

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

Apex Dental Street

107 High Street, Street, BA16 0EY

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Date of Inspection: 22 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
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 are Apex Dental Practice in Somerton and Resolution Specialist Treatment Centre in Yeovil. It offers general dentistry mainly for people who receive NHS concessions. It also provides some private treatments.
Type of service	Dental service
Regulated activities	Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury

Contents

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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 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 22 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 used the dental practice who were generally complimentary about the services they received. One person was unhappy about the length of time it took to get an appointment and the time between appointments.

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 in place 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 understood the care and treatment choices available to them. We telephoned four people who attended the dental practice. They each told us that the dentist they saw gave them information verbally about treatment options and also a breakdown of the costs for treatment.

People who used the service were given appropriate information and support regarding their care or treatment. The practice information leaflet outlined the services available, opening hours including the arrangements for emergency treatment when the practice was closed. The leaflet also gave an outline of the complaints procedure. We saw the full procedure for making complaints displayed in the waiting area.

We saw there was a range of information leaflets available for people who used the service, in the waiting area. There was a practice information folder in the waiting area that included information related to charges for both NHS subsidised treatment and for private treatments along with copies of essential policies.

The practice opened late on Thursday evenings for people's convenience. As part of its contract with the NHS the practice had a dental access appointment that was retained for people with no dentist who needed emergency treatment.

People's diversity, values and human rights were respected. People we spoke with told us they felt their privacy was respected. They said the door of the treatment room was always closed while they were having discussions with the dentist or having treatment.

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 telephoned four people. One person said they made decisions based on the information they were given by the dentist about treatment options.

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.

During our discussions with staff they demonstrated an understanding of the principles of the Mental Capacity Act 2005 and people's right to give informed consent. One member of staff told us that usually, people with an impairment or special needs were accompanied when they visited the practice.

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

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 registered manager told us that most treatments were through contract with the NHS. There was a hygienist who worked in the practice on one day each week providing treatment on a privately funded basis.

The registered manager told us that when new patients were registered with the practice they were seen within two weeks for an examination and the aim was for them to be seen within the next two weeks if they needed treatment. One of the people we telephoned told us they had to wait two days for an emergency appointment and that they had to wait a further two weeks to be seen again. They said they felt this was an unnecessary delay and they should be able to be seen earlier.

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). People were sent text messages in advance of their appointment as a reminder.

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. People we spoke with told us they were asked about their medical history. Two of the four people we spoke with told us their medicines had changed since their last appointment. They said that they had brought this to the attention of the dentist when they were asked if there had been any changes to their health.

We looked at the electronic records for two people. They contained people's personal details and contacts along with any alerts that were important. These could be that the person had allergies, were nervous or considered to be vulnerable. There were records of appointments that showed that the person's medical history had been checked and

updated and basic periodontal examination (BPE) results were recorded to show people's gum health. Charts recorded dental history. When treatment was required we saw a record of the diagnosis along with, a description of the treatment in addition to information about the medicines and materials used. The practice used traditional x-rays and these were kept alongside paper records.

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.

A 'radiation protection' folder listed the responsibilities of the practice and identified the external radiation protection advisor and personnel within the practice who could be involved in the taking of x-rays. The folder included an inventory of radiography equipment including maintenance checks and records of staff training and updates.

There was an assessment of protection measures included along with, the local rules including guidelines on exposure to radiation. The local rules for the taking of x-rays were displayed alongside the x-ray equipment. The radiation protection advisor produced a survey report in August 2013. Their report included actions for the practice including the re-issuing of local rules. We saw that the local rules had been re-issued to staff shortly after the report and action plan had been received. The actions set out in the plan were met.

An audit of x-rays, to judge image quality, was carried out in April 2013 with the findings showing that images were mostly graded as being of 'excellent' quality.

There were arrangements in place to deal with unforeseeable 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 that were kept in a locked box. 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.

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

We telephoned four people who used the practice. They told us they felt "safe" in the practice and one said that this was "because they were reassured by the staff". One person said they were safe once they were in the practice but found the stairs difficult for a person with an impairment.

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.

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.

Staff were able to identify the practice lead for child protection and safeguarding vulnerable adults. Staff we spoke with demonstrated an understanding of child protection and safeguarding vulnerable adults' issues. One of the staff we spoke with told us about an occasion when the practice did have some concerns. They reported the issues as required. Another member of staff told us how the neglect of a child's teeth by their parents was dealt with in the practice with positive results as the child now attends regularly for checks. The provider responded appropriately to any allegation of abuse.

We saw that, during a staff meeting held in November 2013, staff were given questionnaires to complete in order to check their understanding of child protection and safeguarding vulnerable adults policies and procedures. This was so that the registered manager could be assured that staff understood what was expected of them.

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

People we spoke with said they thought the practice was "very clean". They told us that staff wore protective clothing when they were being treated and this reassured them that there was attention to ensuring safe practice.

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.

The decontamination of dental instruments protocol was displayed in the decontamination room. The room was clearly labelled so that dental instruments could move from the 'dirty zone' to the 'clean zone'. There was a wash hand basin and guidance for staff relating to good hand hygiene. We saw that PPE was available for staff to use during decontamination processes.

Instruments were transported to the decontamination room in covered boxes and set down prior to being placed in the ultrasonic bath. They were placed in the washer/disinfector and examined under a lit magnifying glass prior to sterilisation. When the process was completed instruments were placed in pouches that were sealed and date stamped for use within one year. We saw there was a protocol for the manual cleaning of dental instruments should any of the equipment fail.

