

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

Resolution Specialist Treatment Centre

Becket House, Hendford, Yeovil, BA20 1TE

Tel: 01935434440

Date of Inspection: 21 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
Overview of the service	<p>Resolution Specialist Treatment Centre provides adult and teen orthodontic (tooth alignment) treatments, oral surgery, periodontal (root canal) treatments and some cosmetic treatments including tooth whitening. It combines these with offering other services from conventional healthcare and complimentary medical treatments including beauty treatments and chiropractic therapy.</p> <p>The practice is one of three operated by the provider. The others are Apex Dental Practice in Street and Apex Dental Practice in Somerton.</p>
Type of service	Dental service
Regulated activities	<p>Diagnostic and screening procedures</p> <p>Surgical procedures</p> <p>Treatment of disease, disorder or injury</p>

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'.

	Page
<hr/>	
Summary of this inspection:	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	5
<hr/>	
Our judgements for each standard inspected:	
Respecting and involving people who use services	6
Consent to care and treatment	7
Care and welfare of people who use services	8
Safeguarding people who use services from abuse	10
Cleanliness and infection control	11
Safety and suitability of premises	13
Requirements relating to workers	14
Staffing	15
Supporting workers	16
Assessing and monitoring the quality of service provision	18
Complaints	20
<hr/>	
About CQC Inspections	21
<hr/>	
How we define our judgements	22
<hr/>	
Glossary of terms we use in this report	24
<hr/>	
Contact us	26

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 21 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 young people and their parents attending for appointments. They told us they were referred to the practice by their own dentist. They said they were given information leaflets and had explanations about what to expect. One young person described the staff as "very friendly and informative" and the practice as "clean and tidy".

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 on the Choices website for this service.

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. The practice information leaflet described the facilities, treatments available and arrangements for payment including information about a 'dental finance plan'. The leaflet identified those who carried out treatments and included references to their qualifications. There was contact information and details of opening times in addition to out of hours and emergency arrangements. Information was also included about how to make a complaint.

There were a range of other informative leaflets in the waiting area. These included information related to tooth decay, orthodontic treatments, whitening and smoking cessation. There was also a practice information folder that included information about other treatments and also contained practice policies. This showed that the practice wished to be 'transparent' with the people who used its services.

People's diversity, values and human rights were respected. We looked at the policy relating to people's experiences. It outlined the aim of the practice to put people "at the centre of everything we do, working as partners in their patient centred care to achieve a high level of patient satisfaction". It listed what the practice would do to meet its aim including treating people with dignity and respect, providing information and "working to improve health and tackle inequalities". We saw a sign at the front of the premises with a bell inviting people with disabilities to "Ring for assistance". The practice had the contact details for NHS Somerset interpreting and translation service if needed.

We saw that people were sent emails to remind them of their forthcoming appointments and told us they appreciated this.

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

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.

People attended the practice because they needed orthodontic treatment. Part of the referral process was establishing consent that they wished to proceed with treatment.

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

A young person who was attending to have their brace adjusted said this was their third appointment and they knew how long treatment was likely to take. One young person told us their initial appointment was soon after the referral had been made. They told us they had to wait a while until it would be a suitable time to be fitted with a brace. They said the dentist had explained the reason for this fully. They described the staff as "brilliant".

We spoke with a parent whose children had orthodontic treatment at the practice. The eldest of the children was happy that they were rid of pain and did not worry about the way their teeth looked. They had changed from another orthodontic practice because the functionality of their teeth was more important to them whereas the other practice seemed to focus on the way the young person looked.

We saw testimonials in the form of letters and 'thank you' cards. People wrote "I'm happy with my teeth, thank you for all your time and treatment", "Thank you for doing such a great job with my teeth" and "Thank you for a perfect smile".

The provider told us that 80% of the dental work carried out in the practice was orthodontic treatment and that most people were referred from other practices. For each new referral an orthodontic treatment plan was devised. Information was inputted into the computer programme that resulted in structured notes for the person's treatment.

