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

The Royal London Hospital

Whitechapel Road, Whitechapel, London, E1 1BB

Tel: 02073777000

Date of Inspections: 21 November 2012
20 November 2012

Date of Publication: January 2013

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

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<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>Cleanliness and infection control</td>
<td>Met this standard</td>
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<td>Safety and suitability of premises</td>
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<th>Registered Provider</th>
<th>Barts Health NHS Trust</th>
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</thead>
<tbody>
<tr>
<td>Overview of the service</td>
<td>The Royal London Hospital is an acute hospital located in Whitechapel in the London Borough of Tower Hamlets. It provides a full range of general inpatient, outpatient and day case services, as well as maternity services and a 24-hour Accident and Emergency and Urgent Care Centre. The hospital forms a part of Barts Health NHS Trust. During this inspection we looked at care in the emergency department and care provided on two elderly medicine wards.</td>
</tr>
<tr>
<td>Type of service</td>
<td>Acute services with overnight beds</td>
</tr>
</tbody>
</table>
| Regulated activities      | Assessment or medical treatment for persons detained under the Mental Health Act 1983  
Diagnostic and screening procedures  
Management of supply of blood and blood derived products  
Maternity and midwifery services  
Surgical procedures  
Termination of pregnancies  
Treatment of disease, disorder or injury |
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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 reviewed all the information we have gathered about The Royal London Hospital, looked at the personal care or treatment records of people who use the service, carried out a visit on 20 November 2012 and 21 November 2012 and observed how people were being cared for. We checked how people were cared for at each stage of their treatment and care, talked with people who use the service, talked with carers and / or family members and talked with staff.

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

As part of our inspection we looked at care in Accident and Emergency (A&E) and two elderly medicine wards. We observed staff speaking with patients politely and with respect. Most people who spoke with us were satisfied with the quality of care offered to them. One person told us, "nursing care is terrific, ever so kind, nothing is too much bother." Another patient said, "nurses treat me well, my treatment is explained (...)."

Patients were able to express their views and were involved in making decisions about their care and treatment. People felt nursing and medical staff were "kind" and explained treatments to them. Care and treatment was planned and delivered in a way that ensured patient's safety and welfare.

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

Patients and their relatives told us they liked the new building, however they found it confusing because of the lack of signs.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard most of the time. However staff did not always receive appropriate supervision and appraisal.

There was an effective complaints system available. Comments and complaints people made were responded to appropriately.

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 22 January 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

<table>
<thead>
<tr>
<th>Respecting and involving people who use services</th>
<th>Met this standard</th>
</tr>
</thead>
<tbody>
<tr>
<td>People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run</td>
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</tbody>
</table>

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected. 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

**Emergency Department**

Patients understood the care and treatment choices available to them. We observed staff speaking to patients with respect. Most patients told us staff explained procedures and what would be happening next.

We observed staff treating patients with dignity. Nurses and doctors closed the blinds in the cubicles during physical examinations. Staff gave us examples of how they cared for people from various cultures and religious backgrounds. Medical and nursing staff were aware of cultural needs of the local population, including the needs of a large Bengali community. This included respecting people's religious beliefs. Staff would sometimes use interpreters, when they were treating patients who were not able to communicate in English.

Patients expressed their views and were involved in making decisions about their care and treatment. Patients were given appropriate information and support regarding their care or treatment. Patients had access to various leaflets related to minor injuries and other medical conditions. One patient commented, "staff tell me what is going on and what will happen next." Another person said, "all staff have been friendly and kind. No problem at all with staff – just poor communication about where I should be."

**Elderly Medicine**

Patients told us staff treated them with respect and dignity. One person told us, "nursing care is terrific, ever so kind, nothing is too much bother." Another patient said, "nurses treat me well, my treatment is explained, the occupational therapist is helpful, I do lots of walking. Nurses talk to me, food and drink is so good. The staff are wonderful but when it is busy you have to wait your turn, but really they are very good." There were separate male and female bays on both of the wards we visited. Every patient's bed had a curtain
which could be pulled around to ensure privacy. We observed staff using these and people told us this was a common practice.

Staff were able to explain to us how they obtained patients' consent and said they asked patients for their consent when providing personal care. We observed staff talking to patient's first before attending to them. Staff addressed patients by their preferred names.

Patients were given appropriate information and support regarding their care or treatment. This was confirmed by those who spoke with us.

