Inspection Report

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

Lucerne House

Chudleigh Road, Alphington, Exeter, EX2 8TU

Tel: 01392422905

Date of Inspection: 21 May 2014

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We inspected the following standards to check that action had been taken to meet them. This is what we found:

Care and welfare of people who use services	✓ Met this standard
Staffing	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Barchester Healthcare Homes Limited
Registered Manager	Ms Samantha Foti
Overview of the service	Lucerne House is registered to provide accommodation for 75 people who require nursing and personal care. The home is situated in Exeter, Devon.
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

We carried out this inspection to check whether Lucerne House had taken action to meet the following essential standards:

- Care and welfare of people who use services
- Staffing
- Assessing and monitoring the quality of service provision

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 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.

We obtained feedback from commissioners.

What people told us and what we found

We considered our inspection findings to answer 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. If you want to see the evidence supporting our summary please read the full report.

Lucerne House is comprised of three units known as Shillingford unit, which provides care for people with dementia; Ide unit, which provides care for older people, and Alphinbrook unit, which provides care for younger people with physical disabilities.

At our previous inspection on 24, 26 February and 03 March 2014 we identified significant concerns about the care and welfare of people, staffing levels and quality monitoring at Lucerne House. CQC took enforcement action by serving three warning notices on the provider, which required them to make urgent improvements in these areas within four weeks. We also identified concerns about five other standards, which were less serious.

This was a follow up inspection to check the most urgent improvements required had been made. We visited the home on 21 May 2014 and found the provider had complied with the warning notices served and had and made significant improvements in people's care and welfare, staffing and in quality monitoring. We have since received an action plan from the provider about the remaining improvements underway at Lucerne House in relation to the other five areas of non-compliance. We will carry out a further inspection later this year to check further improvements have been made and to ensure existing improvements have been sustained.

At the time of our inspection there were 59 people living at Lucerne House nursing home. Following the previous inspection, the provider agreed not to admit people to the home until improvements in care had been made. We spoke with 23 people who lived there and with seven relatives to seek feedback about the care. We spoke with 24 staff who worked at the home which included the manager and other senior staff, nurses and care workers, agency and other support staff. We also spoke with five health care professionals who regularly visited the home to seek their feedback.

Is the service safe?

As a result of the concerns identified at the previous inspection, a multiagency safeguarding process was convened to oversee the improvements. A multi-disciplinary plan was drawn up by the provider and health and social care professionals to protect people's safety and well-being. This resulted in health professionals visiting the home as part of a safeguarding investigation and in a protection role. Feedback we received from health and social care professionals confirmed our findings that care had improved across all areas of the home and risks had significantly reduced.

One person said, "I like it here and I feel 100% safe". We found that people were well supported to have adequate nutrition and hydration and we found the health of people previously at risk of malnutrition and dehydration had improved and they had gained weight. Security in the home had also been improved to prevent visitors having unauthorised access to the home. Health and safety systems had been improved, all damaged crash mats and bed bumpers had been replaced and were being closely monitored. People on Shillingford unit who needed hoisting had individual hoist slings, which had increased their safety and reduced cross infection risks.

Is the service effective?

Since we last visited, staff on Ide unit had undertaken training on nutrition, hydration and on end of life care. Staff we spoke with demonstrated much more knowledge and confidence in caring for people's needs. Nutritional care plans had been reviewed and updated to give staff much more information about how to support people's nutrition and hydration needs. Health professionals also reported they received fewer phone calls for advice between their visits due to increased staff confidence in providing care. People and relatives also reported improvements. One said, "Absolutely fantastic, they are more organised" and another said, "I can see huge improvements".

Is the service caring?

Throughout our visit, we saw that people were treated in a caring and compassionate manner and with dignity and respect. We saw that staff were engaged with in meaningful conversations with people and treated people as individuals. Comments included, "Mum is very well cared for" and "Overall my family and I are very happy with the care our mother

receives".

Is the service responsive?