People's care and treatment reflected relevant research and guidance. People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. The policy outlining the practice aims provided information about treatment planning. It stated that each person was assessed to identify their individual needs and choices at the consultation appointment. Personalised care plans were developed and reviewed on an ongoing basis with the person's involvement. It added that the assessment and care planning process took account of guidance and research. We saw that the practice based the frequency of appointments on guidelines produced by the National Institute of Health and Clinical Excellence (NICE).

We looked at five people's electronic records. They showed evidence of assessment and

treatment notes within records of appointments. There were charts to show peoples historical dental treatment, photographs and digital x-ray images. Evidence of consent was recorded along with medical history updates.

The practice offered an 'emergency repair' clinic for people whose orthodontic appliances had broken.

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 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. We saw the local rules displayed alongside equipment used for the taking of x-rays. An audit of x-rays to judge image quality was carried out every six months. The last audit results showed that 100% of the sample was graded as being of 'excellent' quality.

There was a dedicated 'patient safety officer'. The policy relating to people's safety whilst in the practice outlined the procedures to be followed if an event occurred that affected a person who used the service or could potentially affect their safety. It also described how staff should report anything they felt compromised people's safety.

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. There was a record of the medicines held in the practice for this purpose that showed the expiry date. 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

When we arrived at the practice we were asked to show our identity badge, sign the visitors' book and read a confidentiality statement. This showed the practice commitment to the protection of people who used the service.

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 that 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. The staff we spoke with confirmed their knowledge of arrangements for reporting concerns.

We saw that the practice had a chaperoning policy that specified that each person was entitled to a chaperone if they wished.

There was a dedicated 'whistle-blowing' policy. It described what whistle blowing meant, how staff should report concerns, who would be protected and the practice commitment to responding to concerns about performance related issues.

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.

The practice managers told us that the practice maximised the use of single use and disposable equipment to reduce infection risk.

We saw that protocols had been developed for the setting up and shutting down of the treatment rooms and for working in the decontamination room

There was guidance for staff for transporting dirty instruments through the practice to the decontamination room and for how clean instruments should be returned to the treatment rooms. Separate lidded containers were used for dirty and clean instruments.

Areas of the treatment room were clearly defined as 'dirty zone' and 'clean zone'. Used, 'dirty' instruments were set down in the 'dirty zone' where they were scrubbed and rinsed. They were then processed in the washer/disinfector before being examined under a lit magnifying glass and placed in the autoclave for sterilisation, when the process was completed they were left to dry and placed in pouches. The pouches were date stamped to be used within one year.

An ultrasonic bath was used to remove debris from slow hand pieces before they were sterilised. They were then placed in plastic boxes with an infection control security seal.

We saw a 'scheme of maintenance' for the autoclaves. It outlined the tests that should be carried out each time the autoclave was used, daily, six monthly and annually. Records showed that tests had been carried out at the required frequency for the autoclaves, washer/disinfector and ultrasonic bath to ensure they were fully operational.

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' 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 arrangements was carried out by the practice lead for infection control in September 2013 with good results.

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 service was provided on the ground floor of Becket House in the centre of Yeovil. There was restricted kerbside parking in the town centre although we noted ample car parking facilities in the town.

The provider had taken steps to provide care in an environment that was suitably designed and adequately maintained. There were steps to the front of the premises however there was a ramp to a side entrance that provided access for people who used a wheelchair. Inside the service all areas were wheelchair accessible. There were five treatment rooms along with rooms used for the other therapies provided by Resolution Specialist Treatment Centre.

The reception area was welcoming and adjoined the large and comfortable waiting area. The reception desk was split level to allow face to face interaction for everyone. The toilet was accessible for a person who used a wheelchair.

The practice had a dedicated room for the decontamination of dental instruments and a room for the taking of OPT (panoramic) x-rays of the full mouth.

The practice was fully air conditioned for people's comfort.

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 four 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.

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 saw a thank you card that read "Thank you for making some unpleasant procedures a pleasant experience, you're a wonderful team".

