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

Caterham Dene Hospital

Church Road, Caterham, CR3 5RA

Date of Inspection: 06 March 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>Met this standard</th>
</tr>
</thead>
<tbody>
<tr>
<td>Care and welfare of people who use services</td>
<td>✓</td>
</tr>
<tr>
<td>Meeting nutritional needs</td>
<td>✓</td>
</tr>
<tr>
<td>Cleanliness and infection control</td>
<td>✓</td>
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<tr>
<td>Staffing</td>
<td>✓</td>
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<tr>
<td>Assessing and monitoring the quality of service provision</td>
<td>✓</td>
</tr>
</tbody>
</table>
### Details about this location

<table>
<thead>
<tr>
<th>Registered Provider</th>
<th>First Community Health &amp; Care C.I.C</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registered Manager</td>
<td>Mrs Christine Eade</td>
</tr>
<tr>
<td><strong>Overview of the service</strong></td>
<td>Caterham Dene Hospital is registered to provide care and treatment within a community hospital setting. The Provider is commissioned to provide in-patient rehabilitation services as well as providing a nurse-led Minor Injuries Unit.</td>
</tr>
<tr>
<td><strong>Type of services</strong></td>
<td>Acute services with overnight beds</td>
</tr>
<tr>
<td></td>
<td>Diagnostic and/or screening service</td>
</tr>
<tr>
<td></td>
<td>Urgent care services</td>
</tr>
<tr>
<td><strong>Regulated activities</strong></td>
<td>Diagnostic and screening procedures</td>
</tr>
<tr>
<td></td>
<td>Treatment of disease, disorder or injury</td>
</tr>
</tbody>
</table>
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’.

<table>
<thead>
<tr>
<th>Summary of this inspection:</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Why we carried out this inspection</td>
<td>4</td>
</tr>
<tr>
<td>How we carried out this inspection</td>
<td>4</td>
</tr>
<tr>
<td>What people told us and what we found</td>
<td>4</td>
</tr>
<tr>
<td>More information about the provider</td>
<td>5</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Our judgements for each standard inspected:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Care and welfare of people who use services</td>
<td>6</td>
</tr>
<tr>
<td>Meeting nutritional needs</td>
<td>8</td>
</tr>
<tr>
<td>Cleanliness and infection control</td>
<td>10</td>
</tr>
<tr>
<td>Staffing</td>
<td>12</td>
</tr>
<tr>
<td>Assessing and monitoring the quality of service provision</td>
<td>14</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>About CQC Inspections</th>
<th>16</th>
</tr>
</thead>
<tbody>
<tr>
<td>How we define our judgements</td>
<td>17</td>
</tr>
<tr>
<td>Glossary of terms we use in this report</td>
<td>19</td>
</tr>
<tr>
<td>Contact us</td>
<td>21</td>
</tr>
</tbody>
</table>
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 6 March 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 reviewed information given to us by the provider.

What people told us and what we found

During this inspection we visited Caterham Dene Ward, the Minor Injuries Unit and spoke with staff from the Rapid Assessment Clinic.

Generally, patients spoke positively about the care and treatment they received. One patient said "Staff are attentive and always there when you need them". They also said "The staff are so helpful if you want anything".

Patients told us that they were involved in the planning of their care and that the staff were "Professional" and "Friendly". Patients provided positive feedback regarding the care they had received from staff in the Minor Injuries Unit. One patient said "I was seen so quickly. The staff gave me some very good advice and I would happily come back again".

Overall we found that the Provider had systems in place to ensure that the nutritional needs of patients was being met. However, we received mixed feedback regarding the availability of some food.

We observed good practices regarding infection control. We observed staff complying with good practice for the prevention and control of infection. The hospital was clean and tidy although we noted that some areas of the hospital could have benefited from redecorating; we considered that this did not have a negative impact on the quality or provision of care that was provided to patients.

Although the Provider was required to utilise agency nursing staff on a regular basis, the staff used were from a small cohort of nurses and were familiar with Caterham Dene Hospital. The Provider was able to demonstrate that the workforce used at Caterham Dene Hospital was able to provide consistent care to patients.

