Inspection Report

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

Apex Dental Somerton

Hope Cottage, Broad Street, Somerton, TA11 7ND

Tel: 01458272813

Date of Inspection: 23 January 2014

Date of Publication: February 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
Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Cooperating with other providers	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Cleanliness and infection control	✓ Met this standard
Safety and suitability of premises	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Staffing	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard
Complaints	✓ Met this standard

Details about this location

Registered Provider	Dr. Mark Brickley
Registered Manager	Mr. Antony Colton
Overview of the service	The practice is one of three operated by the provider. The others being Apex Dental Practice in Street and Resolution Specialist Treatment Centre in Yeovil. It offers general dentistry mainly for people receiving NHS concessionary treatment. It also provides some private treatments and a hygienist service.
Type of service	Dental service
Regulated activities	Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury

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 announced 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 23 January 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 spoke with four people who attended the practice. One person told us they would definitely recommend the practice to anyone with a child who was nervous as the dentist had been "very kind" to their child. They told us their whole family now attended the practice and said the dentist "always gives the best treatments, good explanations and ensures they understand".

Information was made available to people and they were involved in making decisions about their treatment. Good records were maintained about the treatment provided and there were arrangements in place to deal with medical emergencies. Staff received training opportunities and were aware of arrangements should they have cause for concern about a child or vulnerable adult.

The premises were suitable and accessible and there were arrangements in place to control the risk of infection.

The staff in the practice felt supported and there were sufficient staff for the running of the service. The provider had systems in place so that staff were appropriately checked before they were appointed.

The provider had a range of systems to monitor the quality of the service provided including asking people who used the service for their views. The service responded appropriately to any complaints received.

We looked at the NHS Choices website where there was the facility for people to comment on services providing NHS subsidised treatments. There were no comments posted on the website for this practice.

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 who used the service were given appropriate information and support regarding their care or treatment. There were a range of information leaflets available in the reception and waiting area for people to take away with them if they wished. They included information relating to NHS services, oral surgery, management of gum disease, orthodontics, teeth whitening and smoking cessation. The complaint policy was displayed in the waiting area.

There was a 'patient care' folder at the reception desk. We saw that it contained the practice quality assurance policy along with information relating to the NHS treatment charging bands and a guide to the costs of private treatments.

Two of the staff had qualified to give oral health advice. There was a consultation room on the ground floor that was used for this and we saw they had displayed a range of information. This included posters and models to show the anatomy and structure of teeth and information related to good oral hygiene.

There were copies of the practice satisfaction survey questionnaire in the waiting area, along with a box for people to 'post' their completed forms.

We noted that two of the treatment rooms had wall mounted monitors that linked to the computer system. This enabled the dentist to show people their x-rays and an intra-oral camera allowed people to be shown the inside of their mouth so that the dentist could point out the 'treatment site'. When not being used for these purposes, the screens showed 'relaxing' photographs.

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

People said they were asked to give consent before any treatment was carried out. One person said they were able to give informed consent "because the dentist explained treatment options and associated risks".

The consent policy showed that people who used the service were required to consent to treatment. It explained that people should be told why treatment was necessary, the risks and benefits of having treatment and what might happen if they declined treatment. The policy outlined how people should be told about alternative treatments and the risks and benefits associated with these. There was a section in the policy relating to whether people had the ability to give consent and what staff should do to establish that people were able to give consent.

The policy for referring people to other service providers stated that the referring clinician must obtain a person's consent before making a referral.

A random selection of people's records, checked by the practice manager on a monthly basis, showed that each recorded that people had consented to treatment.

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

One person described how they disliked dental treatments but felt that the Apex dental practice in Somerton was "a warm place". They told us the "dentist always explains, gives options and talks about risks". They said that the dentist they saw was "thorough about endodontic options and possible referral to a specialist" that enabled them to "think carefully before making a decision".

Another of the people we spoke with said that the treatment they "had today was absolutely painless".

The practice leaflet outlined the range of services offered at the practice. Predominantly the practice provided services under contract with the NHS however, there were some cosmetic treatments offered including tooth coloured crowns, bridge work and implants. Full periodontal care for treatment of gum disease was provided and referrals were made to a specialist orthodontist, for tooth alignment, when needed.

The practice manager told us that most treatments were through contract with the NHS. People's care and treatment reflected relevant research and guidance. We saw that the practice based the frequency of appointments on guidelines produced by the National Institute of Health and Clinical Excellence (NICE). We noted that people were asked to let the receptionist know their mobile telephone number so that they could be sent a text message to remind them of their forthcoming appointment.

