# Inspection Report

**Halcyon Days**

The Old Rectory, Church Lane, Graveley, Hitchin, SG4 7LU

Tel: 01438362245

Date of Inspection: 04 November 2013

Date of Publication: November 2013

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

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<td>Consent to care and treatment</td>
<td>✔️ Met this standard</td>
</tr>
<tr>
<td>Care and welfare of people who use services</td>
<td>✔️ Met this standard</td>
</tr>
<tr>
<td>Meeting nutritional needs</td>
<td>✔️ Met this standard</td>
</tr>
<tr>
<td>Cleanliness and infection control</td>
<td>✗ Action needed</td>
</tr>
<tr>
<td>Safety and suitability of premises</td>
<td>✗ Action needed</td>
</tr>
<tr>
<td>Records</td>
<td>✗ Action needed</td>
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## Details about this location

<table>
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<tr>
<th>Registered Provider</th>
<th>Karlamain Limited</th>
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<tr>
<td>Overview of the service</td>
<td>Halcyon Days is a residential location that provides accommodation and personal care for up to 57 people, some of whom live with dementia.</td>
</tr>
<tr>
<td>Type of service</td>
<td>Care home service without nursing</td>
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</tbody>
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| Regulated activities | Accommodation for persons who require nursing or personal care  
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Summary of this inspection

Why we carried out this inspection

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

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 4 November 2013, observed how people were being cared for and talked with people who use the service. We talked with staff.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

What people told us and what we found

We spoke with five of the 54 people who lived at the home on the day of our inspection. They told us that the care workers always asked them for their permission before any care was provided. One person told us, "They say things like "I have your back to cream. Is it alright?"

People told us that they were happy with the care that they received. One person told us, "I am well looked after. The staff are good. I have no complaints." They told us that they liked the food that they were provided with and that there was plenty of choice. One person commented, "I cannot complain about the food. It is good. I'm not hungry after meals."

During our inspection we found areas where the standard of cleanliness was not acceptable on both units of the home. We spoke with three care workers who told us that they were aware of the home's infection control policy. However, all three were wearing nail varnish in contradiction to the policy.

The provider had not taken steps to provide care in an environment that was suitably designed and adequately maintained.

We found that people's care plans and risk assessment had not always been updated. Changes to people's needs and risk assessments had been recorded on a review form at the back of the care record. A care worker would therefore be unaware of any changes to the care plans or associated risks unless they looked through the whole care record. Care records were also in two formats which would be confusing to agency staff.
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 13 December 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

**Consent to care and treatment**

- Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

**Our judgement**

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

**Reasons for our judgement**

We spoke with five of the 54 people who lived at the home on the day of our inspection. They told us that the care workers always asked them for their permission before any care was provided. One person told us, "They say things like "I have your back to cream. Is it alright?" Another person said, "They always tell us what things are for and ask us if they can [deliver care]."

We spoke with three care workers. They told us that they always talked with people when they provided care and explained to them what they were to do and why. The care workers told us that some people were unable to communicate verbally. If this was the case they looked for non-verbal signs of consent to provide the care, such as a smile or a nod of the head. The care workers told us that if a person did not want to receive the care being offered they would try again later.

We observed care workers as they interacted with the people who lived at the home. We saw that they explained to people what they were doing and why when they were delivering the care and support.

Where people did not have the capacity to consent, the provider acted in accordance with legal requirements. We looked at the care records of five people who lived at the home. We saw that, where people had been assessed as not having the capacity to make decisions about their care and support needs, relatives had been involved in the development of the care records.

We noted that specific consent had been gained for the care plan content and use of people's photographs within each record. Consent had also been obtained to give visiting professionals and people's relatives access to the care records.

We saw that where decisions about the delivery of care had been made in a person's best interests these had been documented within people's care records.
Care and welfare of people who use services

Met this standard

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

We spoke with five of the 54 people who lived at the home. They told us that they were happy with the care that they received. One person told us, “I am well looked after. The staff are good. I have no complaints.” Another person said, “I am very, very comfortable. I have no complaints. The staff are always very kind and very gentle.” A third person said that the care workers were, “...lovely” and “...very understanding.” They went on to say that the care workers were, “...patient and listen.”

We used a number of different methods to help us understand the experiences of people who lived at the home because some people were not able to tell us about their experiences. We saw that staff were able to communicate with these people in other ways. We spoke with three care workers who told us that each person had their own ways of communicating. Some people used facial expressions, with a smile for agreement or a grimace for refusal, whilst others made various sounds that the care workers recognised.