The Provider had systems in place for seeking feedback from patients which was used to monitor the quality and effectiveness of the service. This information was used to improve
the service.

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

During our previous inspection of 25 March 2013, we had identified that the Provider was not fully meeting the requirements of this Regulation. We had found that care records were inaccessible and there were inconsistencies in the recording of assessments of individual healthcare needs and how these were to be met by staff. Some people's medical records were incomplete and some care plans lacked clarity and detail. The Provider sent us an action plan detailing how they were going to address the areas of concern.

At this inspection, we looked at the care records of four patients who used the service. The Business Partner told us that much work had been carried out since our last inspection to improve the standard of care plans. They told us that prior to patients being admitted to Caterham Dene Hospital, they would be assessed by a member of the nursing team or by the Rapid Assessment Team. Patients were only admitted if the person assessing them was confident that their needs could be met at Caterham Dene Hospital. We saw that patients' needs had routinely been fully assessed. On one occasion we saw that a physiotherapist had been involved in the initial assessment of a patient because their care needs were more consistent with physiotherapy rehabilitation as compared to nursing needs. This meant patient's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

We saw that care plans were developed with the patient concerned based on the initial information that had been gathered during the assessment process. Care plans were accessible to both staff and to the patient to whom they concerned. There was good evidence that patients had been fully involved in developing their care plan as well as being involved in helping to determine what support or treatment they needed. Patients told us they had been consulted about the support they required. We saw that weekly meetings occurred between nursing staff and members of the multi-disciplinary team, including physiotherapists and occupational therapists. Each of the 26 patients who were receiving care and treatment were discussed; conversations included the progress patients were making, as well as reviewing their assessed needs to determine whether
additional support was required. Predicted discharge dates were reviewed so that patients were aware of the progress they had made and whether they were nearing the stage at which they would be fit enough to be discharged home or potentially into a social care setting such as a nursing home or residential care home.

Care records included an assessment of risks and actions needed to reduce any risks that had been identified. Care plans included detailed risk assessments including but not limited to slips, trips and falls, malnutrition and tissue viability. The Provider utilised the NHS Safety Thermometer as a means of measuring the quality of care they provided to patients. The NHS Safety Thermometer is a local improvement tool for measuring, monitoring and analysing patient harms and 'harm free' care. The tool captures information related to pressure ulcers, falls, urinary catheters and urinary tract infections as well as a host of other locally relevant information. The Provider was monitoring the thermometer to determine whether the care they provided was effective; we saw that revisions of care plans took place when the needs or condition of patients changed.

We observed one patient being cared for in a side room as they had presented with vomiting and diarrhoea. We observed staff use universal precautions such as wearing aprons and gloves on entering the room and then subsequently removing them prior to leaving the room, as well as decontaminating their hands. There were signs on the door which alerted staff and visitors that the patient was potentially infectious and that appropriate precautions should be used.

We saw that staff were respectful of the privacy and dignity of patients for example by using privacy curtains and waiting for a response before entering.

One patient we spoke with said "The staff are attentive and always there when you need them" "So helpful if you want anything"

Another patient said "I'm going home today, but have been well looked after".

A third patient we spoke with said "I am Not very happy as I don't know why I'm here... I am not being kept up to date and the doctor hasn't spoken to me yet". We spoke at length with the business partner for the service. We were told that the patient had been admitted for investigation and a number of test results had remained outstanding. The Business Partner explained that the patient had been seen by the General Practitioner on a number of occasions. In addition, we were told that the business partner had spent time with the patient following their admission and explained and discussed the reasons for their admission; the business partner said they would go back and speak with the patient and explain the circumstances of their admission following the completion of our inspection. The Business Partner said that the patient had been admitted with a number of health concerns and that a full care plan was in place which we took time to review. The patient had been identified as being at high risk of skin damage and also was at risk of falling due to them having poor mobility. Appropriate risk assessments were in place to help staff to safely manage the patient. The Business Partner assured us that they would spend time with the patient and that they would re-visit the patients care plan and reason for being at Caterham Dene.
Meeting nutritional needs

Food and drink should meet people’s individual dietary needs

Our judgement

The provider was meeting this standard.

