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

**Norman House Nursing Home**

51-53 Elm Road, Shoeburyness, Southend On Sea, SS3 9PD  
Tel: 01702297217  
Date of Inspections: 23 May 2014  
20 May 2014  
30 April 2014  
Date of Publication: July 2014

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

<table>
<thead>
<tr>
<th>Standard</th>
<th>Action Needed</th>
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<tbody>
<tr>
<td>Consent to care and treatment</td>
<td>✗ Action needed</td>
</tr>
<tr>
<td>Care and welfare of people who use services</td>
<td>✗ Action needed</td>
</tr>
<tr>
<td>Cooperating with other providers</td>
<td>✔ Met this standard</td>
</tr>
<tr>
<td>Management of medicines</td>
<td>✔ Met this standard</td>
</tr>
<tr>
<td>Safety and suitability of premises</td>
<td>✗ Action needed</td>
</tr>
<tr>
<td>Assessing and monitoring the quality of service provision</td>
<td>✔ Met this standard</td>
</tr>
</tbody>
</table>
# Details about this location

<table>
<thead>
<tr>
<th>Registered Provider</th>
<th>Dr Ramkishore Tandon and Dr Nisha Menon</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overview of the service</td>
<td>Norman House is registered to provide accommodation and care for up to 20 older people. The service provides nursing care. Norman House aims to provide a service to older people who may also have mental health or dementia related needs.</td>
</tr>
<tr>
<td>Type of service</td>
<td>Care home service with nursing</td>
</tr>
<tr>
<td>Regulated activity</td>
<td>Accommodation for persons who require nursing or personal care</td>
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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'.

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- Management of medicines
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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 30 April 2014, 20 May 2014 and 23 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.

What people told us and what we found

The inspection was undertaken on 30 April 2014 and 20 May 2014. Additional information was forwarded to us by the provider following our inspection and was received on 23 May 2014.

During our inspection we spoke with three people who used the service and two relatives. We also spoke with three members of staff, newly appointed manager and the provider.

We looked at four people’s care records. We also looked at the provider’s arrangements for obtaining, and acting in accordance with, the consent to care and treatment for people who used the service. In addition, we looked at medication practices and procedures, the provider’s arrangements for co-operating with others, the safety and suitability of the premises and; the provider’s arrangements to monitor the quality of the service provided.

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;

Is the service safe?

People told us that they liked living at Norman House and indicated that they felt safe.

We found that the delivery of care was not always in line with individual people’s specific care needs. The delivery of care and support by staff to people who used the service did not always ensure their safety and wellbeing. We have asked the provider to tell us what they are going to do to meet the requirements of the law in relation to ensuring people are protected against the risks of receiving inappropriate care and support.
We found that people who used the service were protected against the risks associated with the unsafe use and management of medicines. Improvements highlighted at our last inspection on 16 August 2013 had been addressed.

Improvements highlighted at our last inspection on 16 August 2013 in relation to the safety and suitability of the premises had been addressed; with the exception of the service's fire exits. Information relating to the latter has been passed to Essex County Fire and Rescue Service. We have asked the provider to tell us what they are going to do to meet the requirements of the law in relation to ensuring people are protected against the risks associated with unsafe or unsuitable premises.

Is the service effective?

Where people did not have the capacity to consent, the provider had not acted in accordance with legal requirements. We found that not everyone had had their capacity to make day-to-day decisions assessed. We have asked the provider to tell us what they are going to do to meet the requirements of the law in relation to consent to care and treatment.

Appropriate arrangements were in place to ensure that people who used the service received regular support and access from a variety of health and social care services and professionals. There was good evidence to show that the provider was proactive in sharing information with suitable third parties and had a good relationship with external agencies and services.

Is the service caring?

People told us that they were happy living at Norman House and that they found the staff to be kind and caring.

People who used the service had a care plan in place detailing their specific care needs and the support to be provided by staff.

Is the service responsive?

We found that there were appropriate arrangements in place pertaining to complaints management.

Is the service well-led?

