Care Quality Commission

Inspection Report

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

Wantage Nursing Home

Garston Lane, Wantage, OX12 7AR

Tel: 01235774320

Date of Inspection: 25 June 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	✓ Met this standard
Meeting nutritional needs	✗ Action needed
Safeguarding people who use services from abuse	✓ Met this standard
Staffing	✓ Met this standard
Assessing and monitoring the quality of service provision	✗ Action needed
Records	✗ Action needed

Details about this location

Registered Provider	Sanctuary Care Limited
Overview of the service	Wantage Nursing Home is a care home with nursing that offers care for up to fifty people. Thirty of the beds are for people with dementia nursing care needs.
Type of service	Care home service with nursing
Regulated activities	Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury

Contents

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

Summary of this inspection

Why we carried out this inspection

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

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 25 June 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members, talked with staff and reviewed information given to us by the provider. We reviewed information sent to us by commissioners of services and talked with 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 they were always treated with respect by all care workers. We observed care workers knocking on doors and waiting to be invited in and we observed people being given a choice and time to respond. One person told us "the staff are very respectful of my cultural and religious needs and are very sensitive when attending to my personal care". Another person told us "I'm pleased with the carers that I have"

We looked at seven care files including care plans, risk assessments and daily records. All were signed and dated by the person or their relative. Where a person was unable to give consent then a best interest meeting had taken place and had been documented.

We observed people being assisted to eat their lunch in both dining rooms and some people eating in their rooms. The home had protected mealtimes, so all staff were available to assist people with their meals. We observed nursing and care workers assisting people in a discreet and dignified manner.

The provider did not have suitable systems in place to assess and monitor the quality of service that people received. There was a risk that people would be exposed to poor care due to lack of monitoring. The provider did not protect people from the risk of unsafe or inappropriate care and treatment because accurate and appropriate records were not maintained.

The home was non compliance in relation to safeguarding, assessing quality and

notifications as well as some records.

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 27 September 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 views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

People expressed their views and were involved in making decisions about their care and treatment.

We spoke with seventeen people in communal areas of the home as well as in private. People told us they were always treated with respect by all care workers. Throughout the inspection we observed care workers treating people with respect and dignity. We observed care workers knocking on bedroom doors and waiting to be invited in and we observed people being given a choice and time to respond. One person told us "the staff are very respectful of my cultural and religious needs and are very sensitive when attending to my personal care". Another person told us "the staff are very good, I need a lot of care, but the staff never complain". Another person told us "they asked what I wanted to be called when I first came in, I told them I didn't like my first name and like to be called by my second name. They have always called me by my preferred name". This information was recorded in the person's care plan. Not all the people we spoke with were able to communicate verbally, but from facial expressions and body language were able to communicate they were comfortable. We observed one person who was walking up and down the corridor and who seemed distressed saying "I don't want to eat, I want to go home". A care worker spoke quietly and asked if the person if they would like to chat and sort out the problem. They both then went into a quiet room. A little while later we observed the person sitting in the dining room and enjoying their meal. This showed that the care worker had been able to reduce the persons distress.

We observed one person being hoisted and the procedure being explained and reassured by the two care workers assisting. The person's care plan stated the person became anxious when positioned in a hoist and they should be talked through the procedure and reassured.

Relatives told us that relative meetings were held and the minutes were sent out to those relatives who were unable to attend and displayed on notice boards in the home. We were unable to see any minutes of meetings having taken place.

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.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

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

At the last inspection in March 2013, inspectors found that the provider had not taken proper steps to ensure that each person was protected against the risk of receiving care or treatment that was inappropriate or unsafe, by means of the carrying out of appropriate planning of the delivery of care and treatment. We received an action plan from the provider setting out action taken to comply with this Regulation. We looked at seven care files including care plans, risk assessments and daily records. All were signed and dated by the person or their relative. Where a person was unable to give consent then a best interest meeting had taken place and had been documented.

People that we spoke with told us that they liked living in the home. One person told us "slowly things are improving". Another person told us "I am here because I need to be and it is alright. I have the garden which gives me a lot of pleasure and if things get too much, I go off into town". Another person told us "it's ok here, as good as it can be". Another person told us "some carers are better than others. They said "some don't listen".

One relative that we spoke with told us "there has been significant improvements since the manager and deputy manager have been in post". Another relative told us "I didn't understand why I was asked to be involved in my mother's care plan, I now feel much more involved with my mother's care and why I was asked to be involved". Another relative told us "on balance we are happy with the care provided. My relative now has a named nurse and carer. The continuity of care has improved".