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We looked at a sample of four people's records that were stored electronically. They recorded the person's details along with records of appointments and treatment. The records showed that options were described to people and that they had given consent to treatment. They also recorded the treatment process and materials used.

The records showed that people's medical history was checked at each examination and in one case we saw that a person, who was in pain, had been asked if they had any sleep deprivation. The practice manager told us that this was so that the dentist could be sure

the person was able to make an objective decision about the choice of treatment. People's records included charts to show their dental history and gum health.

We saw the radiation safety policy. It recorded information for staff about the referral and justification for the taking of x-rays and showed a flow chart to ensure that the correct procedures were followed when x-rays were taken.

The radiation protection file identified the practice lead (radiation protection supervisor), external advisor and staff within the practice who were trained to deal with the taking of x-rays. It included an inventory of x-ray equipment, safety plans and protection measures including, the local rules. We saw that copies of the local rules were displayed in each area where x-rays took place. Service and maintenance reports were stored in the file along with evidence of routine surveillance of the machinery.

An audit to analyse the quality of x-ray images was carried out in October 2013. It showed that most of the images were rated as perfect with some rated as less than perfect but still good.

There were arrangements in place to deal with unforeseeable emergencies and medical emergencies. We saw that a protocol had been developed for what to do in the event of an emergency. Staff were trained in dealing with medical emergencies and resuscitation techniques. There was oxygen available and an automatic external defibrillator, as recommended by the Resuscitation Council. The practice also had the recommended medicines for use in emergency situations. There was a record of the medicines held in the practice for this purpose that showed the expiry date and the date they should be replaced. We saw that these were checked every month.

Cooperating with other providers ✓ Met this standard

People should get safe and coordinated care when they move between different services

Our judgement

The provider was meeting this standard.

People's health, safety and welfare was protected when more than one provider was involved in their care and treatment, or when they moved between different services. This was because the provider worked in co-operation with others.

Reasons for our judgement

The policy for referring people to other service providers stated that the referring clinician must obtain a person's consent before making a referral. It added that people must understand the reason for the referral, what treatment may involve and any complications that could arise. The policy stated that people should be offered a copy of the referral letter that should be sent within 48 hours of the person being seen. It also outlined the responsibilities of the provider accepting the referral. We saw analysis of the procedures and processes for referring to other providers.

Referrals were made for specialist treatments, orthodontics (teeth alignment) endodontics (root canal treatments) and oral surgery.

One person we spoke with told us they had been referred to the providers practice in Yeovil for specialist treatment. They said they were "very happy with the referral and treatment" they had received. Another person said that the dentist they saw was "thorough about endodontic options and possible referral to a specialist" that enabled them to "think carefully before making a decision".

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 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.

Reasons for our judgement

There was a lead person identified within the practice for ensuring that child protection and safeguarding vulnerable adult's procedures were followed. The policy gave definitions of abuse and described how staff could recognise signs of abuse. The procedures outlined what staff should do if they had suspicions of abuse including the reporting and recording processes.

We saw certificates to show the practice lead had attended training in child protection with the local authority safeguarding children's board and with NHS England. The training with NHS England included safeguarding vulnerable adults training. Other staff were provided with in-house training by a trainer from NHS England.

We spoke with staff who confirmed they had completed training in safeguarding vulnerable adults and child protection. They were able to identify the practice 'lead' and knew that if they had any cause for concern about a child or vulnerable person they should discuss their concerns with the 'lead' or practice manager.

Cleanliness and infection control ✓ Met this standard

People should be cared for in a clean environment and protected from the risk of infection

Our judgement

The provider was meeting this standard.

People were protected from the risk of infection because appropriate guidance had been followed. People were cared for in a clean, hygienic environment.

Reasons for our judgement

There were effective systems in place to reduce the risk and spread of infection. We saw the overall policy relating to infection control. It described what the practice would do to minimise the transmission of blood borne virus and how the decontamination of dental instruments would be carried out. There were sections of the policy that outlined the arrangements for cleaning, inspection and sterilisation of dental instruments, hand washing and wearing of personal protective clothing and equipment (PPE), blood spillage and clinical waste. We saw that there were also individual policies relating to these.

There was a dedicated room for the decontamination of dental instruments. Used instruments were transported from the treatment rooms to the decontamination room in sealed boxes that were disinfected after each use. The decontamination room was clearly labelled as having a 'clean zone' and a 'dirty zone'.