At the time of our first day of inspection on 30 April 2014, the manager had only been employed at Norman House for two days.

The provider was able to demonstrate that the majority of improvements highlighted at our inspection on 16 August 2013 that required action had been addressed. They were also able to demonstrate that there were suitable systems in place to assess and monitor the quality of the service provided.

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 18 July 2014, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

We have referred our findings to Fire Safety Assessor. We will check to make sure that action is taken to meet the essential standards.

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

Consent to care and treatment  

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<th>Action needed</th>
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Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was not meeting this standard.

Where people did not have the capacity to consent, the provider had not acted in accordance with legal requirements.

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

The purpose of the Mental Capacity Act 2005 [MCA] is to empower people to make decisions wherever possible and to protect those who lack capacity by providing a flexible framework that places individuals at the heart of the decision making process.

The care records for four people who used the service were viewed. The records showed that three out of four people had had their capacity to make day-to-day decisions formally assessed. Although each record included reference relating to people’s ability to make decisions, or the decisions that people may need help with, the rationale as to why it was in the person's best interests were not clear and robust.

The provider told us that several people who used the service were subject to 'power of attorney' and/or 'enduring power of attorney' arrangements. This is a written authorisation to represent or act on another’s behalf where the person lacks the capacity to make decisions relating to their property, financial affairs and/or personal welfare.

We found when undertaking a tour of the premises that two people who used the service had a sensor mat placed on the floor by their bed. The sensor mat can be used to alert staff of a person's movement around the service, particularly where there are concerns about a person's mobility and/or their tendency to wander. We found that the rationale as to why it was in the person's best interests to have a sensor mat in place had not been recorded. There was no evidence to show that where people had the ability to consent to their care and treatment, the person who used the service had been consulted about the use of a sensor mat.

The care files for three people who used the service recorded them as requiring their medication to be covertly administered. This referred specifically to when medicines were
administered in a disguised format without the knowledge or consent of the person receiving them, in food or in a drink. We found that there was no information recorded to show that an assessment had been conducted by the provider to determine the level of understanding and capacity around the person's ability to consent and if it was in their best interest. We discussed this with the provider at the time of our inspection. The provider told us that the dementia nurse specialist had been contacted and a 'best interest assessment' requested.

Information was evident to show that people who used the service had where possible made their wishes known in relation to Do Not Attempt Resuscitation [DNAR] decisions. In addition those acting on their behalf had been encouraged to support people who used the service to make decisions relating to DNAR. DNAR decisions were recorded and included the name and position of the person making the decision, the date the decision was made and clear documentation of the decision made.

We observed during the inspection that staff did not always seek the consent of people who used the service prior to providing support and treatment. In addition not all staff were observed to provide clear explanations to people about what was happening prior to any tasks being provided.

The staff training plan forwarded to us following our inspection showed that 11 out of 19 members of staff had received MCA and DoLS training in 2013 and 2014. We spoke with two members of staff and they were able to demonstrate a basic understanding and awareness of MCA and DoLS. The provider was aware that updated MCA and DoLS procedures were implemented as of 01 April 2014 by Southend, Essex and Thurrock (SET) local authorities.
Care and welfare of people who use services  

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

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**Our judgement**

The provider was not meeting this standard.

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

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

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**Reasons for our judgement**

Records showed that the provider had appropriate arrangements in place to assess the needs of people prior to admission. Information, where appropriate, had been sought from the local authority and NHS trusts. This ensured that the provider had taken into account all available information and was able to meet the needs of the prospective person being considered to live at the service.

The care plans for four out of 19 people who used the service were viewed. Records showed that each person had a care plan in place. This was noted to record people’s specific care needs and how they were to be supported by staff so as to ensure that people were supported in a safe, effective and consistent way; and in accordance with people’s individual preferences and wishes. Records showed that support plans viewed took into account people’s ethnicity, gender, religion or beliefs, disability and age.