Several relatives told us they would recommend the home to others because the home had vastly improved in the last six months.

We spent time in lounges on both floors. On the dementia care unit, we observed a music session. We did not observe any people taking part and none of the nursing or care workers present were encouraging people to participate. This was followed later with a session organised by a physiotherapist employed by Sanctuary Care and a care worker of balloon tennis. Everyone in the lounge appeared to enjoy this whether taking part or

watching. After lunch, one of the three part time activity co-ordinators and care worker held an exercise session that was lively and interactive. Most people took part. A volunteer then played music and people were encouraged to join in a sing along. There was a full and varied weekly programme of activities organised. One of the activity organisers who worked mainly with people on the nursing unit providing one to one activity support. We were shown the newly converted sensory room, but did not see anyone using this facility. One relative told us "I feel my relative is lonely, there are no activities or maybe there are and I'm just not aware". Another relative told us "there is a lack of activities for my relative because they are not interested in drawing. There are more activities arranged for people with dementia and the nursing patients are not included. Previously there had been some activities and we were hoping that this would change now there is a new activity co-ordinator in post. However, it would be hard to better this place and they have some excellent carers". Another relative told us "since the new management things have improved and agency nurses are a rarity. The staff kindness cannot be faulted, never seem stressed or frustrated and have endless patience".

In discussion with six nursing and care workers, all confirmed they had received training in person centred care. The home had access to a range of healthcare professionals and we were able to case track a person who because of swallowing problems, needed to be fed artificially. This was called a 'peg feed' which included a tube being placed under the person's skin and into their stomach, which ensured that the person received nutrients and the fluids they needed. We saw evidence of nursing staff having received training in peg feeding, provided by an outside trainer. We saw a care plan detailing care of the peg feeding regime, when the peg feed had been given and how much had been given. Records showed regular access to a dietician for assistance or advice. The peg care plan stated the tube should be rotated and dressed daily. The person and documentation confirmed this was happening.

We case tracked two of the people whose care files that we looked at. Each file contained an assessment and a life history. The life history contained information about the person's choices, preferences and how they liked to spend their day. The care plans were person centred and had been discussed and agreed with the person and their family, if appropriate, and signed and dated. We saw the most recent care plan audit undertaken at the end May 2013, which stated that all care plans and risk assessments would be up to date by June 2013, when a full audit would take place by senior management.

We case tracked a second person who had been admitted to the home with pressure sores. The person had been nursed on a pressure relieving mattress and a chart had been completed for two hourly repositioning. The care plan reflected the person's care needs including pressure relieving equipment, use of a specific hoist, treatment of the pressure sores and progress, medication for pain control and a special diet with supplementary drinks. We saw written evidence the pressure sores were healing. We saw that a risk assessment had been carried out for the use of bed sides, to ensure the person did not fall out of bed. This had been agreed and dated by a family member. The person had been regularly visited by their GP and tissue viability nurses. Daily records confirmed that the person's care needs were being met.

Meeting nutritional needs ✖ Action needed

Food and drink should meet people's individual dietary needs

Our judgement

The provider was not meeting this standard.

People were not being offered a choice of alternate meals, unless they specifically asked. This meant many people were unaware of other choices available or unable to ask and therefore not being offered an alternate dish.

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

People were not provided with a choice of suitable and nutritious food and drink.

People that we spoke with told us the food served was variable. One person told us "the food can be grim, a bit like school dinners". Another person told us "the meal always consists of carrots and beans, which I dislike". Another person told us "I have toast for breakfast, but I would like more of a choice like bacon for breakfast". The menu showed that a cooked breakfast was offered on request. Relatives that we spoke with told us "the food is ok, there are good days and bad days, sometimes the food is inappropriate for older people and they don't know what it is". Another relative told us "there is always a choice of two main courses, but as one is a vegetarian option it feels as if there is little choice".

We joined people for the midday meal on the nursing unit. The menus for the day were displayed. Care workers and people told us there is always a choice of two main courses. In addition people can request salads, jacket potatoes, sandwiches or omelettes. The meal was served from a hot trolley by a member of the catering staff. There was a small kitchen area where people and their visitors were able to make a drink or snack. The choice of main meal was either fish in a sauce, with potatoes and vegetables or vegetable curry, served with rice. Service was slow and the rice ran out before everyone had been served. Neither of the dishes looked very appetising, the vegetable curry consisted mostly of potato and a small amount of cauliflower. People that we spoke with said they had enjoyed their meal. Deserts were more popular and enjoyed. Glasses of water or squash were on the tables. One person asked for a salad. This was served quickly and looked fresh and appetising. The provider may wish to note that although the person had asked for a ham salad and was served cheese, with no explanation why. We were told by catering staff they can cater for any special diet and we did observe people being served food at a required consistency, such as soft diets.

