Inspection Report

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

Alexandra Care Home

46 Alexandra Road, Hemel Hempstead, HP2 5BP

Date of Inspection: 27 May 2014

Date of Publication: June 2014

We inspected the following standards as part of a routine inspection. This is what we found:

Care and welfare of people who use services	✖ Action needed
Meeting nutritional needs	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Staffing	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Four Seasons (Bamford) Limited
Registered Manager	Ms Elizabeth Patricia Nicholas
Overview of the service	Alexandra Care Home provides residential and nursing care for up to 76 elderly people who may suffer from dementia.
Type of service	Care home service with nursing
Regulated activities	Accommodation for persons who require nursing or personal care Diagnostic and screening 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 unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 27 May 2014, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members, talked with staff and reviewed information given to us by the provider.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

What people told us and what we found

Our inspector gathered evidence to help answer our five key questions; Is the service safe? Is the service effective? Is the service caring? Is the service responsive? Is the service well led?

Below is a summary of what we found based on the evidence gathered during our inspection carried out on 27 May 2014. This included speaking with people who used the service, their relatives and members of staff who supported them. We looked at people's care records.

Is it safe?

We noted that call bells were within people's reach so they were able to request help and support if they needed it.

People told us that they were happy at the home and that staff were kind and attentive. People said that they felt able to raise their concerns. One person told us, "Yes I feel safe here now. The new manager has brought in new staff and they are really kind and supportive."

Staff we spoke with were able to demonstrate their awareness, through discussion, of the signs of abuse, and told us how they would report their concerns. Staff had received training in relation to safeguarding adults from abuse.

Is the service effective?

We saw that assessments had been completed and reviewed in relation to a wide range of

issues relevant to people's care needs. These included assessments which related to the management of people's medicines, skin integrity and risks associated with pressure care, nutrition and hydration, mobility and falls.

During our inspection we did not see that any meaningful activity took place for people who used the service.

Where people displayed challenging behaviour there was no effective care planning to address how this was to be managed.

People's weight and nutritional needs were regularly assessed. Where a person was at risk of malnutrition or dehydration staff members took appropriate action.

We found that there was enough experienced staff available to support people's needs. Care was provided in a timely manner and call bells were answered promptly.

The manager had recently implemented a new system to encourage people who lived with dementia to choose a meal. They were shown a choice of two meals to assist them just prior to the meal being served. This helped to ensure that people were aware of their menu choices.

However people were not always provided with food that was in line with the recommendations of a dietician.

Is the service caring?

During our inspection we saw that people who lived at the home were treated with care and respect.

We observed the breakfast and lunchtime meals and saw that staff members provided appropriate levels of support to help people to eat and drink in a calm, patient and dignified manner. This promoted their independence.

We observed that staff interacted with people with warmth and respect. For example, we watched as a staff member assisted a person to transfer from their wheelchair to an armchair. We noted they provided continuous re-assurance to the person, maintained their dignity at all times, and ensured they were comfortable and secure.

Staff members we spoke with were able to demonstrate a comprehensive understanding of people's needs.

Is the service responsive?

We saw that people's views, experiences and choices were considered in the way that care, support and treatment was delivered. The provider had collated people's views and experiences through surveys and meetings. These included people who used the service, and their relatives. We noted that people were generally satisfied with the care that they received.

Where people were at risk of dehydration or malnutrition, they were referred appropriately for specialist support from health professionals such as doctors or dieticians. We saw the recommendations were then followed, and regular checks of people's weight, nutrition, fluid intake, skin integrity and general wellbeing were carried out.

Where people were at risk of developing pressure ulcers, staff members ensured the appropriate pressure relieving devices were used, such as mattresses and cushions.

Is the service well led?

We saw that people had access to relevant health care professionals where necessary including GPs, dieticians and occupational therapists.

Records we looked at showed that the home took account of accidents, incidents and near misses and investigated them thoroughly.

Effective systems were in place to assess and monitor the quality of services provided. Systems were also in place to identify, assess and manage risks posed to the health, welfare and safety of people who lived at the home.

You can see our judgements on the front page of this report.

What we have told the provider to do

We have asked the provider to send us a report by 28 June 2014, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

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

Care and welfare of people who use services ✖ Action needed

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was not meeting this standard.

Care was not always planned and delivered in a way that was intended to ensure people's safety and welfare.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

We looked at the initial assessments for six people who used the service. We saw from these that a comprehensive assessment of people's needs had been carried out which included areas such as mental capacity, personal care, nutrition, health, mobility and pressure care. Records we looked at demonstrated that the views of the person who used the service, or their relatives, had been sought.