Staffing levels at Lucerne House had significantly increased. A number of staff we spoke with told us how the increased staffing levels had improved people's care. One said, "Staff are not so stressed, we can sit with people at lunch and engage with them". One relative said, "X seems much calmer, staff can now spend more time with him, he is getting more to eat and drink regularly and I am pleased with that".

We found that people were being regularly supported with personal care and that people who needed support to eat and drink regularly received that support. We also saw how care records had improved and provided better information for staff about how to respond to people's individual needs. Staff were responsive when people called out and quickly went and reassured them and they also responded quickly to call bells. We observed that staff sat down next to people who needed support with their drinks and discreetly assisted them, where necessary. We saw that staff were patient and allowed people time to eat in a calm unrushed environment.

Is the service well led?

People and relatives we spoke with reported improvements in the leadership and management at the home. The manager has been in post for three months and is currently undergoing registration with the Care Quality Commission to become the registered manager at Lucerne House. One relative said, "The home feels more stable, the manager seems to be here more often, his door is always open which makes me feel happy to approach him if I felt I needed to". Another relative said, I feel things are much better, we feel more confident in the home".

We found the quality monitoring systems at the home had been improved and that prompt actions had been taken to reduce the risks we highlighted previously and to improve people's health, welfare and safety.

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

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

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 spoke with 23 people who lived there and with seven relatives to seek feedback about the care and looked at 12 people's care records. Some people were not able to tell us about their experiences, for example, people with advanced dementia. For those people we observed their care using our structured observation tool for inspection. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us to tell us about their experience of living at Lucerne House.

One person said, "Absolutely fantastic, they are more organised" and another said, I'm happy with the care, I love it here". A second person said, "They are so friendly". One relative said, "I can see huge improvements in her general care. I visit regularly and not once since your inspection have I found her wet and upset, which is a huge comfort to myself and my family". Another relative said, "Overall my family and I are very happy with the care our mother receives and most of all she is very happy in the home which is of course the most important thing". A third relative said, "Mum is very well cared for".

We spoke with 24 staff who worked at the home which included the manager and other senior staff, nurses and care workers, agency staff and other support staff. We also sought feedback from five health care professionals who regularly visited the home. These included GP's, a hospice community nurse, safeguarding nurses and a tissue viability (pressure ulcer) specialist. Health professionals reported that staff at the home contacted them appropriately and reported concerns in a timely way. One said, "I am happy with the care here, they phone up for advice and carry out my instructions". Another health professional reported staff had a more positive working relationship with them and demonstrated a willingness to learn and improve practice. They also reported that care workers were demonstrating a better awareness of the importance of hydration, mouth care and the importance of communication. We found staff training had increased staff confidence in providing care and health professionals reported they received fewer phone calls for advice between their visits.

The home employed activity co-ordinators who provided a range of daily activities on each unit to support people to maintain their interests and hobbies. Each person's activities were documented and were reviewed monthly with them. One relative said, "Mum is more included in activities the home has on offer". On the day of our inspection we saw people took part in a music activity in the garden and enjoyed the experience. We also saw some people enjoyed hand and nail care in their room. We spoke with one person on Alphinbrook unit who had previously told us they sometimes felt bored and lonely. They told us they had recently joined a men only group called "Men in Shed" which they attended twice weekly. They were very enthusiastic about this and told us they were really enjoying having more male company. This showed the home was addressing people's individual emotional and psychological wellbeing needs.

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

On Ide unit, the area we had identified most concerns about at our previous visit, we found the care of people had significantly improved. We looked in detail at the care of five people, four of whom, we had raised concerns about previously. We found each person was well cared for and were regularly supported by staff throughout the day. Care records we looked at showed people were supported with personal care and to change their position at regular intervals, which was in accordance with their care plan. The care plan of each person, identified at risk of malnutrition and dehydration, had been reviewed and updated. Nutritional care plans included more specific information about how to support people's individual nutrition and hydration needs. This included guidance for staff about how much fluid each person needed to drink each day to maintain their health and about what snacks and food supplements to offer in between meals.

