Inspection Report

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

Victoria Nursing Home

9 Anson Road, Victoria Park, Manchester, M14 5BY

Tel: 01612240302

Date of Inspection: 21 May 2014

Date of Publication: July 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	✓ Met this standard
Management of medicines	✓ Met this standard
Staffing	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard
Records	✗ Action needed

Details about this location

Registered Provider	Homesend Limited
Registered Manager	Mr Tony McVitty
Overview of the service	Victoria nursing home is situated in the Victoria Park area of Central Manchester close to local shops, public houses, Manchester Royal Infirmary and a range of social and leisure amenities. The home offers accommodation on three floors with all communal spaces being on the ground floor. Off road car parking is available at the front of the home.
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

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an 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 21 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 staff and talked with commissioners of services.

What people told us and what we found

We brought this home's scheduled inspection forward in response to concerns we received relating to support for staff in dealing with behaviours which challenged the safe delivery of care and support. One inspector carried out the inspection. We considered all the evidence we had gathered under the outcomes we inspected. We used the information to answer the five questions we always ask:

Is the service safe?
Is the service effective?
Is the service caring?
Is the service responsive?
Is the service well led?
This is a summary of what we found-

Is the service safe?

Bedrooms belonging to people accommodated in the home were personalised with photographs and pictures and the rooms were clean and tidy. A person showed us their bedroom and told us, "I like to spend time in my room and keep it clean." They told us the manager had bought them a new TV and radio. We saw evidence that systems were in place to ensure electrical and gas equipment in the home was maintained and serviced in safe working order.

The staff we spoke with were aware of the importance of risk assessment and the steps they needed to take to keep people safe from accidental harm. Incident records showed that a person recently admitted to the home had fallen out of bed soon after they moved in. In consultation with the person bed rails had been fitted to keep them safe from further risk.

Protective bumpers had been fitted to beds rails, where used, to minimise the risk of entrapment.

Care plans contained assessments of need and identified risks had been appropriately assessed. Clear guidance was in place for staff to follow in keeping people safe from accidental harm.

Suitable systems and protocols had been developed to make sure people living in the home received their medicines exactly as prescribed by their doctors. People who had been assessed as at risk of weight loss were receiving good support to maintain healthy weights.

Is the service effective?

We saw evidence of people being fully involved in the development of their care plans. These documents had been written in a person centred way, which meant that the specific needs of the individual were reflected in the care and support they received. However, we were concerned to find that a person admitted two months before our visit did not have a care plan. This placed them at risk of receiving inappropriate or unsafe care and support. The manager told us what action they intended to take to make sure each person had a basic care plan in place at the point of admission.

Is the service caring?

During our visit we saw staff interacting with the people they supported in a patient, caring and compassionate manner. We also saw staff offering comfort to a person who became distressed and responding to people's requests for information and guidance.

Care plans were detailed and emphasised the right of the individual to privacy, dignity, respect and independence. Clear written protocols in care plans guided staff on what they must do to provide safe care and support, such as health and nutritional monitoring.

One of the people we spoke with said, "I am treated with dignity and respect and I am able to choose what time I get up, go to bed, go out and what I eat. I like spending time in my room and I like to keep it clean and tidy. Nobody bothers me. It's much better than where I used to live."

Is the service responsive?

The home had a suitable policy and procedure for recording, investigating and responding to complaints. The people we spoke with told us if they had any concerns they would speak to a member of staff, the manager or provider. One person said, "I've never had to make a complaint. If something's not right you just have to speak up and it will get sorted."

We asked three people about their experience of living in the home. They told us they felt safe and they had good relationships with the staff providing their support. Two people praised the provider for installing a small kitchen so they could help themselves to breakfast, snacks and drinks at all times. Similarly, a flexible breakfast routine had been implemented to give people more choice and promote their independence. The three people we spoke with told us these changes had enabled them to be more independent and have more choice in relation to their daily routines.

Is the service well led?

The manager in post at the time of our visit had been registered with the Care Quality Commission (CQC).

Staff told us they were well supported and had access to training and regular supervision. In addition the staff we spoke with told us the manager was always available to discuss any concerns or issues.

We saw evidence of staff meetings and the nurse told us there was a handover of information at the start of each shift. This ensured all staff were kept up to date with important information.

There was a system of audits in place that included care plans, medication and health and safety.

We saw the home's record of incidents and accidents. Each incident or accident had been subject to review and follow up action to reduce potential risks to the health and safety of people living and working in 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 17 July 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 ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

We looked at the care records belonging to three people accommodated in the home. We saw that each person had received a thorough assessment of their needs. Risks to the safe delivery of care had also been assessed and guidance had been written down to inform staff what they must do to keep each person safe from accidental harm.