We saw that once a need for support had been identified, a comprehensive care plan had been developed to support this need and reduce any potential risk. For example, where people had been identified as at risk of developing pressure ulcers due to poor nutrition, mobility or tissue viability then an associated care plan had been developed. This covered areas such as nutritional needs and monitoring, skin management to keep skin areas healthy, the use of pressure equipment such as mattresses and cushions. It also detailed how often a person required repositioning when they were in bed. We checked the daily records and noted that where three people required repositioning this had been carried out in line with their care plan. However in one person's record we noted that they had been repositioned onto one side too frequently. They had not followed a set pattern for moving the person across a specified period of time evenly. This meant that they may have been at risk of developing a pressure ulcer.

We had received information of concern that suggested one person was calling out and shouting from their room. This happened both late at night and throughout the day. When we arrived at Alexandra Care Home we toured the perimeter of the home and subsequently repeated this throughout our inspection. During the afternoon we were able to hear a person calling from inside the home when we were in the car park area. We looked at the person's care records to see what steps the home had in place to manage this person's behaviour. We found that there was insufficient detail to support this person effectively. The assessment stated that the person suffered with anxiety and restlessness

which led to shouting and unpredictable behaviour. However when we looked at how staff members were required to manage this, the care record was unclear. We noted in a review carried out on 02 March 2014 that a staff member had recorded, 'staff should use de-escalation techniques.' However, there was no detail of what techniques were to be used. We spoke with staff members who were unable to tell us of any individual techniques they could use to assist the person to become distracted and calmer. This showed that there had not been effective planning and assessment of the person's behavioural needs to ensure staff supported them in an appropriate manner.

We looked at the nutritional records for six people who used the service. We saw that where people were at risk of malnutrition or dehydration staff members took the appropriate action. Where necessary, people were referred for specialist support, for example such as to their GP or the speech and language Therapist (SALT). We saw that one person had been referred to the SALT at the request of their person's relative as to assess their eating ability. We saw a full review of this person's eating had been carried out and recommendations had been made by the SALT which had been included into their person's care record. However, in two people's records were found there was conflicting information about people's dietary needs. One of the records we looked at said the person required a, 'Controlled pureed diet.' However during our inspection this person had been given a soft diet of cottage pie. In a second person's record showed they had been assessed as requiring a soft diet. However the records showed they had been provided with a pureed diet on occasion previous to our inspection. This meant that people's health was may have been placed at risk because they had been offered given inappropriate consistency of meals of an inappropriate consistency that did not follow professional advice.

During our inspection we looked at the activities that were provided for people. We saw that a range of activities were displayed on a notice board for the week including music, arts and crafts, and singing. Staff members we spoke with told us that the activities staff ensured people socialised with each other, and took people to different units when they were providing activities. However, on the day of our inspection we found that one activities co-ordinator was on annual leave and another had called in sick. We spoke with staff members on one unit at 11am who had expected the activity staff member to be on their floor at 11 o'clock.

We observed that people were taken into a lounge at short notice which had not been set up for the purpose of providing activities. There were chairs and wheelchairs that required organising and removing from the room. This meant whilst people sat in wheelchairs waiting to be transferred to a chair with a hoist staff organised the seating in the room. This left people abandoned in their chairs inside the door way, and a number of people unable to be seated. We observed that people were unsettled, restless and agitated by the lack of organisation.

We later observed one person had fallen asleep in one lounge where the television had been set to a channel that had not been broadcast since the previous evening. In one person's bedroom we noted the radio had been set to a station playing modern music. We asked the person if they had chosen this station and they told us they had not. They told us a staff member had put it on when they assisted them. However we noted that some people's rooms were personalised and individual to them. For example one person appeared to have an interest in wildlife and their bedroom, walls and bed had been adorned in imagery of this to offer positive stimulation for them.

Meeting nutritional needs ✓ Met this standard

Food and drink should meet people's individual dietary needs

Our judgement

The provider was meeting this standard.

People were protected from the risks of inadequate nutrition.

Reasons for our judgement

We observed both the breakfast and lunchtime meals as they were served during our inspection of Alexandra Care Home. We saw that staff members gently encouraged people to eat their meals, and, where appropriate, provided support and assistance. Staff members were aware of people's dietary requirements and provided food to people that met these. For example, people who required a pureed diet, or people who were diabetic, received the correct meal. At breakfast we saw that people were provided with a choice of cereals, toasts, juices. People could also request additional sausage and tomato if they wished. We observed this on the day of our inspection.

Where people were offered drinks or meals to eat, this was prepared and presented to them in a manner that attempted to maintain their independence. We observed that, of five people sitting in the lounge, two were provided a china cup and saucer, two with a beaker and straw and one with a beaker with a spout.

