Inspection Report

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

Torbay Hospital

Hengrave House, Torbay Hospital, Lawes Bridge, Torquay, TQ2 7AA

Tel: 01803614567

Date of Inspections: 26 September 2012
25 September 2012
24 September 2012

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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
Care and welfare of people who use services	✗ Action needed
Safeguarding people who use services from abuse	✓ Met this standard
Cleanliness and infection control	✗ Action needed
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard
Records	✓ Met this standard

Details about this location

Registered Provider	South Devon Healthcare NHS Foundation Trust
Overview of the service	South Devon Healthcare NHS Foundation Trust is a general hospital (Torbay Hospital) serving people who live in the South Devon area.
Type of services	Acute services with overnight beds Blood and Transplant service Dental service Diagnostic and/or screening service Urgent care services
Regulated activities	Diagnostic and screening procedures Family planning Management of supply of blood and blood derived products Maternity and midwifery services Surgical procedures Termination of pregnancies Transport services, triage and medical advice provided remotely Treatment of disease, disorder or injury

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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 24 September 2012, 25 September 2012 and 26 September 2012, 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 and talked with staff.

We were supported on this inspection by an expert-by-experience. This is a person who has personal experience of using or caring for someone who uses this type of care service.

What people told us and what we found

Patients we spoke with were all happy with the care and treatment they received. One patient referred to Torbay Hospital as "The Jewel in the Crown". Patients were all extremely complimentary about the staff and told us they felt safe. They knew who to speak to if they had concerns. Staff knew how to report any abuse.

During our inspection we found many areas of local and national initiatives to improve patient experience.

During our Inspection, we went into operating theatres to look at surgical safety checks. We found that these were not being done in line with recommended national guidance set by the National Patient Safety Agency.

We found that appropriate cleanliness was not maintained in two ward areas. We saw some practices in theatre areas were not appropriate for the prevention of infections and spread of infection.

Staff training was managed well at the hospital. Staff were satisfied with the amount and quality of the training. Staff told us they felt well supported and appropriately supported and were complimentary about senior managers at the hospital.

During our inspection we saw many examples to show how quality and the service was continually monitored internally and externally at the hospital. We saw that the Trust were keen to continually improve and address and areas of non compliance. We saw care records had improved since our inspection last year with further improvements planned.

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 10 November 2012, 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

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.

Patient's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

We spoke with at least 18 patients during our inspection. Patients we spoke with told us that the staff were very respectful when speaking to them and also when providing assistance and care. One patient said, "I wish all the patients were as respectful to the staff".

We saw that curtains were drawn when care was being provided and door signs were used in other areas.

We visited the operating theatres at the hospital. We saw that patients had their privacy protected during all stages whilst in theatre. All grades of staff ensured people were covered when patients were being transferred from the bed to theatre table and whilst being prepared for the operation. Staff were respectful, reassuring and provided care at a pace that was right for the patient. Staff made sure patients understood what was happening during their care and treatment. We noted that one patient came to theatre wearing their glasses which respected their dignity. The glasses were then taken to recovery so that the patient could have them as soon as possible after the procedure. Staff used patients first names on the wards we visited. Patients appeared happy with this. One person said "I like it as Mr would be too formal." We saw the persons preferred term of address was listed in the care records.

Patients were unaware of choice in their treatment whilst actually on the wards but they were all satisfied that the action taken by the staff had been the correct ones and agreed by patients. One patient made particular reference to the excellent treatment received from the "brilliant" A & E doctor who explained the "What, how and when" for the patients ongoing treatment in a way the patient could fully understand.

We saw that staff worked with patients to offer alternatives when they chose not to have a certain treatment or meal. On another ward we saw a member of staff prepare toast for one patient who had refused lunch.

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.

Patients generally experienced care, treatment and support that met their needs and protected their rights. However, The planning and delivery of care did not always ensure the welfare and safety of patients in theatre areas and did not reflect published researched evidence and guidance issued by the World Health Organisation and National Patient Safety Agency. This is a breach of Regulation 9 (1) b(ii) and b(iii).