We spoke with seven staff on Ide unit who confirmed they had received training on how to support people to have adequate nutrition and hydration since our last visit. One staff member said, "People here are so much healthier now, they are more alert and their skin has improved". This showed staff understood the importance of adequate nutrition and hydration in supporting people to keep healthy. Staff told us that on Ide unit, they had introduced a "fluid champion". This was a member of staff designated to support people who needed help to have regular drinks throughout the day.

We looked at five people's food and fluid charts and found these were completed regularly throughout the day and that people enough to eat and drink. Where people had poor appetites and needed to be offered regular snacks and were prescribed food supplements, we saw these were given. We spoke with a nurse on Ide unit, who told us each morning, the nurse in charge and a senior care worker checked people's food and fluid charts for the previous day. This meant they could identify and take action if any person was reluctant to eat or drink. Throughout the day we spent on Ide unit, we heard staff giving feedback to the nurse in charge about how people were doing, including about their eating and drinking. This meant that staff were monitoring people and taking positive action to ensure they were getting adequate nutrition and hydration. Weekly weight charts showed that all four people who had previously lost weight had now gained weight. This meant people were adequately supported with their nutritional and hydration needs.

On Shillingford unit, we saw that staff were always present in the main lounge and dining area and treated people with dignity and respect. Staff told us they had undertook basic training in care of people dementia and we saw staff skilfully divert people when they displayed behaviours that challenged the service. We observed that staff sat down next to

people who needed support with their drinks and discreetly assisted them, where necessary. We saw that staff were patient and allowed people time to eat their breakfast in a calm unrushed environment. Staff were responsive when people called out and quickly went and reassured them. We saw that staff engaged with people in meaningful conversations and were tactile in their approach.

On Alphinbrook unit, we spoke with four people and with three staff, which included the new head of unit and looked at three people's care records. The people we spoke with told us they felt well supported by staff. One person said, "I am independent, they make sure I am alright. There is enough staff most of the time. I feel safe". We saw that care plans and risks assessments were comprehensive and were regularly updated with the person.

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

On Shillingford unit, we saw each person who needed hoisting now had their own sling, which had improved safety and reduced their risk of cross infection. The home used a range of assessment tools to assess people's risks such as in relation to nutrition and hydration, choking risks, tissue viability and falls risks. Each person had a range of care plans, based on their individual assessment that provided comprehensive information for staff about how to support them safely.

For example, we looked at the care of one person with dementia who was very frail. We saw their care records included detailed information about their family background, life story, significant events, hobbies and interests, which provided staff with comprehensive information about how to support them. Their care record showed the person liked to listen to the radio, which we saw was on when we visited them in their room. The person was also identified at risk of developing pressure ulcers because of their reduced mobility. We saw they had a pressure relieving mattress on their bed, which was at the correct setting for their weight and helped reduce their risk of developing pressure ulcers. The person was also assessed at risk of falling out of bed and needed bedside rails and bumpers to help keep them safe. We saw these were in place and were kept clean and in good condition. We saw this person was seen regularly by their GP and staff regular monitored their physical health such as by checking their blood pressure each day. This showed the person's care and treatment was planned and delivered to ensure their safety and welfare.

There were arrangements in place to deal with foreseeable emergencies. We saw personal emergency evacuation plans for people at the home. Staff had considered what help or assistance each person needed in the event of a fire.

We followed up what decision had been made following a request by the local GP practice that the home consider purchasing emergency defibrillator equipment. Senior staff told us that currently, the home was still considering this request and had not yet made a decision about whether to change the current emergency resuscitation arrangements in place. The provider confirmed that currently, in the event of a sudden collapse, staff would summon an ambulance by dialling 999. All staff at the home were trained to administer first aid whilst they waited for the emergency services to arrive. This meant there were appropriate arrangements in place in the event of unexpected collapse.

The Deprivation of Liberty Safeguards were only used when it was considered to be in the person's best interest.

The home also told us that the provider was assessing all of the people in their care with regard to the Deprivation of Liberty Safeguards legislation (DoLS). We saw that one person living on the Shillingford unit was actively trying to leave the unit during our visit. Staff were using diversionary techniques to engage with the person and were successful on several occasions. However, on one occasion we saw the person became physically agitated and distressed when staff tried to divert them away from the exit door.

