent or very good and responses from health professionals, families and friends scored each question as excellent.

We looked at the survey forms and saw notes had been made on forms in response to comments people had made. For example one person had commented they would like more vegetables with their meal. It had been noted staff had spoken to the cook and informed them the person would like more vegetables. During our visit we observed people at lunch time being asked if they would like more to eat. This showed people who use the service and their representatives were asked for their views about their care and treatment and they were acted on.

We were told there was a monthly meeting for people living at The Homestead. One staff member said "There is a monthly meeting where people can bring up issues. We are in the process of decorating rooms so we show fabric samples and paint colours so people are involved; notes are kept of the meetings".

We saw the notes of the meeting held in June 2014 and the agenda covered items such as the programme for refurbishing rooms, plans to give the garden a "make over" and it was suggested people could go and chat with the gardener. Future events and fire safety were other agenda items.

Staff we spoke with told us the registered manager had a monthly meeting with each resident. One care assistant said "the meeting covers everything environment, staff, food to check they are happy with things". Another staff member said "The manager talks to everyone each month and goes through everything with them and how they are feeling. The manager feeds back to staff if there are any concerns". The registered manager told

us they had a monthly safeguarding meeting with each person to review the food, environment and care people received and undertook a monthly audit of medicine administration records.

The registered manager told us they and the owner also undertook spot checks on the care being provided by the staff team and checklists were completed. One staff member said "the owner shadow staff to see how they are doing; this was a surprise thing".

This showed the organisation had processes in place to monitor the care people received.

An audit of care plans was undertaken by the registered manager on a monthly basis and we saw these audits recorded in the front of the files we looked at. In one file we noted the handling plan and falls risk assessment had not been fully completed. This meant information would not be readily available to staff who were not familiar with the person which could increase risk to the person or staff. We saw this had been identified in the file audit the registered manager had undertaken and action to complete identified.

We discussed this with the deputy manager who told us improvements to documentation in the care folders had been made but this had not yet been completed. This meant there were some gaps in information but the process of change should be completed in the near future. This showed there were processes in place to review practice and monitor the quality of information.

We asked staff what processes were in place for learning from incidents and accidents. They told us an incident form was completed and this was witnessed by a colleague. The form went to the registered manager who reviewed this. Any actions resulting from the review of the forms would be fed back to staff at the shift handover meetings or through information entered into the communication book.

Staff told us notes were kept of handover meetings and it was recorded if a change had been made to the care plan and referenced where in the care plan the change had been made. This meant information was kept confidential and could be checked back if needed.

One care assistant said "If there is an emergency, such as a person falling, the alarm bell is sounded and all staff respond. The first carer to be involved completes the accident form and a witness statement is also taken". They went on to say "each person has a falls tracker in the care plan which is updated. There may need to be changes to the care plan and we may consult with a physiotherapist who would also advise on any changes we need to make to care".

The registered manager explained they reviewed incident and accident forms with the falls tracker sheet in the person's care file. This ensured possible patterns were identified early. Care plans and risk assessments would be updated and these would be reported at handover meetings. This showed there were robust processes in place to learn from incidents and this learning was shared within the staff team.

Staff told us they were kept up to date with new information about care through regular training, handover meetings and information in the communication book. There were also staff meetings usually every six months. One staff member said "Good practice is shared within the team". Another told us "We get personal feedback if we have done something well". The registered manager told us they highlighted good practice in the communication book and explained to us how important it was staff had positive feedback about the work they were doing.

All staff we spoke with told us they felt comfortable about reporting any concerns including where care practices might be improved and were aware they could contact the care quality commission if they needed to. Information was clearly available within The Homestead advising who to contact if anyone had any concerns.

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

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