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We looked at the care records of five people who lived at the home. We saw that these were personalised and detailed. The manager told us that the format of the care records was being revised and some of the records we saw were in the new format.

We saw that there was one sheet in the front of the care records which gave important information about people at a glance. This included information about their health and dietary needs. We saw that in one care record this sheet highlighted that the person needed a gluten free diet. In another record the sheet highlighted that the person had diabetes and required a low sugar diet.

We noted that the care records included information about people's history and their preferred daily routine. Each of the care records we looked at contained a detailed assessment if the person's needs that covered all areas of the person's life. These included memory, communication, interests and activities and their potential and motivation to learn or re-learn skills. We saw that the records included a number of individual care plans that had been developed from the assessments of need.
The care plans were supported by detailed assessments that identified possible risks to
the person and others, such as falling and choking. These assessments included a
description of the risk, possible triggers that care workers should be aware of and the
intervention required.

We saw that the care plans and risk assessments had been reviewed on a monthly basis. However changes in the care required that had been identified at the review had not always been reflected in the relevant care plan. The records showed that the care that was being delivered to the person was that identified at the review, such as the use of a hoist for all transfers.
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

We spoke with five people who lived at the home. They told us that they liked the food that they were provided with and that there was plenty of choice. One person told us, "The food is good. The chef always says, "If you don't like something that is on offer we'll make something different". Another person told us, "You can have as much as you want." A third person commented, "I cannot complain about the food. It is good. I'm not hungry after meals." Another person, a former cook, said, "Everything is well cooked."

We saw from the care plans we looked at that some people had special dietary needs due to their health. One person had been identified as requiring a gluten free diet. This was clearly marked on their care record. On the day of our inspection, when pasta dishes had been on the menu, the person had been provided with a suitable alternative. The manager told us that special gluten free foods were purchased for them, as were foods suitable for the people who had diabetes, such as sugar free jelly.

We saw that some people required their food to be pureed to enable them to eat it. We saw that the chef had a list of people who needed their food prepared in this way on the wall in the kitchen. This ensured that their food was prepared appropriately.

We noted from the care plans we looked at that where there was a risk of a person suffering from malnutrition their weight was monitored. When it had been identified that a person had lost weight we saw that they had been referred to a dietician at the hospital.

The provider may find it useful to note that there was no process for recording how much or what special foods had been prepared for people to evidence that people's special dietary requirements had been met.
**Cleanliness and infection control**  
**Action needed**

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

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**Our judgement**

The provider was not meeting this standard.

People were not cared for in a clean, hygienic environment. People were not protected from the risk of infection because appropriate guidance had not been followed.

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.

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**Reasons for our judgement**

The manager told us that the home employed three cleaners. One cleaner was responsible for all the cleaning on the unit where 20 people lived whilst two cleaners were responsible for the larger unit where 34 people lived. The manager said that on the larger unit one cleaner did the day to day cleaning whilst the second was responsible for 'deep cleaning' on the unit.

During our inspection we found areas where the standard of cleanliness was not appropriate on both units. In the smaller unit we found that the window sills and frames in the two lounges were dusty, as was the table on which a computer used by people who lived at the home was situated. We found that the light pulls in some of the en-suite facilities and the communal toilets and bathrooms were stained. One bedroom that we looked in had a stained carpet that smelled of urine. We also noted that people's combs and hairbrushes had not always been cleaned.

In the larger unit we found that the standards of cleanliness were not appropriate. In the smaller of the two lounges we saw that the arms of the chairs were stained. The bookshelves around the room were all dusty, some had stains from tea of coffee mugs and other sticky substances on them. One book shelf had the husks from bird seed and feathers from the two caged budgerigars covering the shelf and the books on it. The floor of cage in which the birds were housed was covered in droppings. We saw a small side table that had paper stuck to it where liquid had been spilled and subsequently dried. The carpets in both the small lounge and the hallway were also stained.

In the main hallway we saw that the arms of a settee on which people sat were stained and worn through so that the stuffing was clearly visible. This could not be cleaned effectively. We also noted that there was a large cupboard used by care workers. The surface of this was damaged and again could not be cleaned effectively. A care worker showed us that one of the doors of this cupboard had come off and the surface of the door had been damaged where it was wedged into place.
In the dining room on this unit we saw that there were two small tables used by people to eat their meals from. These both had damaged surfaces and could not be cleaned effectively. The manager arranged for these to be removed during our inspection.