People were protected from the risks of inadequate nutrition and dehydration.

Reasons for our judgement

During our inspection of 25 March 2013 three patients that we spoke to raised concerns about the quantity and availability of meals provided. We considered that as a result of these comments made in 2013, it was important for us to review this regulation to determine whether the Provider was meeting the nutritional needs of patients who used the service.

During this inspection we spoke to five patients regarding the quality and quantity of food they received. Comments included "Food is lovely and get a nice choice... Have to stick to the menu though so not as good as home", "Lovely food, but I don't always get what I've wanted as they run out of some things quickly", "Sometimes can't get my first choice of food as they have run out, but liked the casserole today" and "Food is ok but I would have preferred salad as it's a warm day".

The Chief Nurse and Business Partner informed us that the catering of meals was subcontracted to a third party service. We spoke with the contract manager of the third party company to help us understand the service they provided. We were told that patients were always offered a choice of meals; these were prepared at an off-site facility so it was not always possible for patients to make last-minute changes to their original selection. We found that the lunch-time meal was the preferred main meal of the day and consisted of 3 hot main dishes and 1 cold salad choice. There were options for patients to choose from 2 main hot meals or sandwiches for supper, alongside a soup option as well as a hot or cold dessert option.

The contract manager told us, and sent us evidence which indicated that new menus had been developed and were to be implemented at the beginning of April 2014. We were told that the menus had been developed by seeking feedback from patients and staff across the various hospital sites which were serviced by the third-party company. The company had found that patients consistently asked for more traditional food and so this had been included in the new menu. Menu cards and picture menus had also been developed which would be used for patients who may not be able to verbalise their choice of meals.

To help ensure that the meals offered by the service were nutritious and met the needs of the patients who used the service, the menus had been developed by a qualified Dietician. We saw that the meals offered by the service met Government guidelines. For example,
the service served fish twice weekly, ensuring that at least one portion of oily fish was offered weekly. Meals had been designed so that there were "Soft" options available to patients who may not be able to fully chew their food. There were meal options available for patients who may have required higher energy meals to help prevent or to manage weight loss. There were also options for patients who wanted to eat more healthy meals. For example, there were options for meals which were low in fat and sugar.

We saw that one patient had provided negative feedback regarding the provision of food during their stay. They had raised concerns that the choice of vegan meals was extremely restricted. The contract manager told us that they had investigated the complaint and had made a number of changes to the menu. We were told that although the uptake of vegetarian and vegan meals was consistently low, the service had ensure that there was always at least one hot vegetarian meal available at each meal time. Four patients that we spoke with told us that they did not often receive their first choice and that there was always limited availability of cold meals such as salads. The contract manager told us that they had not previously monitored to determine whether patients always received their first meal choice but that following our feedback, this was something they would now consider to ensure that the food service met patient's needs.

We observed the lunchtime service during the inspection. We saw that 5 members of staff were supporting 18 patients. We considered that the lunch-time service was well organised; patients were not required to wait for meals so food was being served whilst still hot. We saw that patients were supported with eating and drinking; the service had re-launched a "Red tray" system. This system was designed to help staff to recognise patients who were at risk of malnutrition or who required additional support with eating and drinking. We saw that patients were offered fresh drinks throughout the day. Drinks were seen to be in reach of patients. This meant that patients were supported to eat and drink sufficient amounts to meet their needs.
Cleanliness and infection control  
Met this standard

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

Our judgement

The provider was meeting this standard.

People were protected from the risk of infection because appropriate guidance had been followed.

People were cared for in a clean, hygienic environment.

Reasons for our judgement

There were effective systems in place to reduce the risk and spread of infection.

One patient who had been admitted to the ward said, "The hospital is nice and clean". Another patient said "It's always clean; it is a hospital after all".

The Provider had policies and procedures in place for the prevention and control of infection. Personal protective equipment (PPE) was available for staff on the ward we visited and also in the Minor Injuries Unit. We saw staff wearing aprons and using protective gloves when assisting with personal care and at other times such as mealtimes.

