Inspection Report

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

Beverley Grange Nursing Home

Lockwood Road, Molescroft, Beverley, HU17 9GQ

Tel: 01482679955

Date of Inspection: 08 August 2013

Date of Publication: September 2013

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

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

Details about this location

Registered Provider	Molescroft Nursing Home (Holdings) Limited
Registered Manager	Ms. Christine Wright
Overview of the service	Beverley Grange is a purpose built home situated on a housing development in a residential area on the outskirts of Beverley. The home is set in its own grounds with plenty of space for people to sit and enjoy the fresh air. The home was opened in 1999 to provide long term and respite stays, looking after older people who need residential care or nursing care.
Type of services	Care home service with nursing Care home service without nursing
Regulated activities	Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury

Contents

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

Summary of this inspection

Why we carried out this inspection

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

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 8 August 2013, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members, talked with staff and reviewed information sent to us by commissioners of services.

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

What people told us and what we found

People told us that they felt their needs were met in the home and that they felt safe. However people were unsure who to speak with if they wished to raise a concern and they felt they would benefit from an increase in activities.

There was little evidence that people had consented to their care plans or that people were involved in the development of their packages of care. There was some information in relation to people's choices, although we observed two instances when peoples choices were restricted. One person told us, " I felt like I was being told off."

Staff were aware of maintaining people's privacy and we observed this in practice.

We found that there were discrepancies in the recording of people's information which could have a negative impact on the care provided in the home.

We found that safeguarding issues had been reported appropriately although there was a need for an improved policy and improvements in staff training in this.

Staffing levels appeared adequate although staff training required some improvements.

Systems were in place to audit the home and to find out people's opinions of their care. However there were some omissions in records for maintenance.

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 05 October 2013, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

More information about the provider

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

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

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

Reasons for our judgement

People who used the service were given appropriate information and support regarding their care or treatment.

We looked at peoples care files and saw that these included a consent form where people signed to confirm their consent to the care plan, the use of their photo and to receiving an annual flu jab. However the provider may wish to note this was not the case in all of the files and approximately one third of the care plans reviewed held no signatures to confirm people's consent.

Some documents held in the care files also had a section for the individual to sign to confirm separate agreement to the document; again many of these were not signed.

It was unclear how the provider ensured that people's consent was sought and recorded as the system in place was not being used comprehensively.

We saw recorded that where people were unable to make decision regarding their care the home had sought and recorded information in relation to who had the legal power to make these decisions on their behalf.

During our visit a best interest meeting took place on behalf of one of the people who lived in the home. A best interest meeting is held when a person is no longer able to make a specific decision. It involves the professionals involved in the person's life and their representatives, who all will discuss and make a decision on the person's behalf.

We saw that people's care files included a section in relation to their nutrition which recorded their food preferences. For example 'Doesn't like spicy food'. However this was not the case in all of the files.

Additionally we saw that people's preferences and choices were recorded, for example, "Chose not to have supper", and "Does not like to be taken out of her comfort zone. The

area I am not comfortable in is the reception areas." although again this was not the case in all of the files we reviewed.

We spoke with staff about privacy and dignity in the home. They told us they "Always knock on doors and close doors. Respecting peoples choices when people prefer to keep their room door closed." They also told us "I am mindful when undertaking personal care and keep the person covered, I am mindful of their dignity."

We observed staff knocking on people's doors before entering and they were polite to people. However the provider may wish to note we observed two instances when people were not spoken to appropriately. These were when one member of staff appeared impatient with someone who lived in the home saying "Have you finished your dinner? (They did not wait for a reply) we will take you back to your room then." The person did not get chance to answer or get a choice.
Additionally another incident occurred when one person, who had a problem with their balance, was worried about walking over to dinner and they had been told, "You can cope". The person in question told us, "I felt like I was being told off. I know they are very busy but I am frightened I might fall, a little time and assistance is all I need."

We saw that staff had completed training in relation to the Mental Capacity act 2005 (MCA) and The Deprivation of Liberty Safeguards (DoLs). This helped staff to ensure that people's rights were maintained.

Care and welfare of people who use services ✖ Action needed

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

Our judgement

The provider was not meeting this standard.

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 moderate impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

Care and treatment was not planned and delivered in a way that was intended to ensure people's safety and welfare. However discrepancies in record keeping could jeopardise this.

People we spoke with were happy in the home they told us "They are all very kind here", "The staff are so kind" and "I have got all my photos from home, this is just like my home."