Wearing PPE, staff placed used instruments in the washer/disinfector and when they were clean they were examined for debris under a lit magnifying glass before being sterilised in the autoclave. Lint free cloths were used for drying the instruments before they were placed in pouches. The pouches were date stamped with a use by date of within one year. Some instruments that were used frequently were not placed in pouches but on trays, ready for use. The trays were labelled with the date and time of sterilisation and the member of staff responsible for the process.

There were arrangements in place for manual cleaning of dental instruments and hand pieces. This entailed scrubbing instruments under water, rinsing and examining them under the lit magnifying glass. Hand pieces were oiled before being placed in the autoclave for sterilisation.

There were daily, weekly and monthly tests for the equipment used in the decontamination processes. We saw that the tests were recorded. Records of maintenance reports were stored in the practice infection control folder.

There was annual training for staff in infection control and hand hygiene. Audits of infection control arrangements were carried out every three months. The last audit showed an

overall score of 98% and showed improvement over the last two audits.

We saw checklists for the cleaning of treatment rooms. These specified the routines for the start and end of the day and for the end of the week. We asked a member of staff to describe how the treatment room was cleaned between appointments. They told us that all waste was disposed of and dental instruments were placed in the box for transportation to the decontamination room. The member of staff said that all surfaces were wiped with a cleaning agent and the suction tubes were rinsed. They then laid out the necessary equipment for the next appointment.

Safety and suitability of premises ✓ Met this standard

People should be cared for in safe and accessible surroundings that support their health and welfare

Our judgement

The provider was meeting this standard.

People who used the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

Reasons for our judgement

The provider had taken steps to provide care in an environment that is suitably designed and adequately maintained. Apex Dental Practice was close to the high street in Somerton. There was free parking outside of the practice that had level access into the reception and waiting area. The reception desk was of dual height so that all of those who used the practice could speak face to face with the receptionist.

There were three treatment rooms on the ground floor along with a consultation room. There were dedicated rooms for OPT (Panoramic x-rays of the mouth) and decontamination of dental instruments. There was a toilet that was accessible to a person who used a wheelchair.

There was one treatment room upstairs with a small waiting area along with, the manager's office and staff facilities.

All areas of the practice were seen to be clean and tidy with good furnishings.

Requirements relating to workers ✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

We looked at a random selection of four staff files. They contained the staff member's personal details and showed that thorough recruitment practice had been followed.

Appropriate checks were undertaken before staff began work. We saw there was an application form, two references were obtained and staff were subject to checks with the Disclosure and Barring Service (DBS). The DBS replaced the Criminal Records Bureau (CRB) when it merged with the Independent Safeguarding Authority in April 2013.

Each staff record we looked at had a copy of the relevant job description and evidence of identity, qualification, registration with the General Dental Council and professional indemnity, where applicable. There was also information relating to the member of staffs immunisation against the hepatitis B virus.

We saw that staff had been issued with a statement of terms and conditions of their employment with the practice. New staff were subject to a three month probationary period.

The registered manager told us about the 'staff activity record' they had devised. This was to record, in one place, when their registration had been checked, when they had 'face to face' supervision meetings and appraisal meeting.

Staffing ✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

We spoke with the practice manager, the receptionists, two dentists and three of the dental nurses. They all spoke positively about working at the practice. It was clear to us that they were part of a well-motivated team that cared about the people who used the service. Staff spoke about team working and how they helped each other. One member of staff said "the strongest practice quality was that there was good team work". Another staff member said "After one week I was so happy, I realised this was where I wanted to work".

The practice was overseen by the registered manager who was also registered as manager of the Street practice. They spent most of their time at the Street practice as the Somerton branch also had a practice manager. The practice manager worked full time.

There were five dentists who were associates with the practice. Five registered dental nurses were employed. Two of these had trained as oral health educators. In addition there were three trainee nurses and two receptionists.

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

We spoke with eight staff in total. They all said they felt supported not only by the registered manager and practice manager but by each other. One member of staff told us that the provider "likes staff to better themselves and makes it clear that they can ask for anything (training)". Trainee nurses spoke about the valuable support from the dentists they worked with.

The practice training policy stated that newly recruited staff would be subject to induction. It described how staff training needs would be identified and required the commitment of staff to participating in training. The policy stated that the practice was keen for its staff to develop personally and recognised the professional responsibility that registration with the General Dental Council required of staff for continuing professional development (CPD).

The induction training logs we saw contained the practice policies and procedures along with, details of the daily procedures for the practice. The log books recorded when people had in-house clinical experience.