We asked one of the dental nurses to describe how the treatment rooms were prepared between appointments. They told us they put on PPE and moved instruments into the designated 'dirty zone' in the treatment room and cleared away all debris. They cleaned the water lines clean the treatment chair and other surfaces including the light switch. They took used instruments to the decontamination room in a sealed box and prepared for the next person to be treated.

An audit of infection control arrangements took place on 6 January 2014. The practice achieved 96% compliance. The lead nurse told us that the shortfall was because they answered honestly to questions in the audit document. For example not all waste bins were foot operated. The lead nurse did not tell us what the provider intended to do about this.

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 was suitably designed and adequately maintained. The practice was situated on the first floor of a building in the High Street in Street. Access was by means of a staircase to the front of the property that led to the reception and waiting area. The practice leaflet acknowledged that due to the constraints of the building it was not possible to offer wheelchair access. The leaflet explained that if people contacted the practice they would be given information about other accessible dental practices. We noted there was a telephone in the entrance hall so that people could contact a receptionist if they needed advice or assistance. One of the people we spoke with told us they had requested assistance to enable their relative to ascend the stairs.

There were two treatment rooms and a dedicated room for the decontamination of dental instruments. There was also an area used for the taking of OPT (panoramic) x-rays of the full mouth.

The registered manager had trained to level two in health and safety with NHS Education South West. They told us they used a document called 'Managing health and safety in the dental practice' as a guide and carried out quarterly health and safety reviews. They told us that health and safety was a standing item on the agenda for practice meetings.

Requirements relating to workers

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

The practice recruitment policy stated that the provider was committed to equal opportunities and promoted equality and diversity within the workforce.

There were effective recruitment and selection processes in place. We looked at the employment records for two staff. They showed us that newly appointed staff had been subject to recruitment checks. An application form was completed and a checklist was used to record that other aspects of the process had been completed. There was a record of the interview kept and two references were obtained. 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.

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

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 telephoned four people who attended the practice. They described the staff as friendly and helpful. One person told us that a member of staff had given them assistance to use the stairs and they appreciated their help. That person also said they liked the dentist they saw describing them as "kind and thoughtful".

Staff described the practice as "ticking along nicely" and having a "good staff team".

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

There were two dentists who were associates with the practice. Two registered dental nurses were employed. One of these had trained as an oral health educator. In addition there was one trainee nurse and a receptionist.

A hygienist worked in the practice on one day each week.

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 we spoke with said they felt supported. One of the registered nurses said "the manager is brilliant, I couldn't wish for a better boss". They told us that the dentists were also supportive. A member of staff said they "feel supported by everybody in the practice".

The provider had worked continuously to maintain and improve high standards of care by creating an environment where clinical excellence could do well. 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. We saw that dates had been set for training updates in radiography (February 2014), medical emergencies (March 2014) and infection control (May 2014).

Staff were able, from time to time, to obtain further relevant qualifications. One of the registered nurses told us they had completed training in the Mental Capacity Act 2005, consent and oral health. Others told us they had good opportunities to meet CPD requirements.

We saw records to show that other training had been attended. This included dental ethics and the law, periodontic treatments and dental implants, teeth whitening and oral cancer, for one of the dentists as part of their CPD.

Practice meetings were held on a regular monthly basis and we saw that the dates for meetings were set in advance. An agenda was circulated by the registered manager who told us that staff were encouraged to add items for discussion. We looked at the minutes of

meetings and saw that people's satisfaction with the practice, health and safety and policies were looked at during the meeting.

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. One of the registered nurses we spoke with said they thought these were important. We saw that supervision meetings were recorded 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.

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.

The registered manager told us that when policies were reviewed and changed staff were encouraged to read the policy and were then sent a questionnaire to check out their understanding and knowledge.

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 satisfaction survey was carried out in September 2013. People were asked to rate the courtesy they were shown, the time they had to wait for an appointment, the comfort and cleanliness of the waiting area and other areas of the practice. They were also asked to comment on the explanations given by the dentist, their involvement in decision making and give an overall view of the quality of service.

The survey yielded good results with most respondents indicating they were very satisfied with the service. Some people added comments to the survey form such as "Like you all", "Thank the dentist for being quick and gentle" and "Keep up the good work".

There were copies of the satisfaction survey questionnaire and a posting box at the entrance to the premises that invited people to participate in the survey.

The registered manager told us they conducted quarterly checks on compliance in line with the 'Essential Standards of Quality and Safety'. These standards were devised by the Care Quality Commission to enable inspectors to make judgements about the quality of experiences for people who used services. They said they rated the practice against each of the standards and devised an action plan in response.

We saw a range of audits had been carried out including audits of infection control arrangements and analysis of people's records. A sample of people's records were reviewed on a monthly basis. In the audit for January 2014 the records were checked for treatment plans, evidence of obtaining consent and the giving of post-operative advice. The audit yielded good results.

There was a recent audit (November 2013) of people's records by the local Dental Reference Officer. They looked at a sample of 15 records and provided a report of their findings with an action plan. This led to the practice organising a training event for staff that took place on the day before our visit in order to meet the actions arising from the audit.

Other audits included checking the Control of Substances Hazardous to Health (COSHH) records, information governance and procedures for end of day cleaning.

Assessments of risk associated with moving and handling, use of hazardous substances, slips trips and falls and the use of equipment were carried out and recorded to minimise risks to staff and people who used the practice. We saw risk assessments for each of the chemicals used in the practice in line with the COSHH regulations 2002.

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's complaints were fully investigated and resolved, where possible, to their satisfaction. 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.

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 was received in June 2013 and had been sent to the Health Service Ombudsman. The registered manager told us that the complaint was not yet resolved.

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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