We discussed this with senior staff and asked whether the home had contacted the local authority deprivation of liberty safeguarding (DoLS) team about this person. The home confirmed they had contacted the DoLS team for advice, but had not yet received a response. The head of unit told us that they would contact the DoLS team again to seek more urgent advice about this person and about whether they needed to make an emergency application for this person. This demonstrated the provider was acting in accordance within the Deprivation of Liberty Safeguards legislation (DoLS).

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

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

We spoke with senior staff to ask them about actions taken in relation to our previous concerns about low staffing levels at the home. They told us the home had reassessed people's needs and dependency levels on each unit and had significantly increased staffing levels in the home. On Ide unit, the area of greatest concern, staff told us they were trying out a dependency tool but had increased staff above the numbers recommended by the tool.

We looked at the staff rotas for each unit between 05 May 2014 and 08 June 2014. These showed that recommended staffing levels and skill mix were being maintained on each unit. Where there were staffing shortages due to vacancies, sickness or leave, we saw staff worked additional shifts to provide cover or that agency staff were employed. This meant the numbers of staff required were being maintained at all times.

Two inspectors spent a day at Lucerne House and observed people's care and support. People, staff and relatives all confirmed that staffing levels had been increased, which had improved the care and support for people. One relative said, "Overall things are good". A health professional we spoke with said, "There is a much calmer atmosphere, staffing levels are appropriate, I have no concerns at all now about any of the units".

Where people required one to one support, we saw this was provided. Staff on Ide unit confirmed they were able to spend more time with people now to support them with eating and drinking. For example, one care worker on Ide unit told us about how a person needed a lot of support and persistence and took a long time to eat a meal. They told us how this was recognised on the unit and they could now spend as much time as they needed to supporting that person. On the day of our visit an agency registered nurse was on duty working their second shift. They told us on their first shift they had been given clear guidance regarding each individual's support needs by the unit manager. Comments included, "X orientated me, we went through each client and discussed their needs and behaviours" and "I was told X was available at any time if I needed help". This meant that when agency or bank staff were used on the unit they were provided with information to assist them to meet people's needs.

The provider may wish to note that one or two people raised ongoing concerns about staffing, particularly on Shillingford unit. One relative said, "My only concern still is the regular use of bank staff which we were assured at a meeting held by the manager would stop. I do understand that these people are needed to cover absences etc. but it would be nice to see permanent staff employed". Another relative on Shillingford told us they felt there were not enough staff in the evenings especially from 20.00. They told us of an incident in the lounge they had witnessed and had needed to use the emergency call bell to summon staff as no staff were present. However, they told us they were happy with the actions staff took when they attended. The unit manager told us they agreed that evening was a difficult time due to the staff change over. However, on Ide unit, staff told us about how an extra member of staff worked during evening helping to get people ready for bed, an improvement staff said was very positive.

We discussed with the manager the concern raised by the relative on Shillingford unit about evenings and about positive feedback from Ide staff about having an extra member of staff on duty during this period. They told us they would look at the possibility of introducing a similar system on Shillingford to improve staffing levels in the evening.

Also, on Shillingford unit, staff told us about the reduction in nursing cover on night duty in June 2014 due to a staff member reducing their hours. These changes meant that short term, the head of unit was going to work on night duty and there would be only one full time nurse on day duty, which would reduce leadership on the unit. We followed these concerns up with the manager, who told us the home were actively recruiting to fill the vacant nursing posts on the unit and that more nurses and care workers were due to start work at Lucerne House in the near future. The manager confirmed their commitment to ongoing recruitment to ensure all vacancies were filled by permanent staff, rather than relying on agency staff.

At the time we visited, only 59 of 75 beds at Lucerne House occupied. This was because people were not currently being admitted to the home until the provider was confident care had improved and the home had enough staff to meet people's needs. Senior staff at the home told us, in future, they planned to ensure the dependency needs of each new person being admitted to the home were carefully assessed before they were admitted. This was to make sure staff at the home could meet that person's needs alongside the existing needs of people living at the home. Similarly, commissioners told us they would monitor admissions to the home to ensure they had an overview about the numbers and complexity of people being referred. This meant plans were in place to ensure, that when the home started to accept new admissions, there were arrangements to ensure there would be enough qualified, skilled and experienced staff to meet people's needs at all times.