We looked at the care files for seven of the people who lived in the home. When we reviewed people's care files we saw that these included a variety of documents including details of their needs, including their health, admissions checklist personal inventory, and personal history and care plans. We saw that some of these documents, for example the admission checklist were not all completed. Without complete information it is unclear if staff were aware of all of the information in relation to people when supporting them with their needs.

Care plans covered a variety of areas for example nutrition, continence, pressure care, religion and social needs. The care plans described the person's needs and the level of support they required. This included the person's preferences, for example, "I would like staff to..." People's appearances reflected their individual personality and were smart. The visiting professional informed us this was the case on their visit.

We saw that on occasions that although a need was identified some of the detail of how this was met was not present. For example for one person we saw recorded that they required the assistance of incontinence aids but the type was not recorded. Another example was the use of a specific device to ensure a person's nutritional needs were met. Although this was recorded in their care plan the regime for this was not detailed. We noted one person had a nutritional risk assessment in place which was blank but had a completed nutritional care plan; it was unclear how the information for the care plan had been determined. Additionally we saw that one person had a care plan to assist them with communication yet their assessment had recorded that they had good communication,

hearing and vision. Without detailed information on how people's needs were met it was unclear if staff were fully aware of people's needs.

We saw that a district nurse had assisted one person to use their syringe driver to assist them with the administration of medication. However this person was a nursing client and this would normally have been completed by the nurse on duty. It was unclear if this was due to a lack of nursing skills. Additionally we cross referenced the staff on duty and their training records and saw that the nurse allocated to work that evening had no recorded training evidence on the use of a syringe driver. The manager stated that should it be required then she was on call to assist as she had completed this training. That this was not best practice as the staff employed within the home should hold the relevant skills required at the time to meet people's needs.

Care files included referral forms and records for visits and support for other professionals and when we spoke with a visiting professional they told us the staff followed their instructions and worked with them to assist the person with the meeting of their needs. We also noted that when one person had a substantial change in their weight the home had liaised with a dietician and had updated the persons' care plan to help ensure their nutritional needs continued to be met.

We saw that management plans were in place to assist people with their mental health and with their communication. Plans also recorded that when a person could not tell you about their food and fluid intake then a monitoring chart was to be in place to record this. This was to ensure a person's needs were met. However, when we spoke with staff about the monitoring of the person's food and fluid they gave different answers to what was recorded in the person's care plan. When we asked staff how they knew a person's needs they told us they would look at the person's care plan and would receive an update at staff handover. Staff were not always aware of current needs.

We saw that care plans had been reviewed regularly on a monthly basis although some of these reviews were sometimes vague. We saw that for one person the care plan had not been updated to record all of their latest needs. For example there was no mention that they now required the use of a pressure mattress. Their changing pressure area care and their fluid input/output was not mentioned either. Without up to date information staff may not have been aware of people's latest needs when supporting them.

Risk assessments were in place to assist people with living their lives. We saw that these included the risk of using a bed rail, the risk of using a wheelchair and personal safety.

Assessments regarding specific areas of care, for example mental health and pressure area care had been completed and when necessary monitoring forms were then in place. These helped to ensure that staff were aware of the person's needs in relation to this area and if any changes occurred.

Daily diary notes were kept which recorded some of the interactions and activities which the person undertook each day. At times these mainly recorded the person's times of getting up, what they ate and drank and if they joined in an activity. The provider may wish to note that these were basic and did not reflect a person centred or comprehensive approach. These notes would be used for staff to review and monitor the changing needs of the individual.

Throughout the visit we observed the interactions between the staff and the people who

lived in the home. We observed that staff were polite, considerate and inclusive; making time to chat with people who lived in the home.

People were offered choices, for example, what to drink, eat or what activity to participate in. We also observed staff handle a delicate situation with care and compassion. However as detailed in outcome 1 this was not always the case.

On the day of the visit the activities co-ordinator was on leave and the deputy was not at work. However we observed an activities group in the morning and a game of indoor bowls take place during the afternoon. However we were told by people who lived in the home that they felt there were not enough activities. We spoke to one person who lived in the home and their relative who were both happy with the care but felt that the staff did not join in like they used to, and did not interact as much as they used to with people who lived in the home.

One person told us "Not many of us are left these days that I can hold a conversation with, there used to be a few of us but I feel a bit lonely these days", another person told us they would have liked more trips out into the community. We were told "It's not like it used to be" and a relative said "The staff are a bit low."

Safeguarding people who use services from abuse ✓ Met this standard

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

People who use the service were protected from the risk of abuse because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

All of the people we spoke with on the day felt safe at the home, and said that they all knew how to use their call bell and did not have to wait long for their bells to be answered. We observed that the home was fitted with key pad locks and the bungalows were checked at night.