We have judged that this has a moderate 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

Patients we spoke with were all happy with the care and treatment they had received. One patient said, "The staff are treating me very well". Another said "Everything has been fine here since I came in". We spoke to two women in the maternity unit. Both were delighted with the care they had received. One mum said "My care has been second to none. The midwives have been really encouraging and got me through a difficult birth."

None of the patients said they had any delays with their treatment once in hospital. One patient was delighted to receive their surgery earlier than anticipated.

We visited two of the laboratories in the hospital. We saw these were well organised and had systems in place to prioritise when blood samples needed processing quickly. We saw the blood transfusion unit had plentiful supplies of blood products. There were scanning systems in place to ensure patients received the correct blood products. We saw that laboratories had safety protocols in place and provided on call staff to ensure a day and night service.

We saw national initiatives were being monitored and addressed at the hospital. For example we saw how the Stroke team had exceeded national targets for speed of patient scans and treatment. Another was looking at systems which monitored and improved waiting times in the Emergency department.

During our inspection we found many areas of initiatives to improve patient experience. Examples included the introduction of mealtime companions to sit with patients whilst they ate their lunch and the introduction of a social lunch club.

During our visit, we went into five operating theatres at the hospital.
We saw two formal team briefs for the morning theatre list. The team brief is a time where all members of the team meet before the patient comes to theatre where anticipated problems are discussed. Staff said there was a recent drive to improve this process. One

member of staff said "Introducing the team brief has been great. It has saved time as we know what equipment we need before now."

We saw the team briefs were carried out well. However, one brief did not include the anaesthetist. This may mean some information about the anaesthetic may be missed.

We watched the various stages of sixteen theatre checklist techniques being performed. The checklist identifies three phases of an operation, each done at a specific period in the normal flow of work: Before the patient has the anaesthetic ("sign in"), before the operation starts ("time out") and before the patient leaves the operating room ("sign out").

We saw that the Trust did not use the Surgical Safety Checklist recommended by the World Health Organisation (WHO) and the NPSA. The Trust had adapted this checklist to meet the hospitals needs. The adapted forms used at the hospital held similarities to the WHO and NPSA recommended checklist but had prompts missing. This may mean that some safety checks would not be done at the time of patient's surgery.

We saw that some safety checks were written on a white board. This information was wiped off after each operation and not written down in detail. Some information could be found in several areas of the notes. This means that there was no way of showing that all aspects of the check had been completed. Staff were entering a record onto computer system to say the "WHO" checklist had been done. This would be misleading for any audits performed.

We saw five sign in checks. Three of these did not include discussions about blood loss, despite this being included on the hospital checklist. Parts of the sign in checks were done independently by either the anaesthetist or Operating Department Practitioner (ODP).

We saw seven time out checks. One of these was not done formally at all. Of the six time out checks we witnessed none of the checks included introductions of the team. Four of the checks did not ask about anticipated critical events. Four of the checks did not include discussing anaesthetic risks. None of the checks included checking how the patient was to be kept warm. However, we saw this was being provided. Two of the checks did not discuss how staff were to keep patients blood sugars stable during surgery.

The NPSA expects that checks should be read out loud, with all staff stopping what they are doing and with no interruptions. We saw two checks were led clearly. Other checks were not as clear. We saw conversations occurring in six of the ten checks we saw and a surgeon started the operation before one check had been completed. We also saw staff wander off before two checks had been completed. This meant these staff could miss hearing important safety information.

We saw four sign out checks being performed. All of these were clear and contained information and prompts listed on the WHO checklist.

We fed back this area of non compliance to the chief executive who promptly organised an immediate investigation.

During our observation we noted that one operating theatre did not have an anaesthetic room. The patient was having their anaesthetic on the operating table whilst the theatre team were preparing for the case. The team made an effort to keep noise to a minimum. The provider may like to note that this practice meant that maintenance of a quiet environment for the smooth induction of anaesthesia was at risk.

We saw examples of good care in the operating theatre. We observed staff using good moving and handling techniques. Pressure relieving equipment was used in all cases where it was appropriate. During observations we saw that staff ensured that other essential checks took place. These included the patient's temperature, consent, identity and allergies.