We toured three dining areas in the home. We found in each of them that although menus which contained pictures of what was on offer for the day were used, these were not always suitable. Firstly we noted the menu was positioned high up on the wall at the rear of one dining room. This meant that people who may find it difficult to see such distances may not have been able to remind themselves of the meal option. Secondly, at lunch time we noted that an alternative meal option had not been displayed. When we observed the catering staff members as they plated up people's meals at lunchtime, we did not observe that an alternative meal was offered. However, the catering staff had a meal choice selection sheet which indicated people's requirements, such as normal, soft or pureed foods.

When we spoke with the catering staff members they told us that they had commenced a new initiative to assist people who lived with dementia to choose their meals. They told us that they plated up two meals and care staff showed people what was on offer. People who used the service were then able to make a choice based on the sight, smell and textures of the food presented to them. Where people may have had difficulty with memory loss, communication or cognitive functioning, the care staff felt this was a positive way in which to offer choice that people could understand. We spoke with one care worker who confirmed that on the unit they worked on, this was how people were able to choose their meals. They told us, "We plate up the two meals and take both to the resident to choose." We confirmed with the area manager that this initiative had been implemented following a

review of the home's practises to incorporate a new person centred approach.

However, the provider may find it useful to note that they also told us, "I guess it is a good idea but it just takes up so much of my time." We spoke with the area manager and informed them of the comments of the staff member. We felt these indicated a reluctance to support proactive and supportive initiatives for people who were living with dementia from this member of staff.

During the morning we saw that staff members offered people a choice of hot drinks and an assortment of biscuits. Likewise, in the afternoon we saw that people were offered a choice of drink and a snack.

We spoke with one person who used the service and their relative about the food at Alexandra Care Home. They told us, "The food here has really improved. Today's pie was delicious. [Person] doesn't like wet fish as they call it, so the staff let the kitchen know and they do [person] a lovely fresh omelette instead." However, one staff member told us, "Today at lunch, there was very little choice for people who were on a soft diet. It was just shepherd's pie with no other options but people on a normal diet could have potatoes and veg." We looked at how people's nutrition, weight and hydration was monitored. We saw that for all of the six people whose records we looked at staff members had routinely monitored people and this was based upon their individual need. For example one person required weekly weight monitoring and this had been recorded. We also noted that their fluid intake and output had been accurately recorded, and this was reviewed regularly by the nurse.

We spoke with one care worker about how breakfasts were served as we had observed that the majority of meals were served in people's rooms. They told us that the night staff gave people breakfast if they were awake. They also told us that people's food was fortified as standard practice. For example, when people had porridge this was fortified with cream to assist with increasing people's calories intake.

During handover the night staff provided the day staff with a list of people who had not had breakfast at that time. The day staff then continued to prepare people's breakfasts and support them to eat this where needed. The care worker showed us a copy of the list that indicated on the day of our inspection that three people had not had their breakfast at 10.05am. We asked why these three people had not yet eaten. They told us, "This morning it was because they did not feel like anything and were not in the mood, but I will keep going back to try to encourage them to eat." We saw that the staff member returned to the people's rooms with small finger foods.

This meant that support, where necessary, for the purposes of enabling people who used the service to eat and drink sufficient amounts for their needs was provided to people.

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

We spoke with three people about their experience of living at Alexandra Care Home. We asked them if they felt safe living in the home. Each person told us they did. They told us that the staff were kind and caring and if they had any concerns they were able to speak with the unit managers or the home manager. One person told us, "Yes I feel safe here now. The new manager has brought in new staff and they are really kind and supportive." A second person told us, "I really didn't like the darkness of my old room. It was upsetting to be in there but once I spoke to the staff they listened to my worries and arranged for me to move to a brighter room. I feel much happier now."

We spoke with the relatives of three people who told us that they were all happy with their relative living at Alexandra Care Home. One relative told us, "It's a relief to be able to go home, get on with my life and know [person] is here being kept safe and well."

We spoke with three staff members about the safeguarding of vulnerable adults. Each staff member was able to demonstrate their awareness of the signs of abuse and how they were required to report this. We asked staff members about the whistleblowing procedures in place at Alexandra Care Home. They were able to demonstrate a thorough knowledge of when to report poor care and who to report this to. Staff members told us that safeguarding training was provided at induction and reviewed regularly. Training records we looked at confirmed that staff members received refresher training in relation to the safeguarding of vulnerable adults.