We saw that there was a larger wooden dresser which was used to store condiments and paper napkins used by people at meal times. This dresser had a large crack running the length of the surface. The crack was filled with crumbs and other food debris. The paper napkins and condiments were therefore at risk of contamination. When the manager opened one of the drawers in the dresser we saw that there was a dirty hairbrush inside it. We saw that a radiator behind a table in the dining room had dried food and drink on it. There was also a layer of crumbs on the floor beneath it.

We noted that the arms and seat of the stair lift were stained and dirty, as was the base of the mechanical aid used to assist people to stand. Frames around glass panels on the stair wells were dusty as was the window sill on the stair case.

When we looked at people's rooms we saw that many of them had flaking paint on the window frames and sills. This meant that they could not be cleaned effectively. We saw that in some rooms the wardrobes had louvre doors. The slats had not been cleaned effectively and were dusty. A cupboard in a hallway used to store blankets also had louvre doors. These were very dusty.

We saw that there were a number of rooms where there was a build up of limescale in the toilet pans and the wash basins. We noted that a number of the wash basins were stained where the chrome plating had worn off on the drain cover. This meant that the water used by people may have been contaminated by corrosion from the covers. We noted that again the light pulls in the en-suite facilities and the communal bathroom and toilets were stained and dirty.

The manager showed us the basement area, access to which was restricted to staff members only. The basement housed the cleaning store, laundry, staff room, food store, freezers and electrical switches. The manager told us that there had been a problem with one of the two washing machines in the laundry and it had not been working for about a week. We saw that the corridor outside of the cleaning store was filled with red and black bags containing soiled laundry waiting to be washed, as was the floor area within the laundry room.

Opposite the laundry room was the food store in which the stocks of food, such as fruit, bread and biscuits were kept before being transferred to the kitchen. The floor of this store was covered in a stained and dirty carpet which had debris, such as leaves and twigs, covering it. The store also housed a photocopier and printer which were used by staff members.

We spoke with three care workers who explained that they used correct hand washing techniques and personal protective clothing when this was appropriate. We saw that there were anti-bacterial gel dispensers at frequent intervals in the corridors and hallways of the home. Liquid soap and paper handtowels were available in all the en-suite facilities and communal toilets and bathrooms that we looked in.

All three care workers stated that they were aware of the home's infection control policy and that they should not wear nail varnish or jewellery when caring for people. However, all three were wearing nail varnish, as was the manager, on the day of our inspection. One
care worker was also wearing jewellery. Appropriate guidance had not, therefore, been followed.
Safety and suitability of premises

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

Our judgement

The provider was not meeting this standard.

People who used the service, staff and visitors were not protected against the risks of unsafe or unsuitable premises.

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

During our inspection of the home we saw that the expansive grounds of the home were generally well kept.

We saw records that showed that the home had completed a fire drill on 8 July 2013. The manager told us that this would not have included a complete evacuation but people would have been moved to a 'safe' unit.

We saw that, following a fire inspection in January 2013, the home had been advised to review the fire risk assessment. This had not yet been completed. The regional manager told us that this was scheduled to be completed on 21 November 2013. Following the fire inspection the home had been advised to fit cold smoke seals on all doors in the home. This had not been done at the time of our inspection and no date for it to be completed had been scheduled.

We saw that the emergency lighting and fire alarms were tested weekly and the tests recorded. We saw that the water had been tested for Legionella bacteria in July 2013 and this was satisfactory.

The provider had not taken steps to provide care in an environment that was suitably designed and adequately maintained. We noted that there was a ramp leading from the gravel driveway in the car park to the entrance to the larger unit. We saw that the ground at the bottom of the ramp was uneven and on the day of our inspection a large puddle had formed. This meant that people's feet got wet when they used the ramp in wet weather and people could fall because of the uneven ground. The manager told us that plans had been made for a more permanent ramp but no date was available as to when this work would be completed.

During our inspection we noted that some of the window frames within the home had rotted and there were gaps through which drafts were felt. We saw that because the frames were rotted the paint was flaking off the frames.
We saw that throughout the home the units for the hand sanitizer gel had been changed. The new units were of a different size and shape to the previous units. The walls had holes and rawl-plugs clearly visible where the old units had been removed. These holes were not only unsightly but may have contained material which could contaminate people if touched.

We saw a cupboard that housed the fuse boxes for the home in a hallway in one of the units. This cupboard was at head height. The door to the cupboard had a lock but this did not work and the door appeared to be normally held shut with a sticky label. However the label was ineffective and the door was open at the time of our inspection. There was a danger that people could walk into the door and injure themselves. There were several unsightly holes on the walls and ceilings surrounding the fuse box. One of these in the ceiling exposed insulating material used between the floors.