The care plans for two people showed that they were at high risk of developing pressure ulcers and required their body to be repositioned at regular intervals. Records to evidence that the latter was happening were recorded each day. However, we found that both people did not have their body repositioned in line with requirements as set out within their individual care plan. For example, the record for one person recorded that they should have their body repositioned every three hours. The records showed that there were occasions where the person was repositioned every one to two hours and on other occasions where the person was not repositioned for up to seven hours. This meant that there was no consistency to the care provided by staff and; due care and attention was not taken to minimise the risks associated with the development and further deterioration of pressure ulcers.

In addition, we found that the care plans for both people recorded them as being at risk of poor nutrition and dehydration. Records showed that a food diary and fluid balance chart were maintained to determine whether the person’s diet was satisfactory. However, we found that the access to fluid was not evenly spaced and there was no consistency to the amount of fluids offered and/or provided each day. For example, the fluid records for one
One person showed on one day that they did not have a drink for up to 16 hours. It was not possible to determine if this was as a result of people not being supported by staff to have adequate hydration or poor record keeping.

During our second day of inspection we observed two occasions whereby staff were seen to complete a 'drag lift' when providing manual handling to people who used the service. This is where staff place their hands and/or arms under the person's armpit when transferring a person from a chair to a wheelchair or vice versa. This type of manual handling procedure can result in the person who uses the service experiencing pain or sustaining bruising. We discussed this with the manager and provider at the time of the inspection. The provider gave an assurance that the issue raised would be dealt with as a matter of priority. An email dated 23 May 2014 was received from the provider. This told us of the actions taken. This referred specifically to refresher manual handling training undertaken by staff on 21 May 2014. This showed that the manager had taken our concerns seriously so as to ensure the welfare and safety of people living at Norman House.

We saw from our observations that people had complex care needs and/or had varying degrees of dementia and, therefore, not everyone was able to tell us about their experiences. Our observations showed that staff interactions with people who used the service were positive. Staff were seen to have a good relationship and rapport with the people they supported. People who used the service were noted to enjoy and respond positively to the banter between themselves and staff. We found that staff spoken with had a good knowledge and understanding of individual's basic care and support needs.

We spoke with three people who used the service. People told us that they liked living at Norman House. People told us that they found the staff to be kind and caring. Positive comments included, "The girls are lovely," "The staff are very nice" and, "I am happy with the care and support I receive." We spoke with two relatives. Both confirmed that they were happy with the care and support provided for their member of family.
Cooperating with other providers

People should get safe and coordinated care when they move between different services

Our judgement

The provider was meeting this standard.

People's health, safety and welfare was protected when more than one provider was involved in their care and treatment, or when they moved between different services. This was because the provider worked in co-operation with others.

Reasons for our judgement

The care files for four out of 19 people who used the service were viewed.

Records showed that the provider had appropriate arrangements in place to assess the needs of people prior to admission. Information, where appropriate, had been sought from the local authority and NHS trusts. This ensured that the provider had taken into account all available information and was able to meet the needs of the prospective person being considered to live at the service. Discharge and transfer information was available following people’s visits to hospital.

Throughout both days of the inspection we noted and observed that several people who used the service received regular support and access from a variety of health and social care services and professionals as their conditions and circumstances changed. For example, records showed that people had access to the local district nurse services, dietician services, community psychiatric nurse services, a dementia nurse specialist and local community social work team.

Records also showed that each person was registered with a local GP surgery and supported to access services within the wider community. This referred specifically to dental services, opticians, chiropody and pharmacy services.
Management of medicines

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

At our last inspection of the service on 16 August 2013, we had minor concerns about the provider’s arrangements for the management of medicines. The provider sent us an action plan on 20 September 2013 telling us what they would do to achieve compliance. Additional revisions of the action plan were also forwarded to us at regular intervals to keep us informed of the provider’s on-going progress.

We found that appropriate arrangements were in place to ensure that medicines were stored safely and securely for the protection of people who used the service.

The temperature of the area where medication was stored was monitored and recorded each day. The records for February 2014 to April 2014 inclusive were viewed and these showed that the temperatures were within recommended guidelines.