However the provider may wish to note people we spoke with did not seem to know if they had a Key Support Worker, or who they could speak to if they had a worry.

There was a policy held in the home for the safeguarding of vulnerable people from abuse. This policy included definitions of abuse and some of the systems in the home. However it did not provide any information to staff on the actions to take in referring any allegations of harm to the local safeguarding team and the CQC. However in feedback we were provided with a copy of the training booklet used by staff which included the details of who to contact if a safeguarding alert was to be raised .

When we spoke with one staff member they had a good understanding of the different types of abuse and what actions to take should an allegation of harm be raised in the home. This included contacting the local safeguarding team.

We saw that one person had had undertaken training in the protection of vulnerable people from harm, although there was no evidence for other staff. It was not clear if all staff were fully aware of the procedure to follow should an allegation of harm be raised and to protect people.

Records were kept of any referrals to the local authority safeguarding team; with outcome letters of any investigation.

We looked at systems in the home for supporting people with their finances. We saw that records were stored on the computer with people having an individual sheet and receipts for purchases. This system ensured that people were protected regarding their finances.

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.

One person who lived in the home said," They all seem to muck in, and help each other, they have so much to do, they haven't got the time to talk to us."

The registered manager told us how staffing levels were decided by the needs of the people who lived in the home. However there was no written record of this.

Staff told us they undertook shifts which commenced at 7.15 am and finished at 8.15 pm. We were told that there was a registered nurse, senior staff and carers in the home each day. The provider informed us that these levels changed dependent upon the needs of the people who lived in the home and was to change that day due to an increase in one person's needs.

We noted that additional to the care staff there were ancillary staff which included cooks, cleaners, administration and training staff. These supported the functions of the home and staff to help ensure that people's needs were met.

We were told that on occasion's agency staff worked in the home. However this was very rare as usually staff from the home or bank staff covered any shortages.

We looked at the duty rotas and saw that staffing levels varied between four and 10 care staff each morning and up to eight care staff each afternoon. Over a four week period three weeks recorded an average of eight care staff on duty in the morning. It was unclear why the fourth weeks duty rota recorded only 4 or 5 staff on duty. We saw that there were usually two care staff on each floor throughout the night. Additionally there was always a registered nurse recorded as being on duty throughout each 24 hour period with an identified on call person.

One visiting professional told us that there was always staff available to assist them when they visited their patient in the home.

When we spoke with staff they told us they felt there were enough staff on duty to meet

people's needs. We observed during our visit that the nurse call bells were answered quickly.

Supporting workers ✖ Action needed

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

Our judgement

The provider was not meeting this standard.

People were cared for by staff who were not fully supported to deliver care and treatment safely and to an appropriate standard.

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

Staff were able, from time to time, to obtain further relevant qualifications.

We looked at the staff induction used within the home and saw that this included time spent being shown around the home, undertaking training and shadowing a member of staff. The provider may wish to note that there was no written evidence that the induction met the Skills for Care requirements or that staff had completed their induction into the home. However the training manager confirmed that she was to introduce this.

We spoke with the manager and training officer regarding the staff training. We were told that the staff training matrix had been updated. However in feedback from the provider we were told this was not the case. When we looked at the staff training matrix it recorded very few courses that people had completed and there were large gaps in people's training plans. It did not record training that people had previously completed.

We reviewed the files for some of the staff including the nursing staff. We saw these recorded that people had completed a variety of training courses including food hygiene, hoist awareness, moving and handling, first aid, fire and dementia awareness. There was no evidence that the nurses' files recorded specialist nurse training, for example wound care, syringe driver use or tissue viability. Additionally some certificates to confirm training were not in place and some courses appeared 'Out of date'.

We saw evidence of some staff supervision sessions but the records were not comprehensive and it was difficult to ascertain what supervision had actually been completed. In feedback we were provided with the staff supervision matrix. This recorded that on average approximately half of the staff had received three or more supervision sessions this year. However we saw that some staff had only received one supervision and some staff had received no supervision this year. These staff were in addition to those who had not been able to complete supervision session due to absences through illness or maternity.

Assessing and monitoring the quality of service provision ✖ Action needed

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 not meeting this standard.

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

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

Reasons for our judgement

Decisions about care and treatment were made by the appropriate staff at the appropriate level.