Staff we spoke with told us they liked working at 'Resolution'. They described "good team working" and being "very happy".

The service was managed by two 'job share' managers who each worked three days per week so that they overlapped on one day. They told us this worked well. They were supported by a team of administrators and this ensured the smooth running of the practice. The practice managers described the practice as a "happy place" with one of them adding "Everyone who works here cares about the service".

There were two dentists employed by the practice along with an orthodontic practitioner and three dental nurses who had trained as orthodontic therapists. There were sufficient nurses to enable each of the practitioners to be supported by a nurse.

The practice employed a treatment coordinator who was responsible for 'private treatment' planning. This enabled people who received private treatment to have a named worker they could contact directly to discuss their treatment arrangements.

In addition to the employed staff, there were services provided by visiting specialists in implantology and periodontology and a hygienist on some days 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

We spoke with a member of staff who said they felt supported and described the management of the practice as "approachable". They told us they liked working in the practice. All other staff we spoke with also said they felt supported. Staff spoke highly about the provider describing them as "great" and "Always there to help when needed".

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 files we saw contained the practice policies and procedures along with, samples of the forms used for recording within the practice.

We looked at four staff records. Along with information relating to their qualification there was evidence that clinical staff had attended training in radiography, medical emergencies and infection control. We also saw certificates where staff had trained as orthodontic therapists and in oral health education.

The provider had worked continuously to maintain and improve high standards of care by creating an environment where clinical excellence could do well. One of the staff we spoke with told us how they had been given good training opportunities. They said they had been encouraged to qualify in radiography, oral hygiene education and orthodontic nursing.

Another member of staff told us they were recruited as an apprentice and were supported through their dental nurse training by the provider. They said they valued the opportunity and the support they received from the provider and other staff during their training.

Staff told us how they attended the local Somerset dental group for training opportunities and to help meet CPD requirements.

One of the staff we spoke with told us about the daily 'team briefings' that were held and

the more structured staff meetings. We saw the minutes of practice meetings. They recorded the names of the staff that were present, discussions about issues arising from the previous meeting along with, any new issues. The practice managers told us that copies of the meeting minutes were given to all staff.

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.

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 told us they were "proud of the practice" that had originally opened in 2000. We saw that the practice had won a 'Business of the year' award from a local newspaper.

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.

Staff signed the practice policies to indicate that they had read any updates. This ensured that staff were made aware of any changes to the way the practice was run.

We saw there was an emergency and business continuity plan. It outlined staff responsibilities and made reference to the loss of essential supplies such as water or electricity. The relevant contact details were recorded in case of emergency.

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 carried out in December 2013 yielded positive results with people rating the practice as "excellent" or "good" in most areas. The exception to this was that two people commented about the timely answering of telephone calls. One person commented on the courtesy shown them by staff. The provider reminded all staff that the way people were greeted was "of the greatest importance".

A range of audits were conducted on a monthly basis. These included auditing people's records to ensure that treatment plans were completed and that medical history and consent had been recorded. There were also audits conducted in line with the practice 'clear desk' policy. We noted that action had been taken to ensure confidentiality when people's records were found in one of the treatment rooms.

The provider told us about the specialist audits conducted relating to the quality or

orthodontic treatments. There were 'readings' of people's 'bite' at the start and end of treatment. The provider said that since carrying out the audits they had shown there was improvement in 'bite' of almost 78% which was above the national average of 70%.

They told us they audited every treatment to provide constant monitoring of treatment and inform the treatment process.

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 Control of Substance Hazardous to Health (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 practice complaints policy 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 who wished 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.

People we spoke with said they would not hesitate to complain if they needed to. One person added "I cannot think of why I would need to complain". They told us the practice staff had been good with their children and that they had kept them, as a parent, informed.

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

Phone: 03000 616161

Email: enquiries@ccq.org.uk

Write to us
at: Care Quality Commission
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

Website: www.cqc.org.uk

Copyright Copyright © (2011) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.