Patients were able to express their views and were involved in making decisions about their care and treatment. During our interviews with patients, one person told us that they were "looked after well" but they were unhappy about the food, because despite always ticking the food order for Halal meals they did not always receive them. We checked a sample of individual care plans to check whether staff recorded people's preferences. Not all documents seen by us contained information about people's ethnicity, religion practiced and information relating to their dietary needs.
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

Emergency Department

We received positive feedback from patients and their relatives who visited the department on the day of our inspection. People felt nursing and medical staff were “kind” and explained treatments to them. One patient told us, “all staff we spoke to have been very friendly. They have explained everything every step of the way. Nurses and doctors have given us very good explanations. We have felt comfortable to ask questions if anything wasn’t clear.” Another person told us, “the nurses are brilliant. There are lots of different doctors and sometimes it feels like they don’t always know when the treatment is due and if and when I am going home. I am being really well looked after but I do want to go home.” Someone else commented, “staff have been very attentive at all stages.”

Care and treatment was planned and delivered in a way that ensured patient’s safety and welfare. Triage nurse assessed patients on arrival and most of the patients were seen and treated within four hours of arriving at the department.

Patients' needs were assessed and care and treatment was planned and delivered in line with their individual care plan. Staff were able to explain what steps they took to assess people’s condition when they were presented at the emergency department. They showed us how they planned care for each patient, which described the person’s symptoms, their diagnosis and what treatment was planned for each person. All records were kept electronically, which meant staff were able to access information from various parts of the department. Medical and nursing staff found this to be very beneficial as this allowed them to access patient records without delay.

There were arrangements in place to deal with foreseeable emergencies. Staff were aware of what action to take, in case of unplanned emergencies. The department also had security officers, who monitored the safety of the premises. The Trust had a policy in place to deal with serious emergencies, such as terrorist attacks. As the department is one of the major trauma centres in London, staff were trained in dealing with serious trauma cases.

Nursing and medical staff told us they involved patients as much as possible in the care planning. They would also update people about progress of their treatment. When necessary they would involve interpreters for patients who had difficulties in communicating in English.
Elderly Medicine

Patients and their relatives who spoke with us on the two elderly medicine wards told us they were satisfied with the quality of care provided. One visitor explained to us the occupational therapist had spent time with their friend in the kitchen area on the ward to see if the person was able to cope in their own kitchen at home.

Another relative told us they were very pleased with the care their mother was receiving. In particular the way the relative was involved in decisions and plans for their mother. The relative told us, "the staff would phone and email me outside of visiting hours when necessary."

Patient’s needs were assessed and care and treatment was planned and delivered in line with their individual care plan. Patient’s files contained risk assessments which were reassessed regularly. These included pressure area assessments, bedrail assessments, manual handling and nutritional risk assessments if applicable. Staff were aware of each person's medical and nursing needs. There was a board in the nurses room which displayed the names and some details of each patient with a named nurse for each patient. Staff attended also multidisciplinary meetings, during which different professionals discussed each patients' progress and their discharge plans. This included ensuring that elderly and frail patients were not discharged home without appropriate care packages and support.

Peoples’ needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We checked a selection of care plans, which showed staff recorded what they did for each patient, including providing of personal care and all nursing and medical interventions.

There were arrangements in place to deal with foreseeable emergencies. Patient's allergies were clearly identified on drug charts and people had identification wrist bands. Staff attended resuscitation training regularly.
Cleanliness and infection control

Met this standard

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

Our judgement

The provider was meeting this standard.

People were cared for in a clean, hygienic environment.

Reasons for our judgement

Emergency Department

There were effective systems in place to reduce the risk and spread of infection. Patients and relatives we spoke with felt that the emergency department was clean and fresh. One person told us, "The area is very clean – it's a new building so you would expect it to be clean." One member of nursing staff commented, "I find the equipment and the cleanliness of the hospital impressive given the other hospitals I have worked in."

The sinks had antibacterial hand wash and hand gels were available in the department. Staff washed their hands before and after they met with patients. They also wore gloves and aprons where appropriate. Staff who spoke with us were aware of the importance wearing protective clothing and observing hygiene. We saw that the infection control lead and the matron audited clinical areas regularly.

Green labels were placed on surfaces and equipment with the date and name of the person who had cleaned them. Waste was disposed of using the appropriate bags for general and clinical waste. This also included disposal of sharps, such as syringes. There were domestic staff working on the ward to ensure all areas and equipment were clean and hygienic.

Elderly Medicine

Patients were cared for in a clean, hygienic environment. Patients and their relatives we spoke with on both wards told us the environment was always clean. One person told us, "they are always cleaning."

Surfaces and equipment were clean. All toilets and bathrooms were clean and well stocked with hand wash, gels and paper towels.