We toured the home and observed that copies of the safeguarding of vulnerable adults policies and procedure were available for staff to review. We noted that people's call bells were within their reach, so they were able to call for help if they needed to. Where people may not have been able to use the bell due to health reasons, the staff increased the frequency of their checks. When people moved into the home they were provided with a 'Service User Guide' which contained information in relation to what people should do if they experienced abuse or poor care. We noted that the contact details for both the provider and Care Quality Commission were contained in this booklet to enable people to raise concerns if they needed to.

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 experienced staff to meet people's needs.

Reasons for our judgement

We checked the daily allocation for staff members on each of the three floors at Alexandra Care Home. The rotas documented which care worker was allocated to a particular room, and also which additional tasks they were to complete. For example, tasks allocated to staff members daily included the disposal of clinical waste, assisting people in the dining room, and updating care plans. We also saw that staff breaks had been allocated to each member of staff. This meant that the unit manager was able to ensure that a sufficient number of staff was available at all times.

We spoke with three members of staff, three relatives and two people who used the service. People told us that there were sufficient numbers of staff available to meet their needs. One person told us, "Things have improved over the last year or so. They have recruited more carers, so there are more of them to help us. I think it is just fine." One staff member told us, "Yes, it has been difficult when we have to support new starters, but we support our colleagues and get what needs to be done, done. Some days are busier than others but we have enough people to manage."

We observed throughout our inspection that call bells were answered promptly. There was a sufficient number of staff to assist people at lunchtime. One person told us, "If I ring this bell they are here in a flash." They demonstrated this to us and a staff member appeared promptly.

We looked at training records for the home and saw that a range of training was provided to staff to ensure they had sufficient knowledge to perform their role. This included basic life support, equality and diversity, moving and handling, safeguarding and care of medicines. One staff member told us, "Before I worked here I have been trained by [local authority] and am a post graduate, but still when I started work I had to complete 24 sections of an induction program that included bed rails, infection control and moving and handling.

This meant there were enough experienced staff to meet people's 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 receive.

Reasons for our judgement

We looked at a copy of the results of a satisfaction survey completed in 2013. We saw from this that 27 survey forms were sent to people. However, only three were returned for analysis. The report was positive however it did not provide a proportionate response given the number of people who lived at Alexandra Care Home.

We looked at copies of meetings held with residents and relatives throughout 2014. We saw from these that people's feedback was listened to and appropriate changes had been implemented where necessary. For example, one resident commented, "I am happier now that staff introduce themselves when they enter my room." One resident also commented in the meeting that they struggled to reach their call bell. We saw that an action from this was to order a longer lead and we confirmed that this had occurred. Feedback from people had been positive. Positive comments had been made about the food, staff and activities.

We spoke with two people who used the service and their relatives about their experience of being listened to by the home management and staff. They told us they felt they were able to bring issues to the attention of the staff and their concerns would be addressed. One relative told us that they had suggested that a male care worker be present on a particular floor so male people who used the service had a person to relate to. This had been acknowledged and a male carer had been recruited and was working on the floor on the day of our inspection. Another relative told us, "I come along to most of the meetings. They listen to us and, following our requests, they have improved the shower rooms."

We also saw from meeting minutes that a resident's and relative's committee had been set up. The committee provided a forum for relatives to share concerns and provide feedback to management. This showed that people who used the service, their representatives and staff were asked for their views about their care and treatment and they were acted on.

We looked at the incident and accident records for the home. We saw that when an incident occurred, for example a person slipped and injured themselves, the matter was investigated. There was evidence to demonstrate that learning took place of incidents and accidents and people's care plans were reviewed where necessary to reduce the risk of a recurrence. This showed that there was learning from incidents and/ investigations that

took place and appropriate changes were implemented.

The home manager conducted a range of audits in relation to the safe management of the home. We saw records that confirmed that audits in relation to care records, health and safety, falls and mobility, infection control, safeguarding, medication and nutrition were conducted regularly. When issues had been identified through this process the manager had developed a plan of actions. This was shared with their line manager. We spoke with the line manager who told us that they also ensured the home was meeting essential standards of quality and safety by completing their own audits. These were also complimented by an annual audit by the provider.

We reviewed a copy of the provider's complaints policy. We noted that this was available to people who used the service and visitors. We looked at two complaints received within the past twelve months. We saw that the manager had investigated these thoroughly and maintained accurate records of their findings. They had communicated their findings to the person in each example. Where they were unable to provide a satisfactory response the complaint would be escalated in line with the complaints policy. This showed that the manager took account of complaints and comments to improve the service.

This section is primarily information for the provider

Action we have told the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activities	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	**Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010** **Care and welfare of people who use services** **How the regulation was not being met:** Regulation 9 (1) (a) & (b) (i) The registered person had not taken the proper steps to ensure that each service user was protected against the risks of receiving care that was inappropriate.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 28 June 2014.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

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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