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. The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

Reasons for our judgement

People who used the service, their representatives and staff were asked for their views about their care and treatment and they were acted on.

Visitors we spoke with told us that they were very pleased the home had been kept them involved and informed since the last Care Quality Commission inspection. One relative said, "It is very good here, we are kept informed about anything related to mum". Another relative said, "Everyone is working very hard to improve things, I can see improvements, X seems much calmer. Previously I always felt I was proactive one, now I am getting feedback from staff about X". Two relatives told us about improvements in communication systems on Ide unit. One told us about how the person's records kept in their room were being kept up to date. They said, "We can see they are completed much more regularly and what has happened each day". Another relative said, "I always read the clipboard kept in the room to ensure she is eating well and changed regularly and find this is always filled in accurately".

The systems for assessing adequate staffing levels had improved. This included the introduction of a dependency tool on Ide unit to assess staffing levels needed. The manager told us that currently, staffing levels were well above those suggested by the dependency tool. The manager also told us they were checking all unit rotas before they were finalised. This was to ensure the recommended staffing levels and skill mix was being maintained on each unit. They also told us each head of each unit was allocated more dedicated time to provide clinical leadership on their unit. This meant senior staff were able to spend more time supporting staff and monitoring the quality of care on their unit.

Staff supervision and clinical leadership systems had improved. On Ide unit, staff told us they were arranged into three groups to look after designated people and that the unit had re-introduced the key worker system. Staff told us these improvements meant the unit was more organised and ensured each person had designated staff responsible for their care. We found communication between staff, clinical leadership and supervision had also

improved. Staff meetings minutes showed meetings had been held on all three units to talk to staff, involve them in the improvements and to communicate the standards expected. We saw evidence of regular staff supervision taking place on each unit. The manager undertook regular spot checks on all units at the weekend and in during the night to ensure that standards of care were being maintained at all times. Within the Barchester group, we also saw a number of external audits had been undertaken and action plans agreed to improve areas of care. These included undertaking staff training, reviewing and improving care plans and daily records. Where any concerns about practice were identified, we saw these were being addressed.

Commissioners had also undertaken regular visits to Lucerne House over the preceding months to monitor people's care, particularly on Ide unit. For example, one report by a health professional about a visit to Ide unit week ending 11 May said, "Good clear evidence of all round improvements and internal quality and safety monitoring. Very clear directive on the board in the office directing staff to relate their evaluations of patients to the associated care plans in their recordings" This showed people's care had continued to improve and that increased internal and external quality monitoring had helped to drive improvements in people's care and reduce risks for them.

People, relatives and staff we spoke with all reported increased confidence in leadership at unit levels and within the management of the home. Staff on each unit reported they felt well supported by the head of unit and felt able to raise concerns. Relatives we spoke with reported increased confidence in the management of the home and told us that communication with them had had improved. One relative said, "The home feels more stable, the manager seems to be here more often, his door is always open which makes me feel happy to approach him if I felt I needed to". Another relative said, I feel things are much better, we feel more confident in the home".

The provider took account of complaints and comments to improve the service. We saw that two resident/relatives meetings had been held since the last CQC inspection to inform people about the concerns raised and outline actions being taken to improve people's care. Local care managers also attended the second meeting which showed the provider was working in partnership with health and social care to make the required improvements. Most people and relatives we spoke with told us they had been kept informed about developments and were confident improvements were being made at Lucerne House. One relative said, "There have been major improvements in the home both in the general tidiness and cleanliness along with much better care and compassion to the elderly living there".

There was evidence that learning from incidents / investigations took place and appropriate changes were implemented. Senior staff told us that, following a provider review of fluid/nutrition charts in place, plans were underway to replace these with an improved version, which would be easier for staff to complete. This meant that lessons were being learned and documentation systems improved as a result.

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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