Nursing staff, doctors and other health care professionals adhered to infection control practices. We observed staff washing their hands after dealing with patients. All wards had disposable gloves located at different places. Nurses, care workers, doctors and domestic staff used them and then disposed of them in bins after one use.

Both wards had separate rooms, which could be used for caring for people with infections,
such as Methicillin Resistant Staphylococcus Aureus (MRSA) or Clostridium Difficile (C Diff). This meant that patients could be nursed in isolation.


**Our judgement**

The provider was meeting this standard.

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

**Reasons for our judgement**

Both the emergency department and the elderly medicine wards have recently been moved to the new premises, located in a purpose-built building.

**Emergency Department**

Patients and their relatives felt the environment was a great improvement comparing to the previous emergency department. One patient told us, "It's lovely. I came here two years ago with my daughter and it was horrible. It's much better now." Relatives of another patient said, "we are very impressed with the environment – there are lots of things for the children to do and lots of toys which makes it quite a pleasant experience."

Patients and their relatives did comment, however, on the lack of signs, which made moving around the area difficult. All felt the signs in the hospital were confusing, especially the green arrow system. Some patients stated they had used the old hospital and found the signs less confusing. One of the patients commented, "I was given a yellow card and waited in the injuries section but no one called me and people who arrived after me were seen before me. I found it all a bit confusing. The signs aren't very good and there is poor communication. This is not a complaint but I didn't know what to do and it was quite hard to find out where to go." They added, "I've been here about an hour but think I would have been seen already if I had known where to go." Another patient said they thought the premises were "very clean and bright but no signs."

Staff told us the new building was a great improvement comparing to the old site. One member said, "the new building is excellent compared to the last one." The provider may find it useful to note that staff did comment about the lack of a communication system, which would allow them to summon other medical staff in case of an emergency. Staff told us they would need to shout across the department to ask for any emergency assistance from their colleagues. They also said that because of the layout of the premises and having to work in a much larger area without additional members of staff, communication with other colleagues was much more difficult. We noted that some senior members of staff were able to use a two-way handheld internal communication handsets.

**Elderly medicine**

Patients and relatives felt the new environment was pleasant and it allowed patients to be
cared for in a place which had plenty of room to move around and afforded them privacy. Patients were accommodated in bays which were either for females or males only. Individual rooms were also available.

Staff who spoke with us said the environment was good to work in, however they felt the premises were not used to their full potential. For example, staff told us the bath on one of the wards had never been used and the room was being used for storage. They also felt the premises could be made less clinical. Nursing and medical staff also told us they would have liked to be allowed to put more leaflets and information, such as leaflets about complaints, services offered and information about most common health conditions and about infection control.

Staff told the flooring was slippery, which made supporting older people with walking quite difficult.

Patients, their relatives and staff commented about the poor signs around the hospital. Staff told us they had to deal with visitors who were frustrated because they could not find their way to the ward because of the poor signage around the premises.
Supporting workers

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 supported to deliver care and treatment safely and to an appropriate standard most of the time. However staff did not always receive appropriate supervision and appraisal.

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

Emergency Department

As part of this inspection we spoke with various nursing and medical staff working in the emergency department. Staff told us they enjoyed working there. One member of staff told us, "working down here is amazing." Staff told us they were supported by their more senior staff from within the department, although most of them felt there could be more support from the senior management. Staff felt that because of the targets, there was very little time for clinical supervision. One member of staff commented, "I don't get as much clinical supervision as I would like. Some people get more supervision than others. It feels selective." One doctor told us they did not have regular clinical supervision sessions but they could ask for it when they need it. They told us they had ward round meetings twice a day and teaching meetings once a week during which they could ask for support.

The trust’s management confirmed it did not currently have a single documented policy on nursing clinical supervision, however they felt there were "many opportunities both formal and informal for the principles of clinical supervision to be used."

Staff told us they used mutual support as a way of dealing with stress and workload pressures and if they received abuse from patients. A member of a nursing team said, "I always feel there is support. There are always senior staff on duty and staff work well together. My line manager is efficient and very supportive." Another nurse told us they received their one to one supervision sessions when they asked for them, as "managers were very busy". They could not remember when they had their last supervision meeting. One person felt there has been an improvement in supporting staff. They commented, "I have clinical supervision approximately every month. The next one is booked already so I always know when I am next due supervision. I do feel supported, more now than when I first started."

Staff told us there have been some staff vacancies and the department was using agency nursing staff when needed. New nurses were being recruited on the day of our visit to the department. We spoke with one of the agency nurses and they told us they received an
excellent reception when they arrived and they were given a tour and all the key information they needed before they started working with patients. Each new member of staff received an induction before starting work in the emergency department. Staff received appropriate professional development. Nurses and medical staff told us they were able to attend regular training. Staff were able, from time to time, to obtain further relevant qualifications.