A person recently admitted to the home had fallen out of bed. Their care records told us they had no previous history of falls. We saw that an incident form had been appropriately completed and staff had discussed the incident with the person and explained their options. The person decided to consent to rails being fitted to their bed, to prevent further falls. Their risk assessment had been reviewed and updated and a bed rails assessment had been added to ensure there was no risk of harm to the person from entrapment. This provided evidence that care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Care plans had been put in place for two of the people whose records we looked at. The care plans were detailed and emphasised the right of the individual to privacy, dignity, respect and independence. Clear written protocols in care plans guided staff on what they must do to provide safe care and support, such as health and nutritional monitoring.

Two people accommodated in the home told us they made their own decisions in relation to their daily routines and activities of daily living. One person said, "I moved from another home to here in January and I like it. I am treated with dignity and respect and I am able to choose what time I get up, go to bed, go out and what I eat. I like spending time in my room and I like to keep it clean and tidy. Nobody bothers me. It's much better than where I used to live." This person showed us their room and we saw they had all their personal possessions around them. They said, "The manager bought me a new TV and radio. It's a very good home."

The manager and provider told us the meal system had been changed to provide people living in the home with more choice and opportunities for independence. Breakfast was

available all morning, which made for a relaxed and steady mealtime. This afforded people the opportunity to have a lie in according to their preferences. Cereals and toast were available throughout the morning and a snack lunch was available on six days each week, with a brunch available at weekends. Lunch choices included two different salads, two jacket potatoes, two types of sandwiches, soup and a hot choice. Cakes were baked each afternoon and were available after 3pm. The evening meal offered a choice of different salads, two hot meal choices and dessert. The cook told us they could provide diabetic and special diets to meet the needs of people who were nutritionally at risk.

The cook explained they discussed people's meal choices with individuals the day before and added that they could also provide alternatives to the meals listed on the menu. The provider told us that a kitchen had been installed to enable people living in the home to make their own drinks and snacks. Three people living in the home told us about the kitchen and praised the provider for installing this new facility. One person said, "It is really good, I can make myself a drink at any time and help myself to breakfast." We saw people preparing their own breakfast and drinks, and we noted that staff were available to provide support where needed. This new meal system was introduced very slowly and people were asked for their feedback on a regular basis. The salads and baked potatoes introduced healthy options and other food was fortified with items such as cream to prevent the risk of weight loss.

During our visit we saw staff interacting with the people they supported in a patient, caring and compassionate manner. We also saw staff offering comfort to a person who became distressed and responding to people's requests for information and guidance. We saw people moving freely around the home. Some people chose to go out for a walk, go to the shops or the pub, while others sat with staff in the garden enjoying the sunshine.

The evidence we saw in care records demonstrated that people's needs were assessed and care and treatment was planned and delivered in a person centred way and in line with their individual care plans.

Prior to our visit we received concerns alleging that people living in the home did not possess sufficient clothes to meet their needs. We asked the provider about this. They told us this issue had not been raised with them previously, and they were not aware of whom this concern related to. They said staff were available to provide support to people to go shopping for clothes and other personal items and the standard of individual's clothing was constantly monitored. During our visit we saw people were dressed appropriately and it was evident that attention had been paid to their personal grooming. Two people living in the home confirmed that staff were available if they needed advice or support to purchase new clothes. One person told us, "I can go on my own or ask staff to come with me if I need new clothes. It's never been a problem."

Management of medicines ✓ Met this standard

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

None of the people living in Victoria Nursing Home were self-medicating at the time of our visit. The nurse on duty told us that if somebody wanted to self-medicate they would firstly test their capacity to take on this task and make sure they were aware of the medication and what it was for. Then they would put a care plan in place by consulting with the person and ensure that the task was risk assessed and safe.

We saw there was a lockable medication fridge in the clinic room. The fridge contained a bottle of Lucozade and we asked the nurse about this. She said it belonged to a person living in the home who had been diagnosed with diabetes. She told us it should have been labelled with the person's name and date it was opened.

We saw that medication fridge temperatures had been recorded daily and were within the recommended safe range. Packaged and liquid medicines from the current month's cycle were stored in a locked cupboard in the clinic room and medication in current use was stored safely in a drug trolley. The home had a suitable controlled drugs (CD) cabinet securely fixed to the wall in the locked clinic room. Food supplements were stored on a shelf in this room.