We observed housekeeping staff wearing aprons and gloves when they were mopping floors and wiping surfaces down.

We observed hand washing instructions, gel and paper towels in bathroom and toilet areas used by patients and in ward areas used by staff.

We saw anti-bacterial hand gel/sanitizers at the entrance of the ward and in areas used by visitors for example day rooms. We saw both staff and visitors use the gel when entering and exiting the ward. We saw that each patient had a side cupboard at the side of their bed and a bottle of anti-bacterial gel was attached.

All parts of the hospital we saw during our visit were clean and we observed staff complying with good practice for the prevention and control of infection.

The daily cleaning of the hospital was contracted to a third-party company. We saw that housekeeping staff performed regular cleaning audits. We saw that items such as commodes and other medical devices had been cleaned; staff had placed green stickers on each item which demonstrated that items had been cleaned and also recorded the date they were cleaned.
We spoke with a house keeper for the ward and they described in detail some of the daily checks that housekeeping staff were assigned to undertake to maintain good standards of cleanliness. These included checks of the day room and other communal areas as well as cleaning bay areas where patients resided and cleaning beds when people were discharged home.

Other schedules included housekeeping staff replenishing hand towels, damp wipe areas for example beds, dining tables, bedside lockers and bed frames.

We saw a list of weekly tasks that housekeeping staff were directed to undertake these included, dust high walls/ceilings, clean out refrigerator (patient/visitor areas) and remove bed-side curtains at specific times or as required, for example when an infectious person had used the bed space. Staff signed to say when the task had been completed.

Staff we spoke with understood the importance of infection prevention and control.
Staffing

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

| Met this standard |

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

Patients we spoke with said "Staff are attentive and always there when you need them... So helpful if you want anything", "You can't fault the staff and they make a big fuss of everyone" and "The staff are very good".

We found that the ward we inspected was staffed with a mixture of substantive staff and those sourced via nursing agencies. The Business Partner responsible for the service told us that they had increased the staffing ratio by one health care assistant during the day; this was in response to the nurse call bell system being replaced due to the fact that it had become un-serviceable due to its age. The additional staff member helped the service to respond to patients' needs in a timely manner.

The Business Partner had assessed those periods of the day and evening when patient activity was 'high'; they had identified that additional staffing resources were required between 19:00 and 21:00 to help support patients, and therefore had made the necessary amendments to the staffing rota.

The Business Partner told us that staffing of the ward was a "Daily challenge" as they were passionate about ensuring that the ward had the correct skill mix at all times. We were told that the use of agency staff had been higher when compared with the same time in 2013. This had been a result of some substantive staff being on long-term sick leave. We found that the staff sickness rate for the previous quarter (Oct-Dec 2013) had been reported as 12%. The Provider had taken a pro-active approach to managing the shortfall of substantive staff by utilising a small group of agency nursing staff who knew the service and so could provide consistent care to patients. In addition, the Business Partner told us that they had been instructed to "Over recruit" into posts and that additional posts would be created.

We were told that the service was actively recruiting for a new ward sister as the previous post-holder had retired. The Business Partner said that it had taken time to replace the existing post-holder because the calibre of applicants was not consistent with the requirements of the service. The Business Partner told us that they were not prepared to employ "Just anyone". They told us "I am looking for someone who has the right skills, both clinical and managerial to run this service".
We spoke to staff who worked in the Minor Injuries Unit (MIU). Two members of staff told us the operating hours of the unit had recently increased to include additional service provision at the weekends. They both said that the staffing establishment for the MIU had not yet increased as they were looking to see whether the demand for the service increased. They both said that they were monitoring the attendance rate for the unit and would be pro-active in recruiting additional staff as soon as the demand for the service was evident.

Staff that we spoke with told us that they received good support from the Business Partner and other colleagues. They said that the received training opportunities as well as being able to attend ward meetings and appraisals.
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 in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

The service had a number of systems in place to assess and monitor the quality of services provided.