Elderly medicine

One of the patients told us, "staff seemed well trained".

We spoke with staff about their work and whether they received adequate support. Staff who spoke with us said they received very little clinical supervision because of the pressures at work. Staff also told us when a member of nursing staff went on sickness leave, they would not get a replacement staff, as they believed this was the Trust's policy. Staff told us they would come into work when feeling unwell, rather than letting their colleagues down. When we visited the second ward, staff told us, they would get a replacement if a member of staff called in sick. This showed that there were inconsistencies in how two wards were being run. Staff told us they did not have team meetings, because of the lack of time.

Nursing staff told us they were often racially abused by patients and they told us that because of the lack of supervision, they got used to working in those conditions rather than reporting them to senior managers. Staff told us they felt unsupported by the senior management team.

Staff commented they were able to access regular training, which was relevant to their jobs.
Complaints

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available. Comments and complaints people made were responded to appropriately.

Reasons for our judgement

Emergency Department

As part of our inspection we look at the Trust’s complaints systems. Patients and their relatives told us they would feel confident about complaining, should there be a need to raise any issues.

Nurses and doctors told us they encouraged and supported patients to make complaints, if they wished to. One doctor told us they encouraged people to complain if they felt they needed to. They told us they would send people to Patient Advice and Liaison Service (PALS) if they were unhappy about their care or treatment. The Patient Advice and Liaison Service (PALS) is one of the first points of contact for any service user or relative with concerns or complaints.

We contacted the PALS office and we asked them about the number of complaints received in relation to the accident and emergency department (A&E) and Care of the Elderly Services. They told us that there were a total of 132 reportable complaints concerning A&E and Care of the Elderly Services in the Royal London Hospital from October 2011 to November 2012. Of the 132 complaints, the majority of the concerns, 130, related to A&E Services and just two related to Care of the Elderly Services. The highest areas of concern for A&E service users were around diagnosis and treatment (49%) and Communication (29%).

We also asked for and received a summary of complaints people had made and the provider’s response. These showed that the trust took complaints seriously and investigated any complaints without delays. People’s complaints were fully investigated and resolved, where possible, to their satisfaction.

Staff told us their managers encouraged them to report incidents. One doctor told us, "there is a culture in the NHS not to report incident but here you are really encouraged to report incidents. But there is no feedback after you’ve reported something and I don’t know how to find out what happened as a result of my reporting."

Staff also felt comfortable with raising any concerns. One nurse told us, "I would raise poor practice concerns if I had any. I am aware of the whistleblowing policy." Another nurse told us, "I would feel comfortable to raise concerns. I know there is a whistle blowing policy. I’ve never read it but I’m sure I could find it if I needed to. I know the policy is there to
protect us."

Elderly Medicine

People had their comments and complaints listened to and acted on, without the fear that they would be discriminated against for making a complaint. Patients and their relatives told us that would feel comfortable about complaining if they felt the quality of care was below their expectations.

Patients’ complaints were fully investigated and resolved, where possible, to their satisfaction. We spoke with one relative who had raised some complaints and the staff working on the ward were able to demonstrate to us they dealt with the complaint quickly and efficiently.
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.

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<thead>
<tr>
<th>Regulated activities</th>
<th>Regulation</th>
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<tbody>
<tr>
<td>Diagnostic and screening procedures</td>
<td><strong>Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010</strong></td>
</tr>
<tr>
<td>Treatment of disease, disorder or</td>
<td></td>
</tr>
<tr>
<td>injury</td>
<td><strong>Supporting workers</strong></td>
</tr>
<tr>
<td></td>
<td>How the regulation was not being met:</td>
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<tr>
<td></td>
<td>The provider did not always have suitable arrangements in place in order</td>
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<tr>
<td></td>
<td>to ensure that staff were appropriately supported in relation to their</td>
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<tr>
<td></td>
<td>responsibilities, to enable them to deliver care and treatment to patients</td>
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<td></td>
<td>safely and to an appropriate standard, including receiving appropriate</td>
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<td></td>
<td>supervision and appraisal.</td>
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<td></td>
<td>Regulation 23(1)(a)</td>
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</tbody>
</table>

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 22 January 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.
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 dentists and other services at least once every two years. 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 but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

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. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. 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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<th>Outcome</th>
<th>Regulation</th>
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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.
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**(Registered) Provider**

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

**Regulations**

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

**Responsive inspection**

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

**Routine inspection**

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

**Themed inspection**

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