We saw that floor in one of the communal toilets in the larger unit had been flooded due to a leak. A towel had been placed around the base of the toilet bowl but the floor had a large puddle on it. The toilet had not been labelled as out of order and people could have slipped on the wet floor and injured themselves.

During our inspection we found that the water pressure was insufficient in some rooms to effectively flush the toilets. In one room we had to try four times before we were able to flush a piece of tissue away. In another room the toilet would not flush as the cistern would not fill. This toilet had been used by the person whose room it was. The inability to flush the toilet may have caused the person embarrassment or distress.

We saw that the handrail in the lift used by people was loose at one end. This meant that people could fall if they were holding on to the handrail and it moved.
Records

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

We looked at the care records of five people who lived at the home. We saw that the care records were in the process of being updated to a new format. This meant that some records were in a different format to others. Care workers who were unfamiliar with both formats, such as new staff members and agency workers, could find this confusing.

People's personal records including medical records were not accurate and fit for purpose. We noted that monthly reviews of people's needs and risk assessments had been recorded on a form at the back of the records. Any changes in people's needs or risks were recorded on this form. However, the relevant care plan or risk assessment had not always been updated.

In one record we saw that the care plan completed on 09 April 2013 stated that care workers should use a hoist to assist the person transfer from a chair to their wheelchair if they were having a bad day. The review that had been completed on 14 October 2013 identified that the person's health had deteriorated and they needed to use a hoist at all times. The care plan had not been updated to reflect this need. A care worker would therefore be unaware of this change unless they looked through the whole care record.

In the same record the care plan for nutrition had been annotated that it was no longer needed in 2011. The person had subsequently been identified as again being at risk of malnutrition and dehydration. A weight monitoring chart had been introduced and the person's weight was being monitored. The care plan had not been updated to reflect this but in the monthly review record it was stated that the care plan had been reviewed and was still appropriate.

We also noted that the record of the person's weight showed that between 02 July 2013 and 08 July 2013 they had lost 11.2 kilograms. This was clearly incorrect but the care worker who recorded it had not queried this.
Compliance actions

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

<table>
<thead>
<tr>
<th>Regulated activities</th>
<th>Regulation</th>
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<tbody>
<tr>
<td>Accommodation for persons who require nursing or personal care</td>
<td>Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010</td>
</tr>
<tr>
<td>Diagnostic and screening procedures</td>
<td>Cleanliness and infection control</td>
</tr>
<tr>
<td>Treatment of disease, disorder or injury</td>
<td><strong>How the regulation was not being met:</strong></td>
</tr>
<tr>
<td></td>
<td>The provider had failed to maintain appropriate standards of cleanliness and hygiene in relation to the premises. The provider failed to operate effective systems to prevent the spread of a health care associated infection.</td>
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<tr>
<td></td>
<td>Regulation 12 (2) (c) (i) and Regulation 12 (2) (a)</td>
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<table>
<thead>
<tr>
<th>Regulated activities</th>
<th>Regulation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accommodation for persons who require nursing or personal care</td>
<td>Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010</td>
</tr>
<tr>
<td>Diagnostic and screening procedures</td>
<td>Safety and suitability of premises</td>
</tr>
<tr>
<td>Treatment of disease, disorder or injury</td>
<td><strong>How the regulation was not being met:</strong></td>
</tr>
<tr>
<td></td>
<td>The provider had failed to ensure that people were protected against the risks associated with unsafe or unsuitable premises because they had failed to adequately maintain the premises and grounds of the home.</td>
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### Regulated activities

<table>
<thead>
<tr>
<th>Activity</th>
<th>Regulation</th>
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<tbody>
<tr>
<td>Accommodation for persons who require nursing or personal care</td>
<td>Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010</td>
</tr>
<tr>
<td>Diagnostic and screening procedures</td>
<td>Records</td>
</tr>
<tr>
<td>Treatment of disease, disorder or injury</td>
<td>How the regulation was not being met:</td>
</tr>
<tr>
<td></td>
<td>People were not protected against the risks of unsafe or inappropriate</td>
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<tr>
<td></td>
<td>care and treatment arising from a lack of proper information about them</td>
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<td></td>
<td>because people’s records relation to the care and treatment provided were</td>
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<td></td>
<td>not accurate.</td>
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<td></td>
<td>Regulation 20 (1) (a)</td>
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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 13 December 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:

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### 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.