Staff had opportunities for training and to maintain CPD requirements. Staff records showed that staff had completed training in radiation, infection control, information governance and confidentiality, implants and fire safety. Other training completed included responding to medical emergencies child protection, safeguarding vulnerable adults and health and safety. One of the staff records showed that the staff member attended the West Dorset Dental Care Professionals group.

The provider had worked continuously to maintain and improve high standards of care by creating an environment where clinical excellence could do well. One member of staff told us about the training opportunities they had been given since joining the practice. This included post graduate training in oral health education, for them and another member of staff.

A receptionist told us how they had been supported to attend training in the use of the computer and a 'reception to perfection' course.

The provider operated a system of annual appraisal for staff and each member of staff had individual 'face to face', supervision meetings with their line manager. We saw that supervision meetings were recorded on the 'one to one tracking form' with updates from the member of staff and their line manager and were signed. The annual appraisals included an individual performance development plan that listed any new training needs. We saw that one member of staff had a plan that recorded action including reading infection control guidance, spending time at other practices in the group and creating an informative display. The practice manager told us the staff member had met these actions.

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 received.

Reasons for our judgement

The provider had developed a quality assurance policy. It stated that people's views would be listened to. It also described how the practice would implement effective infection control measures, satisfy all health and safety legislation, adhere to radiation protection and satisfy the General Dental Council requirements for staff to maintain continuing professional development.

People who used the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. A sample of people who used the practice were asked to complete a satisfaction survey. We looked at a summary of the findings. It showed there were nine completed forms returned. Five of these showed the 'best possible results'. Two people commented that they had to wait for their appointment (between five and ten minutes) and two rated the comfort and cleanliness of the practice as 'good rather than very good'. People's comments were shown on the summary of the findings that included "Don't mind coming for treatment as it's a good place", "Excellent dental treatment. Filling was completely painless, all staff very helpful and reassuring, thank you" and "Brought the children and very patient with them, positive experience, thank you".

The practice engaged 'mystery shoppers' to gain feedback. These were people, known to the registered manager and practice manager, who were newly registered with the practice. Their feedback was positive and included "Overall the whole experience was very easy to organise, was flexible enough to accommodate me having to come straight from work and was very quick and painless. I would not hesitate to recommend the practice to others".

A range of audits were carried out. The practice manager told us about the 'customer service audit' they carried out to check that the practice was complying with the provider's expectations. The most recent audit led to an action plan. The practice was not sure why people chose 'Apex'. The action set in response to this was that receptionists would ask people who asked to register with the practice would be asked how they had found out about the practice. Another action was to compile a patient experience policy and this had

been completed.

We saw that an audit of health and safety measures included consideration of fire safety, first aid arrangements, the premises, welfare facilities for people who used the practice and facilities for staff. The audit started on 7 January 2014 and was ongoing. The previous audit had identified actions that included arranging further training for staff in health and safety. We saw this was booked to take place.

Audits were carried out to check people's records. There were checks on a random sample of records for the last three months to ensure that treatment plans were completed. The checks showed that each person's record had a treatment plan. Similar checks were made to check that people had been given post-operative guidance following a tooth extraction. All records checked showed that they had.

A 'clear desk' audit was carried out periodically to ensure that no confidential information was left on desks or on the treatment room counters. Other audits included analysis of a random selection of people's records to check for treatment plans, consent and post-operative guidance being given.

Risk assessments were conducted to ensure there were measures in place to protect staff and people who used the service. We saw that these related to clinical procedures, use of x-rays, sterilisation, medical emergencies and waste disposal.

Complaints ✓ Met this standard

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available. Comments and complaints people made were responded to appropriately.

Reasons for our judgement

People we spoke with said they did not have any complaints. One person said they felt that if they did make a complaint it would be "treated seriously".

We saw the complaints procedure displayed in the waiting area. It specified who would deal with any complaints received and how the practice would respond. The policy included contact details for NHS England, the Health Service Ombudsman and Care Quality Commission.

The practice information leaflet described how to make a complaint and included contact details for the NHS Patient Advice and Liaison Service (PALS) that provided assistance to people wishing to make a complaint.

People's complaints were fully investigated and resolved, where possible, to their satisfaction. We looked at the complaints log book. There was a copy of each complaint received along with evidence of investigation of the complaint and a copy of the response sent to the person who complained. The log book recorded whether the complainant was satisfied with the outcome.

The most recent complaint, received on 18 January 2014, related to whether a certain treatment could be carried out as part of NHS subsidised treatment. The practice manager looked at the person's treatment plan, consulted the dentist and spoke with an NHS advisor. They responded to the complainant to advise that the original advice they were given that the treatment did not fall into the NHS pricing band was correct.

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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