We pointed out to the nurse that it was very hot in the clinic room. The nurse agreed to obtain a thermometer and take the temperature in the room as temperatures over the recommended maximum may affect the efficacy of medicines.

Appropriate arrangements were in place in relation to the recording of medicine. The nurse told us they had an audit tool on the computer and audits of medication were done on a monthly basis. An audit was due and the nurse had planned to complete it on the day of our visit. We checked medication records for the three people whose care plans we looked at and found these to be accurate and up to date.

We saw several people had been prescribed a variety of food supplements and noted they had been administered according to the directions of the healthcare professional prescribing them.

We were told that nurses always applied steroid based creams, while other topical

applications could be applied by either nurses or support workers. Body maps, detailing the reason for application of creams, were held with the medicine records to ensure the creams were applied to the correct areas.

Medication had been reviewed every three months by the GP or psychiatrist. The nurse said, "We have a very good relationship with the doctors. One person had their medication reviewed and increased by the psychiatrist due to a change in their behaviour. We had already ruled out possible physical causes of the behaviour, such as infections."

Unused medicines were collected monthly by an approved contractor. The home had a destruction pack for CDs, which was held in the CD cabinet.

Appropriate arrangements were in place in relation to obtaining medicine. Incoming medicines had been checked and signed for as accurate by night staff. Quantities had been detailed in the medicine records.

We saw a protocol in the medicine records for the administration of 'as required' medicine. The nurse said the others had been removed for review and updating and that she would leave photocopies of the protocols in the records to ensure people received 'as required' medicines safely.

None of the people living in the home were currently having their medicine administered in a covert manner. The nurse on duty competently described the procedure they had previously followed for a person who lacked capacity to make decisions about their prescribed medication. A best interest decision meeting had been held with the manager, relative, staff, GP and pharmacy. Clear instructions had been written down and a review date had been scheduled.

The nurse told us she was currently devising a separate procedure for reporting medicine errors. Currently, medication errors were reported by completing an incident form, which was reviewed by the manager. The nurse felt it was important that medication should have its own dedicated procedure for error reporting.

We looked at the contents of CD cupboard and record book a checked the balance of morphine patches held in stock for one person. The number of patches held in stock accurately reflected the balance in the CD record book. Two staff had consistently signed each time a CD had been administered.

We were told that people accommodated in the home were always given information about the medicine they were taking. Information leaflets for each medicine were retained so nurses could explain the possible side effects and what the medicine had been prescribed for.

Staffing ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

We looked at this outcome because we had received anonymous concerns alleging that there were insufficient nursing and support staff deployed to meet the needs of the people accommodated.

Fourteen people were accommodated in the home at the time of our visit. The manager told us they were constantly reviewing and modifying staffing levels due to the changing needs of people living in the home. They took into account the dynamics and compatibility of the group of people accommodated, before deciding on the appropriate numbers of staff. The manager told us their goal was to be slightly overstaffed in comparison to need. The use of agency staff was kept to a minimum and the home only used one agency and always requested staff who had previously worked in the home and who knew and understood the needs of people they supported. Dedicated one to one time was being provided to several people who needed this level of support. This was in addition to the minimum staffing deployed.

Rotas showed that a minimum of one qualified mental health nurse (RMN) and three support workers had been deployed at all times. In addition to this the manager, cook and domestic staff each worked a five-day week and the provider was in the home most days.

Three people living in the home said they considered there to be sufficient staff on duty at all times. One person told us, "There's always someone here if you need them and they'll sit down with you to pass the time."

We asked two members of staff their views about staffing levels in the home. They both said staffing levels were sufficient. One member of staff told us, "I have been helped by the staff to develop and even though I'm an apprentice, I am treated just like a regular member of staff. I've never been concerned that there aren't enough staff."

Supporting workers ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

We received concerns prior to this inspection alleging that staff were not being supported with the effects of managing behaviours which challenged the provision of safe care and support. We discussed this with the manager who showed us an example of the support they had offered to staff dealing with behaviours of a challenging nature. The staff supervision record we saw recorded that the member of staff had been assigned alternative duties and the frequency of behaviour monitoring had been increased. The staff member had also been offered specific training to further develop their skills.

During our visit two members of staff confirmed they had all the support they needed to carry out their roles safely. They told us they had regular training, one to one supervisions with their line manager and meetings where they could discuss issues concerning their work. One of the staff we spoke with said they had received a thorough induction, during which they shadowed a more experienced member of staff. A qualified member of staff told us, "Support is provided to ensure my Continuing Professional Development (CPD) is kept up to date. I have attended diabetes training in the previous twelve months, which is good evidence for my CPD record."