We observed people being assisted to eat their lunch in both dining rooms and some people eating in their rooms. The home had protected mealtimes, so all staff were

available to assist people with their meals. We observed nursing and care workers assisting people in a discreet and dignified manner.

We saw evidence that nutritional screening had been routinely carried out on admission to the home. Where poor nutrition or dehydration had been identified, food and fluid intake had been monitored and recorded. People at risk of weight gain or loss had been weighted on a monthly basis. We saw evidence that specialist advice had been sought when appropriate.

We were able to identify some people from their care plans who required fluid intake charts to be completed, to ensure that sufficient fluids were being taken. We noted that several people did not have a fluid chart. We discussed this with the deputy manager and a care worker serving mid- morning drinks to people in their bedrooms. We were told by one care worker that as nursing and care workers were busy during the mornings, that fluids taken by people were recorded in a small note pad and later on in the day the information was transferred to a fluid intake chart. This was discussed with the manager, as there was a risk of fluids not being recorded accurately. We later observed that individual fluid balance charts had been placed in people's bedrooms. One person who required regular drinks told us "I would like more drinks when I'm thirsty". The person was sitting in the lounge, but did not have a drink, until the tea trolley came round and they accepted a cup of tea. In the persons bedroom we observed a jug of water, juice and lemonade on a side table. A member of the care staff commented "She needs to be encouraged to drink as she forgets". The persons care plan stated that the person should be encouraged to drink more fluids, however, this was no evidenced.

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 used the service were protected from the risk of abuse, because the provider had not taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

People that we spoke with said they felt safe in the home. One person told us "if I was unhappy then I would speak to my family and tell them". Another person told us "I feel safe because I can speak up for myself, I would say if I didn't feel safe here". Another person told us " there is always somebody here that I could speak to". A relative told us "I have never had any reason to suspect that there are any forms of abuse going on". Another relative told us "If I had any doubts about my relatives safety, then I find another nursing home".

We spoke with six members of staff. One member of staff told us "the induction training when I started was poor, but many of us have redone the induction". Several nursing and care workers told us they had completed training in safeguarding vulnerable adults from abuse, during induction and this had recently been updated. This included deprivation of liberty safeguarding, mental capacity and best interest meetings".

The home had policies and procedures in safeguarding vulnerable adults from abuse including a copy of the Oxfordshire Safeguarding Adults procedures. Nursing and care workers were clear about the procedures to take if they had any concerns of possible abuse.

The manager confirmed they had completed and submitted the appropriate documentation to the Oxfordshire Safeguarding team immediately after the home had identified an incident. This was confirmed by the safeguarding team and the day following our inspection a copy of the alert was sent to us. During the inspection, we were given information about another safeguarding concern by a relative. We were concerned that this appeared not to have been addressed as relatives told us that "no action had been taken as there were no witnesses". We discussed this with the manager as there were no records of any such event having taken place. The manager told us she had discussed this with a member of the Oxfordshire Safeguarding team and that no further action had

been taken. The following day we were sent a copy of the safeguarding referral.

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.

At the last inspection in March 2013, inspectors found that the provider had not taken appropriate steps to ensure that, at all times, there were sufficient numbers of suitably qualified, skilled and experienced persons employed for the purpose of carrying out a regulated activity. We received an action plan from the provider setting out action taken to comply with this Regulation.

People that we spoke with said there were more nursing and care workers available to meet their needs. We found that people had been allocated a named nurse, responsible for their care and a named key worker. One person told us "they used to have a lot of agency staff, they were kind, but didn't understand my needs". Another person told us "I'm pleased with the carers that I have, it is reassuring that they know me and how I like to be cared for".

Nursing and care workers that we spoke with expressed their satisfaction of working in the home. One member of staff told us "I've worked here for a quite a while and have seen lots of changes and massive improvements. I now have regular supervision and have completed safeguarding and other training. If I could change one thing it would be that the laundry staff only work in the mornings and sometimes supplies get low in the afternoon and evening". Another care worker told us "it is the first time in a long time, that we have a manager and deputy manager in post. They have both raised standards in documentation and procedures. These things were not in place when I started". Another care worker told us "I know things are being done better, there is a lot more structure, people's roles are clearer and there are more identified roles".
Another care worker told us "staffing has been consistently better, today we have five care staff and two registered mental nurses on the dementia care unit looking after twenty six people".