There were systems in place to assist staff in identifying risks to patients and develop strategies to manage risks and areas of concern. These included monitoring patient falls, medication errors, pressure and ulcer care and monitoring complaints and safeguarding. The service had adopted the NHS Safety Thermometer as a means of monitoring, in real time, "Harm free care". We saw that audits were being carried out on a monthly basis to monitor areas such as hand hygiene checks and environmental assessments. We saw that where areas of improvement had been identified, the Provider had taken action to rectify the matter. For example, staff told us that the quality of cleaning around the hospital had declined for a short period of time as there had been a change in management within the third-party cleaning contractor. Staff said they had noticed that the usually high standards of cleaning had declined and they had raised their concerns with the contractor. In response to the concerns, a new manager was appointed and staff reported that improvements were noted in a short period of time.

To ensure patients care needs were met the provider monitored staffing levels including the use of agency staff. The Business Partner told us that they had the flexibility to increase staffing levels depending on the needs of patients. The Business Partner gave us an example of a patient who was being nursed one-to-one on the day of our inspection as their care needs had increased. This demonstrated that the Provider was monitoring the quality of the service and responded positively to areas of concern which had the potential to impact on patient safety and welfare.

We saw that the service had received mixed feedback from a "Patient Led Assessment of the Care Environment" (PLACE) visit in April 2013 to the ward and the Minor Injuries Unit. PLACE assessments are undertaken by teams of NHS and private/independent health
care providers, and include at least 50 per cent members of the public (known as patient assessors). They focus on the environment in which care is provided, as well as supporting non-clinical services such as cleanliness, food, hydration, and the extent to which the provision of care with privacy and dignity is supported. We saw that the service had scored 91.9% for cleanliness, 87.5% for the quality of food, 80.98% for Privacy, Dignity and Wellbeing and 72% for Facilities. The Chief Nurse informed us that Caterham Dene Hospital was owned by NHS Estates and was leased to First Community Health and Care. We noted that some areas of the hospital could have benefited from redecoration but we did not consider that the current state of the premises would have had any direct negative impact on the care being provided. The Chief Nurse said that they were working with the NHS Estate team to address areas of the Hospital which required redecorating or where maintenance work was required.

The Provider had introduced the "Family and Friends Test" (FFT) in June 2013. FFT was introduced by the NHS in 2013 and asks patients whether they would recommend hospital wards, A&E departments and maternity services to their friends and family if they needed similar care or treatment. This means every patient in these wards and departments is able to give feedback on the quality of the care they receive, giving hospitals a better understanding of the needs of their patients and enabling improvements. We found that the Provider used the FFT in areas such as the Minor Injuries Unit (MIU), Caterham Dene Ward and also with the Rapid Assessment Clinic. We found that the return rates (the number of patients who complete the survey) for the MIU was consistently high, with an average of 83 returns each month between June 2013 and February 2014. Feedback from patients who used the MIU consistently said that they would recommend the service to family members or friends.

However, we found that the return rate for Caterham Dene ward was low, with average monthly returns ranging from 5 to 6 completed surveys. We spoke with the Chief Nurse and Business Partner regarding this. They accepted that the return rates were low so it was not always possible to determine the effectiveness of the service purely based on the results. The Chief Nurse told us that because the average length of stay for patients on Caterham Dene Ward was approximately 23 days, there was generally a low discharge rate each month. The requirements of FFT is that patients are asked to complete the survey once they have been discharged. In response to the low discharge rates, the service considered all aspects of feedback ranging from patient thank you cards to complaints to help determine the effectiveness and quality of the service.

We saw that the Provider responded to all complaints in a timely fashion. The Provider was carrying out investigations into complaints to determine whether there were any "Lessons learnt" which could be considered for improving future practices and to prevent similar complaints from occurring in the future. For example, a patient had complained about the care they had received whilst visiting the MIU. As a result of the complaint, a number of changes had been made such as the way staff recorded their findings from clinical examinations, through to how staff communicated with patients. This meant the provider took account of complaints and comments to improve the service.
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><strong>Glossary of terms we use in this report (continued)</strong></th>
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### (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.