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.

Patients who use 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

Patients told us they felt safe whilst in the hospital. They knew who to speak to if they had concerns.

Staff described the hospital safeguarding team as responsive. Staff also knew who to contact for support. All staff we spoke with confirmed they had been on safeguarding training and were able to describe different types of abuse. Posters were seen in the ward area, emergency department and some non clinical areas. These included contact telephone numbers of outside agencies that could be contacted if abuse was suspected.

Staff were aware that the hospital had a whistleblowing policy. One member of staff said "I would not hesitate to use the policy if I thought someone was being abused."

Senior staff knew who to contact if allegations of abuse were made and each ward area knew who the safeguarding lead was at the Trust.

We saw computer records to show that staff had received training in safeguarding vulnerable adults and children. We spoke with midwives who receive public health training which included domestic violence awareness training.

We spoke to the provider of a domiciliary care service who told us staff at Torbay hospital had worked well with them to ensure people with learning disabilities were supported well whilst being treated in hospital. The provider said "This has helped prevent people who have a learning disability from being neglected or given treatment that may cause distress.

Cleanliness and infection control ✖ Action needed

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

Our judgement

The provider was not meeting this standard.

Patients were not always cared for in a clean, hygienic environment in theatre areas and a very small number of wards.

This is a breach of Regulation 12 (2) (c) i.

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 visited four wards and the theatre areas to see how infection control was managed at the hospital. A member of the hospital infection control team accompanied us during this time. This meant they were able to rectify any immediate issues.

We saw audits displayed on posters in ward corridors and in the intensive therapy unit. This meant that patients and visitors could see what steps staff were taking to reduce the spread of infection.

Staff told us that policies were available on the hospital intranet. Infection control information was also displayed in clinical areas. For example posters were displayed above wash hand basins. We saw ward areas displayed the "bare below the elbows" policy. This meant that staff were expected to not wear wrist watches, rings and long sleeves which would make hand washing less effective.

We spoke to staff throughout the inspection about training. Infection control was listed as mandatory training that staff had attended.

The management of infection control was mixed at the hospital. The majority of wards and non clinical areas we visited during the first two days of our inspection were clean, organised and had good processes in place to prevent the spread of infection control.

Two of the four wards we inspected to focus on infection control were clean. We saw that cleaning audits and safety checks were in place and working well. For example on one ward we saw taps were running as part of legionella checks.

The hospital infection control nurse and provider told us that high level cleaning in ward areas took place once per week. We were told that weekly floor and extra cleaning also took place. We saw this happen. For example we saw a member of staff was moving beds to clean floors underneath. We were told that national guidelines were followed at the Trust. We were informed that ward areas also had supervisor checklists which would

monitor the cleanliness of the ward areas.

Two wards we saw did not have as clear processes in place to reduce the spread of infection. On our first visit to ward areas we saw high levels of dust in a corridor where domestic staff said they had cleaned. However, later in the morning these areas had been cleaned.

On one ward a large room containing a shower had been labelled as an equipment store. The room contained an unused mattress, two TV screens and other equipment. The clean linen storage trolley was also kept in this room. This was a closed metal cupboard on wheels. A later visit showed that a patient was having a shower in this room with the linen trolley in place. The provider may like to note that removing the trolley would eliminate any slight risk of the sheets becoming damp.

On one ward we saw a drug trolley which was soiled with a white powder and sticky residue. This meant that the administration of medication was not managed in a clean and hygienic way.

On the same ward a surgical procedure was stopped from taking place in a side room after it was noted that the room had high levels of dust on shelving. The trolley which the procedure pack was placed was also soiled and contained a piece of dressing attached. The sink appeared to be soiled. A matt coloured residue was present around the sink.

The sluice room on the same ward contained a commode which had rusty legs and frame. A shower chair was also stored which contained a ripped vinyl seat cover which would make effective cleaning difficult to perform. The nurse in charge was not sure why they were present. On the same ward the infection control nurse also condemned an empty bed which had a cracked foot plate and soiled mattress cover. Staff explained this bed would have been checked as part of routine checking procedures before it was made up for the next patient.