Observation of the teatime medication round was conducted on the first day of inspection. This was completed with due regard to people’s dignity and personal choice.

The Medication Administration Records [MAR] for six out of 19 people who used the service were viewed. Systems were in place to record when medicines were received into the service, when they were given to people and when they were disposed of. Records were seen to be in good order, provided an account of medicines used and demonstrated that people living at the service received their medicines as prescribed.

The MAR records for several people who used the service recorded that they were prescribed PRN [as required] medication. This is used to identify a medication that can be taken as the person needs it rather than on a fixed schedule. We found that PRN protocols were not completed detailing the specific circumstances when this medication should be given.

The medication audit for April 2014 was viewed. The audit showed that a good level of compliance had been achieved so as to protect people who used the service against the unsafe use and management of medicines. Where issues were highlighted for improvement, an action plan was completed detailing the corrective actions to be taken.
Safety and suitability of premises

People should be cared for in safe and accessible surroundings that support their health and welfare

Our judgement

The provider was not meeting this standard.

People who use the service, staff and visitors were not protected against the risks of unsafe or unsuitable premises. This referred specifically to fire protection.

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

At our last inspection of the service on 16 August 2013, we had moderate concerns about the provider's arrangements to protect people against the risks of unsafe or unsuitable premises. The provider sent us an action plan on 20 September 2013 telling us what they would do to achieve compliance. Additional revisions of the action plan were also forwarded to us at regular intervals to keep us informed of the provider's on-going progress.

As part of this inspection we looked around the premises with the manager on 30 April 2014.

We found that a redecoration programme at the service had been undertaken since our last inspection on 16 August 2013. This referred specifically to the redecoration of several people's bedrooms, communal corridors and lounge areas. Improvements had been made to ensure that items such as toilet roll holders and toilet seats had been replaced and fitted. We also found that improvements had been made to all of the service's internal fire doors. The provider may find it useful to note that improvements were still required to provide an environment that was rich and stimulating for people living with dementia. This referred specifically to visual clues and aids to help identify people's bedroom, memory boxes, objects of reference and other sensory items that might remind and/or trigger memories of the past and more recent events. This was discussed with the newly appointed manager and we were provided with a verbal assurance that this would be addressed as a priority.

All areas of the service were observed to be clean and odour free. Minor health and safety issues highlighted on the first day of inspection had been addressed by the manager by the second day of inspection on 20 May 2014. For example, a broken window restrictor in one person's bedroom on the first floor had been fixed so as to ensure their and others safety. COSHH [Control of Substances Hazardous to Health] items that were not appropriately stored on 30 April 2014 and been removed by the second day of our inspection.
Since our last inspection on 16 August 2013 we found that the service's laundry facilities had been re-located. This was seen to be positive as it no longer posed a health and safety risk to people living at the service.

At the previous inspection to the service on 16 August 2013 we found that the two fire exit doors to the rear of Norman House on both the ground and first floors were locked. There was no fail-safe system in place to enable either door to open safely in the event of a fire. As a result of our concerns and following the inspection we contacted Essex County Fire and Rescue Service. Records showed that a visit to Norman House by the fire service was conducted on 6 September 2013 and they found that the provider was not compliant with their regulatory requirements. A formal letter was forwarded to the provider by the fire officer and they suggested the corrective actions to be taken so as to safeguard the people living at Norman House.

At our inspection on 30 April 2014 we found that both fire exit doors remained locked however, a key had been placed by the door. At our second day of inspection we found that the provider had purchased and fitted a 'break glass' key-box by each door and this contained the key to the fire exit. It was unclear if this action was appropriate to achieve compliance with fire safety regulatory requirements. We discussed this with the fire officer on 5 June 2014 and were advised that the actions undertaken by the provider remained inappropriate and unsuitable.

The fire officer from Essex County Fire and Rescue Service also highlighted a number of other recommendations. These related to the completion of a fire risk assessment for the premises and a fire evacuation plan. There was evidence to show that a comprehensive fire risk assessment had been completed by an external company. The provider confirmed that the fire evacuation plan had yet to be completed.