We looked at duty rosters and spoke with care workers on duty. Care workers told us there were now sufficient care workers on each shift to meet people's needs and this had been confirmed by the duty rosters. One registered nurse told us "I feel I can monitor the care workers more now there are two nurses on shift". Part of the deputy manager's working week was working with care workers and monitoring care provided. Nursing and care

workers told us this was very valuable as the deputy manager was "very supportive and approachable". Staff told us that morale was much better and it was a good place to work.

The manager told us there was one vacancy for a full time night care assistant and was confident that the post would be filled soon as she had, had a good response to an advertisement. There were times when there appeared to be little staff around. Care workers told us that many people required personal care and hoisting in their bedrooms, so though this appeared to be little staff presence at times, this was because care workers were in people's bedrooms.

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 did not have 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.

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 who used the service, their representatives and staff were not always asked for their views about their care and treatment and they were not always acted on.

People and their relatives told us that food choices and a wider range of activities had been raised as issues for some time, but there had been little or no improvement made. Care workers told us they had raised the subject of no laundry staff only working in the mornings, resulting in clean bed linen and towels being sparse.

Nursing staff that we spoke with said they were involved in auditing care plans and medication ordering, storage, administration and disposal. We asked the manager for evidence of regular audits being carried out. We were given copies of audits of an in-house medication audit carried out in May 2013, and an audit undertaken for suitability of staffing carried out in May and June 2013. A care plan audit had been carried out in May 2013 and a health and safety self-assessment template completed in May 2013. We were given a copy of the monthly quality audit for May 2013 and June 2013. These had been completed by the manager and sent to the regional manager each month. Where corrective and preventative actions had been identified, it was not always evidenced that action had been taken. The company procedure stated "areas of non-compliance must be included in the home's action plan and reviewed by the regional manager at each visit". We saw no evidence of this having taken place. There were no systems in place to continuously analyse and review risks, adverse events, incidents, accidents or safeguarding alerts or referrals. This meant that people were potentially at risk of events being forgotten or not addressed.

During our inspection we were made aware of an incident involving a frail person three times, by another person some months ago. The Commission had not been notified of this incident by the home. We have been informed by OCC colleagues that eleven safeguarding alerts had been made over the last twelve months. There were no records available of these events in the home. We saw no evidence that there had been any

auditing of safeguarding concerns or other incidents that had occurred in the home.

From examination of the one monthly compliance visit completed since the 18th July 2012 and covering six visits to the home between 4th June 2013 and 18th June 2013. We requested a copy of the Sanctuary Quality assurance auditor's report completed in June 2013 be sent to us, this has not been received. This showed that the manager was unaware of the contents of the auditor's report as they confirmed they had not received a copy.

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 maintained.

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

Reasons for our judgement

Records were kept securely but could be located promptly when needed.

During our inspection we requested records such as complaints records, resident and relative and staff meeting minutes, these could not be located promptly. We were provided with a copy of a nurses meeting agenda and a general staff meeting agenda for meetings held in May 2013, but no other staff meeting minutes were available. We requested a copy of the service's complaints procedure as referred to in the homes statement of purpose. This information was not displayed in the home and care staff including administrative staff were unaware of information for people and their families on how to make a formal complaint. After some time a box of complaints and compliments leaflets were found. This meant that people and visitor's were unaware of the homes complaints procedure or the names, addresses and phone numbers of people who they could complain to. This could be the reason that no complaints records were available for examination.

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 14 HSCA 2008 (Regulated Activities) Regulations 2010** **Meeting nutritional needs**
	How the regulation was not being met: People were not being offered a choice of alternate meals, unless they specifically asked. This meant many people were unaware of other choices available or unable to ask and therefore not being offered an alternate dish. We have judged this to be minor impact and is in breach of Regulation 14(1)(a)
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: There was no evidence that the manager or provider representative is effectively monitoring complaints, safeguarding referrals or allegations of abuse to people. We requested a copy of the Sanctuary Quality assurance auditors report completed in June 2013 be sent to us, this has not been received. We have judged this to be a minor impact and is in breach of Regulation 10 (1)(b), (2)(b)(i) and (3)
Regulated activities	Regulation

This section is primarily information for the provider

Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	**Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010** **Records**
	How the regulation was not being met: People were not protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were not maintained. We have judged this to be a minor impact and is in breach of Regulation 20 (1)(a) 2(a).

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 27 September 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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