An equipment "bin" on the same ward had a cracked lid which meant that staff could not use the foot pedal. This meant that staff had to use hands to lift which did not prevent the spread of infection.

We looked at infection control procedures in theatre areas. We noted that disposable gowns and drapes were in use which supported infection control. We saw that washer-disinfectors were used to decontaminate theatre footwear.

We also saw some practices which did not prevent or control the spread of infection. We observed several members of the theatre team wearing earrings and necklaces. Good practice guidance recommends that jewellery should be removed.

We noted that in one theatre the doors between the anaesthetic room and the theatre did not completely close. This did not support the effectiveness of air flow to reduce the risk of infection.

During the skin preparation for one procedure we observed that the member of staff did not start at the 'clean' incision site and work outwards. The member of staff started at a 'dirty' area of the surgical site. This practice did not minimise the risk of surgical site infection.

We noted that used swabs were placed on a trolley with clean equipment and clinical

supplies. This practice meant there was a risk that clean items could become contaminated.

Whilst in the theatre areas we observed non theatre staff use the corridors from the main areas of the hospital as a short cut. For example a member of staff walked from the intensive care unit through the theatre corridor to other ward areas. We saw staff who were not wearing appropriate theatre clothing walk down the main corridor past the entrance of the operating theatres. This could increase the spread of infection. There were no risk assessments to show this behaviour was appropriate.

Other general areas of the hospital were clean, tidy and well maintained despite extensive building works taking place. New corridor areas gave the hospital a bright and clean appearance.

Supporting workers ✓ Met this standard

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

Patients were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

Patients said that they had total confidence in the knowledge, skill and ability of the staff whilst recognising that some staff were trainees.

One patient gave an instance of a surgeon showing a junior doctor how to undertake a procedure and then handing over to the trainee to do it – the patient added, "I did not mind at all as we all have to learn and practice".

All staff spoken to said training at the hospital was "Really good", "Excellent" and "Thorough". Bank staff said they had been impressed with the training they had been provided with.

Staff told us that a new system was working well where all training was delivered within the same day. Staff said this "helped as it was easier to manage." The compliance lead for the trust showed us a new training matrix used. This spreadsheet showed that vitually all staff were up to date with their training with the few remining staff being booked onto training sessions.

We spoke with a minimum 20 members of staff ranging from nurses, midwives, consultants, laboratory staff, administration staff, theatre staff and ancillary staff. All members of staff said they had attended their mandatory training. Staff told us that mandatory training included health and safety, safeguarding vulnerable people, fire safety, infection control and additional specific training for their roles. For example midwives told us they do "skills and drills" training to prepare them for emergency situations they may face. All staff found the quality of the training very good.

We were shown the Horizon Centre at the Trust. This was a purpose built education and research facility based at the hospital. The centre was a three story building containing seminar rooms, two large lecture theatres and a library for staff to use. We spoke to one member of staff who said that the library and IT facilities had been "beneficial whilst doing some recent study."

We saw that staff could use any of these spaces, alongside a range of high tech manikins and simulators, to learn new procedures and critique current clinical practice. There was a procedural skills floor which provided a range of clinical environments including ward areas, an operating theatre and multipurpose procedure rooms. The safety lead for the

trust explained they were planning some theatre training in the next few months.

Staff said this facility was "invaluable for getting you to practice in a real setting." One member of staff said "I had to use one of the manikins to try taking blood. It was really good preparation." Another member of staff said "It just makes you feel professional when you are having updates."

All staff said they considered the supervision, support and formal appraisal process useful. We spoke with midwives who had continual statutory supervision. We were informed that the national supervisor to supervisee ratio was within recommended limits to help safeguard women and their babies.

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 patients receive.

Reasons for our judgement

Patients told us that they had already been visited that day by a "lady with a clipboard asking questions." We were told that a member of staff from the hospital administration visits each ward, to check the names of patients due to be discharged that day and completes a survey form with them.

We were told that on some wards a weekly survey is undertaken by hospital volunteers. Staff said "The outcome assists us to improve in the areas highlighted."