The fire records provided on 30 April 2014 showed that these were not up to date. For example, the emergency lighting log book detailed that the service's emergency lighting should be tested each month. The log book recorded that this was last completed on 27 December 2013. We also found that the weekly fire alarm testing was last completed 24 April 2014. This meant that there were no suitable arrangements in place to ensure that the service's fire equipment was in good working order. Recommendations highlighted within the fire report from the external fire company recorded, “We recommend a six monthly fire drill should be carried out.” Records showed that the last fire drills attended by staff were in June 2013.

The training record provided to us following our inspection showed that 17 out of 22 members of staff had up to date fire training.
Assessing and monitoring the quality of service provision

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

As part of this inspection we asked the provider to demonstrate to us the arrangements in place to regularly assess and monitor the quality of the service provided at Norman House.

The provider confirmed that the views of the people who used the service and those acting on their behalf were sought and analysed in March 2014. The records showed that 18 questionnaires were sent to people who used the service and those acting on their behalf and a total of eight replies were received. The majority of comments were noted to be positive in relation to the quality of care provided to people living at the service. Where negative comments were received, these related to missing laundry and a lack of activities. An action plan was in place detailing the corrective actions taken to address the negative comments.

We asked to see evidence of audits relating to infection control, health and safety, clinical audits relating to pressure area care, weight loss and gain and falls. The records showed that a good level of compliance had been achieved. Where issues for improvement were highlighted there was evidence to show the corrective actions taken and/or to be taken.

We found that meetings were held for people who used the service, those acting on their behalf and staff. The purpose of these meetings was to enable them to have 'a voice', to discuss and raise issues important to them or their designated role. Minutes of the meetings were readily available and provided evidence of topics discussed and actions to be addressed where appropriate.

We asked to view the provider’s complaint log. This showed that since our last inspection to the service on 16 August 2013, the provider had received one complaint. The complaint log was noted to be accurate and information relating to the complaint was clearly recorded.
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.

<table>
<thead>
<tr>
<th>Regulated activity</th>
<th>Regulation</th>
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<tbody>
<tr>
<td>Accommodation for persons who require nursing or personal care</td>
<td>Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010</td>
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<tr>
<td></td>
<td>Consent to care and treatment</td>
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<td></td>
<td>How the regulation was not being met:</td>
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<tr>
<td></td>
<td>Where people did not have the capacity to consent, the provider had not acted in accordance with legal requirements. Regulation 18</td>
</tr>
<tr>
<td>Accommodation for persons who require nursing or personal care</td>
<td>Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010</td>
</tr>
<tr>
<td></td>
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</tr>
<tr>
<td></td>
<td>How the regulation was not being met:</td>
</tr>
<tr>
<td></td>
<td>Care and treatment was not planned and delivered in a way that was intended to ensure people’s safety and welfare. Regulation 9(1)(b)(i) and (ii)</td>
</tr>
<tr>
<td>Accommodation for persons who require nursing or personal care</td>
<td>Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010</td>
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</tbody>
</table>
People who use the service, staff and visitors were not protected against the risks of unsafe or unsuitable premises. This referred specifically to fire protection. Regulation 15(1)(c)

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 18 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.
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.
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.
<table>
<thead>
<tr>
<th>Glossary of terms we use in this report (continued)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>(Registered) Provider</strong></td>
</tr>
<tr>
<td>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'.</td>
</tr>
<tr>
<td><strong>Regulations</strong></td>
</tr>
<tr>
<td>We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.</td>
</tr>
<tr>
<td><strong>Responsive inspection</strong></td>
</tr>
<tr>
<td>This is carried out at any time in relation to identified concerns.</td>
</tr>
<tr>
<td><strong>Routine inspection</strong></td>
</tr>
<tr>
<td>This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.</td>
</tr>
<tr>
<td><strong>Themed inspection</strong></td>
</tr>
<tr>
<td>This is targeted to look at specific standards, sectors or types of care.</td>
</tr>
</tbody>
</table>