The manager confirmed that safeguarding and mandatory health and safety training had been planned for the current year. They said they were putting together a mental health training session in response to requests from staff and support staff had access to National Vocational Qualifications, in Dementia Care, at levels two and three. A senior member of staff told us they were studying for a level five in Leadership and Management in Health and Social Care. The manager and one member of staff confirmed that competency assessments were carried out following training. This ensured staff were confident in applying their new skills and knowledge to their everyday practice.

The concerns we received also alleged that support staff were not receiving consistent support from nursing staff. We saw nurse meeting minutes from November 2013, which stated, "We want the nursing staff to spend more time out on the floor, taking control of the shift and not expecting the care staff to manage without supervision." During our visit two support workers told us that nursing staff were supportive and they could approach them at any time for advice and guidance. This provided evidence that prompt action was taken to make sure staff received appropriate support to provide safe care and support to people

accommodated in the home.

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

Victoria Nursing Home had effective systems in place to assess and monitor the quality of the service provided to the people accommodated.

We saw evidence of the regular auditing and review of such systems as care planning, Deprivation of Liberty Safeguards and health and safety. Where the need for improvement had been identified, prompt action had been taken.

Two members of staff told us that equipment used in the home was maintained and serviced on a regular basis to make sure it was safe and fit for purpose. They also confirmed that health and safety and fire safety assessments were reviewed on a cyclical basis. One member of staff told us, "I would report any health and safety concerns immediately to the manager."

The home had a system in place to manage comments, concerns and complaints, although the manager said no complaints had been received in the period since our visit in 2013. In discussion with the manager it was evident they took a positive outlook on complaints and viewed them as opportunities to make improvements, which were in the best interests of the people living in the home. The manager adopted a 'hands on approach' and an open door policy. Throughout our visit we saw people living in the home to be confident in approaching the manager, nurses and support workers to request information and guidance.

The provider also took account of comments to improve the service. People living in the home had regular meetings where they could express their views about the service and make suggestions for improvement. We were told that people decided their own agenda and discussion topics for the meetings. We saw evidence of the provider responding to people's suggestions by installing a kitchen for people to make their own snacks and drinks and by implementing a flexible breakfast routine. The three people we spoke with told us these changes had enabled them to be more independent and have more choice in relation to their daily routines.

One of the people we spoke with told us they knew about the complaints procedure. They

said, "I've never had to make a complaint. If something's not right you just have to speak up and it will get sorted." None of the three people we spoke with expressed any concerns about the service they received. One person commented, "This is a good home. I feel safe and I trust the staff."

We looked at the system in place for recording and monitoring accidents and incidents. The circumstances of each incident had been recorded in detail along with the action taken to minimise the risk of further harm. For example, one of the records described a fall sustained by a person in March 2014. This had been discussed with the person along with the options to prevent further incidents. It was clear that the person was empowered to make an informed decision based on their personal preference and by considering relevant information shared with them. This provided evidence that learning from incidents and investigations took place and that appropriate changes were implemented to keep people living in the home safe from harm.

Records ✖ Action needed

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

Our judgement

The provider was not meeting this standard.

People were not always protected from the risks of unsafe or inappropriate care and treatment, because accurate and appropriate records were not in place for people on admission to the home.

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

Records viewed during our inspection visit were found to be accurate and up to date.

However, we were concerned to find that a person admitted to the home, two months before our visit, did not have a care plan. There were a number of risks associated with the care this person needed, such as moving and handling needs, the use of bedrails and medication and nutritional support. While these risks had been assessed, there were no care plans specifying how staff would provide care and support according to the person's preferences.

Following our visit the provider sent us a copy of the care plan being developed for this person. This had previously been held as an electronic copy, but since our visit had been shared with all the home's staff. Care plans provide staff with written guidance on what action they must take to meet the specific needs and support preferences of the people they care for. Additionally, providers must be able to evidence that the people using their service have given their consent to the care and support detailed in their care plans. In the absence of a care plan the provider would not be able to confirm that the person's needs were being met appropriately.

We discussed this with the manager who told us they did not usually implement a care plan until they had completed an assessment of the person's needs. The manager said they could appreciate that having a care plan in place at the point of admission, would ensure people received consistent and safe care and support. They told us this would be addressed in future, by ensuring basic care plans were in place on the day of people's admission.

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 20 HSCA 2008 (Regulated Activities) Regulations 2010** **Records**
	How the regulation was not being met: People living in the home were not always protected from inappropriate and unsafe care and treatment by a failure to maintain accurate records in relation to the care and treatment provided. Regulation 20 (1) (a)

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 17 July 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.

Contact us

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