We saw thank you cards displayed in ward areas. One card on the children's ward read "You have done a wonderful job. Thank you all so much for the care its been first class".

Feedback from patients was all positive. One patient referred to Torbay Hospital as "The Jewel in the Crown". None of the patients we spoke with had made any complaints but they all knew who to speak with if they were unhappy.

We spoke with members of the board of governors at the hospital and saw how they actively monitor improvements at the hospital and reflect the views of people in their local community. We were shown minutes of a newly appointed Quality and Compliance Committee meeting.

During our inspection we saw many examples to show how quality and service is continually monitored internally and externally at the hospital. We also saw that the Trust were keen to address all areas of non compliance or poor performance when it arose.

The Trust monitored diagnostic waiting times at the hospital. We saw how these waiting times were checked and saw examples where extra screening clinics were organised occasionally or permanently to reduce waiting times for patients.

The Trust also passed a Patient Environment Action Team annual assessment last autumn. This was a national benchmarking tool to ensure improvements are made in the non-clinical aspects of patient care including environment, food, privacy and dignity.

We saw each area in the trust had external quality reviews from their particular professional auditor. For example the laboratory had just received a compliant report from

the Clinical Pathology Accreditation.

Hospital staff were preparing for a NHS litigation assessment. Information was being gathered to show compliance with fifty standards. Midwives were also preparing for a separate upcoming NHS litigation healthcare assessment to reduce risks in maternity care.

We saw that the accident and emergency department monitored waiting times. Many members of staff were involved in ensuring that this was not breached where ever possible. Data was collected daily from the department to check if the four hour wait had been breached. If a wait exceeded 12 hours it was reported to the Strategic Health Authority who oversee the Trust. We were also told that this monitoring system had highlighted a need for a computerised monitoring system which was hoped to be introduced.

We saw that complaints and incidents were closely monitored at the Trust. We saw one example in the intensive care department where the call bell system had been changed to improve patient safety. We spoke with staff from the patient experience team and looked at action taken with regard to three complaints. All were being managed effectively and progress could be easily tracked with the system in use.

We saw that monitoring complaints also highlighted areas where the service could be improved. For example, the complaints team staff had recognised that meeting the needs of those with dementia had been an issue. The team were positive about the work the hospital was doing to meet increasing dementia needs and the role of the dementia lead and dementia champions.

There had been considerable investment in the fabric of the buildings at the hospital and new equipment purchased. We visited new ward areas that had been re furbished to provide patients with a better environment. New signage had been introduced. One visitor said "It's so much better, the maps are very clear and the corridors are brighter and cleaner".

Records ✓ Met this standard

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

Reasons for our judgement

We saw care records had improved since our inspection last year. We looked at four care plans of patients who had been admitted to a ward over the weekend and found them to be well maintained and structured. All the plans showed frequent review of patients over the weekend period by the clinical team.

We saw midwives were using national recognised care records. We saw two sets of notes which had been completed to a high standard. This means that women, who carry these records with them, have accurate up to date records for other healthcare professionals to refer to during their pregnancy.

Theatre staff were using an intra operative care plan. These reflected the care that was provided.

All records seen were kept securely.

Senior managers informed us that a new set of standardised notes were being introduced into the Trust to improve record keeping. We spoke with staff who had been involved in the trial and creation of these notes. Staff said "It will mean that all staff will know where to quickly find information

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 activity	Regulation
Surgical procedures	**Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010** **Care and welfare of people who use services**
	How the regulation was not being met: The planning and delivery of care did not always ensure the welfare and safety of patients in theatre areas and did not reflect published researched evidence and guidance issued by the World Health Organisation and National Patient Safety Agency. This is a breach of Regulation 9 (1) b(ii) and b(iii).
Regulated activities	Regulation
Surgical procedures Treatment of disease, disorder or injury	**Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010** **Cleanliness and infection control**
	How the regulation was not being met: Patients were not always cared for in a clean, hygienic environment in theatre areas and a very small number of wards. This is a breach of Regulation Regulation 12 (2) (c) i.

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 10 November 2012.

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

This section is primarily information for the provider

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 dentists and other services at least once every two years. 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 but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

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. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. 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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