We discussed the quality assurance systems in the home with the manager. She informed us that surveys were completed with people who lived in the home and other interested parties. However these were held by the provider and no summary report was produced and shared with people which recorded the feedback from the surveys and any necessary actions. She also confirmed that there was not a timetable for surveying people.

We saw records of meetings with staff, people who lived in the home and their relatives. These meetings provided an opportunity for information sharing and for people to be involved in developments in the home.

When we spoke with staff about audits in the home they told us they completed "Audits of care plans, medication, food diaries and peoples weights.

We saw that audits were undertaken of housekeeping, activities and administration.

We looked at the maintenance records held in the home. We saw that there were documents in place to undertake checks of the bedrails in place in the home, but that these had not yet been commenced. Without regular checks it is unclear how the provider could ensure that these were safe and did not pose a risk to the people who were using this equipment.

We asked to look at the certificates for the maintenance of the full electrical wiring system in the home which recorded if this was judged by an electrician to be safe. The provider faxed electrical certificates to the CQC. The provider may wish to note these recorded that there had been an installation of new equipment and that this was recorded as safe. It was not an electrical wiring certificate and it is unclear if one is held by the home.

Additionally we saw that maintenance checks had been completed on the hoist and lift, the fire extinguishers and lights and that a gas safety certificate was available within the home. We saw that a maintenance check had been completed with regard to the risk of Legionella in the home. This was dated May 2012 and no updated assessment was seen. We also saw a warning notice form British Gas in relation to only one window opening in the laundry and the positioning of the fryer in the kitchen. The provider may wish to note there was no evidence of any actions taken by the home in response to this.

A fire safety log book was also kept which recorded the weekly checks of the systems in the home including the emergency lights. Additionally we saw a fire risk assessment which had been compiled in August 2012 with no recommendations for changes.

Risk assessments were completed for a variety of areas in the home, for example the kitchen, laundry, the use of ladders, the risk of needle stick injury and Legionella.

Records were kept of accidents in the home and a summary spread sheet recorded the details of the accidents for the manager to review in preventing re-occurrences.

Complaints were recorded and these records included the responses by the provider. There was a summary of the complaints received and details of any actions taken. We were provided with a copy of the homes complaints policy and this recorded the actions to be taken in handling a complaint including timescales.

Records ✖ Action needed

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

Our judgement

The provider was not meeting this standard.

People were not protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were not always maintained.

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

Reasons for our judgement

People's personal records including medical records were not always accurate and fit for purpose.

At the beginning of our visit the provider contacted us and informed us that they had recently conducted a survey of the quality of the care plans within the home. They had found that some of these were not to the required standard and had consequently taken actions regarding this; actions included speaking with and training all of the staff.

We reviewed people's records and saw that not all areas were completed for example; details of people's choices, the personal inventory and personal history were not completed. Consent forms had not always been completed and there was limited evidence via signature to confirm people's involvement with their care plans.

Daily diary notes were brief and not all records were signed and dated and the safeguarding of vulnerable adults policy did not include all of the relevant details to ensure that allegations were handled correctly.

We saw that the staff training matrix was not completed, not all staff training files included all of the up to date certificates and there was a lack of evidence in relation to the completion of induction training.

We looked at the storage of personal records. On the ground floor these were held in the reception area and were in unlocked cupboards. This meant that as visitors to the home arrived they would have relatively easy access to personal records. We noted that on the first floor records were held in a separate room. However the door to this was kept open and the cupboards unlocked. This did not ensure that records were stored safely in the home to protect the privacy of the people who lived there.

This section is primarily information for the provider

Action we have told the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activities	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	**Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010** **Care and welfare of people who use services**
	How the regulation was not being met: Regulation 9.The registered person must take proper steps to ensure that each service user is protected against the risks of receiving care or treatment that is inappropriate or unsafe.
Regulated activities	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	**Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010** **Supporting workers**
	How the regulation was not being met: Regulation 23. The registered person must have suitable arrangements in place in order to ensure that persons employed for the purposes of carrying on the regulated activity are appropriately supported in relation to their responsibilities, to enable them to deliver care and treatment to service users safely and to an appropriate standard.

This section is primarily information for the provider

Regulated activities	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	**Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010** **Assessing and monitoring the quality of service provision**
	How the regulation was not being met: Regulation 10. The registered person must protect service users, and others who may be at risk, against the risks of inappropriate or unsafe care and treatment, by means of the effective operation of systems.

Regulated activities	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	**Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010** **Records**
	How the regulation was not being met: Regulation 20. The provider must ensure that service users are protected against the risk of unsafe or inappropriate care and treatment arising from a lack of proper information about them.

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 05 October 2013.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

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