

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

South Tyneside District Hospital

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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
Safeguarding people who use services from abuse	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	South Tyneside NHS Foundation Trust
Overview of the service	South Tyneside District hospital provides a range of inpatient and out-patient services such as medical, surgical, maternity and children's services, alongside emergency care for the people of South Tyneside and surrounding areas. The hospital has 390 beds.
Type of services	Acute services with overnight beds Community health care services
Regulated activities	Diagnostic and screening procedures Family planning Maternity and midwifery services Nursing care 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 South Tyneside District Hospital, looked at the personal care or treatment records of people who use the service, carried out a visit on 16 October 2012 and 17 October 2012 and observed how people were being cared for. We talked with people who use the service, talked with carers and / or family members and talked with staff.

What people told us and what we found

The atmosphere on the wards and departments throughout our visit was calm and controlled. Staff were busy but were able to meet the needs of patients in a timely way. Ward areas appeared clean, well maintained and generally free from clutter.

We found that patients' needs were assessed and their treatment plans were discussed with them. Patients told us they felt well informed about what was happening with them regarding their care and discharge arrangements.

Overall people told us the care and treatment they received was good.

Staff told us they felt supported by their colleagues and management of the hospital and there were systems in place to ensure training and professional development at all levels.

The hospital had a thorough system of checks to monitor the quality of the care provided at ward level and there was a clear route to ensure that any issues were raised to Board of Directors level if required. Complaints were monitored and dealt with systematically.

You can see our judgements on the front page of this report.

More information about the provider

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

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

we use in the report.

Our judgements for each standard inspected

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.

The hospital ensured patients rights to dignity were upheld, they promoted choice for patients and provided information about patients treatment or condition.

Reasons for our judgement

We looked at the information we held about the Trust from external surveys and reports from other agencies. The majority of the information we had regarding this outcome showed that the Trust was at the same level as other similar Trusts. We did have some information from a survey we undertook of adult inpatients and outpatients patients where people had raised issues. These included privacy, post operative information and attitude of staff. These issues were looked at as part of this inspection.

During our inspection we looked at a number of wards and departments including Ward 2, Ward 3, Ward 6, Ward 8, Ward 20, Emergency Assessment Unit, Accident and Emergency, Outpatients and the Moorlands Day unit.

We looked at what the hospital did to make sure people's dignity was maintained. Staff told us about the role of the members of staff who were the designated Dignity Champions for the wards. Staff told us issues relating to treating patients with dignity and respect were regularly discussed at handover sessions and at staff meetings. Staff gave us examples of good care practices that promoted patients dignity and privacy. For example, in one case staff told us one patient who had memory problems and often took their bed cloths off was placed in a single room to promote their dignity. One domestic staff member told us, "I always knock on patients' door before going in, even if the door was open or had a "vacant" sign on. I think it is important we give patients their privacy".

One patient on Ward 20 specifically spoke with us about staff's ability to respond promptly when patients press the buzzer for assistance. They told us "Staff can be busy at times, and when that happens it takes a long time for them to respond to the buzzer. I have had the occasional "accident" while waiting for staff to answer the buzzer, but they responded appropriately and treated me with dignity and reassured me. I am not complaining but they need more staff. They are excellent and I can't say a bad thing about them".

We observed a number of practices where patients were treated with dignity and their privacy respected. For example, we saw a number of instances where curtains were drawn round the bed and the window blinds shut when people were receiving intimate

personal care. We also saw that staff always knocked patients' door before entering. We noted that staff addressed patients according to the way individuals wished to be addressed. One patient on Ward 6 told us, "I have been here three times and every time they asked me how I wish to be called. I chose to be called by my first name".

We were told on Ward 2 by the ward manager and her deputy that they have closed the ward to visitors at times to protect people's right to privacy and dignity. If a patient on the ward needs personal care, there is only a curtain between them and the other people on the ward so visitors are aware of the processes being carried out. This meant that patient's privacy was being compromised so they place a notice on the door of the ward to warn visitors they may not enter at that time as patient care was being delivered. The ward clerk told us that she has explained to visitors why they have to wait sometimes and she said that they all understood.

A medical staff member we spoke with told us "I take patients and their relatives to a quiet room if I have a sensitive topic to discuss."

We observed a lunch time meal on Ward 8 and found that the meal time was not protected. Medication was dispensed at the same time as food. One patient we observed was interrupted by two members of staff whilst they were eating to have their blood sugar levels monitored and their medication given. This approach to mealtimes did not ensure people were treated with respect and given an opportunity to enjoy their meals. This was raised with hospital staff during the course of this visit who told us it would be addressed immediately.

We found people could exercise choice about their care. South Tyneside District hospital was part of the NHS nationwide Patient Choice programme meaning people could choose to have their treatment from a specialist at any hospital following referral by a GP using the Choose and Book telephone and online service.

One male nurse told us all patients had the option of a male or female nurse to look after them. This meant patients had the opportunity to state their preferences with regards to who should provide them with intimate personal care.

The hospital provided a range of information for people. On Ward 8, the specialist stroke unit, we saw a range of leaflets available for patients and their relatives. Titles included "Your feelings after a stroke" and "What is a stroke". People we spoke with commented "I know what treatment I'm going to have" and "The options were explained to me".

Patients were provided with an information booklet when they left the hospital with information about strokes and practical advice for care after their stay. The ward had recently produced a film about stroke for patients who stay on the ward and their family. The DVD will be given out with the booklet to all patients who have been diagnosed with a stroke. Upon discharge people were sent a questionnaire asking them their opinions of their stay on the ward. The response rate was 54% for the most recent report and all feedback on services on Ward 8 were positive. The one negative comment was regarding the experience from Accident and Emergency and this was shared with the relevant manager of that unit to action.

Patients' experiences were measured across all patient services at South Tyneside District hospital by an annual rolling programme of obtaining feedback and improvements plans which were based on patients' comments. We saw evidence that the Board of Directors at

the Trust were given monthly reports on patient experience.

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

Our judgement

The provider was meeting this standard.

Patients using the service receive effective, safe and appropriate, care treatment and support that ensures their specific and individual needs are met and their rights protected.

Reasons for our judgement

Across the hospital wards we visited, people had positive comments about their care experience and described staff as "attentive and friendly". One visitor told us, "It's been faultless. The staff have been lovely and kept us informed. They're always busy but when she needs help they've been there. "One patient commented," The staff do everything they can. I can't fault them." Another person told us, "I've only been on this ward a short time but the care and attention has been very good."

We found the views of patients were sought and were regularly updated about progress and if there was going to changes to their treatment plans. Patients told us the nursing and medical staff gave them information about their condition and they were given "plenty" of opportunity to ask questions and have their questions answered in ways that they understood.

Care plans reflected the individual needs of the patients and all entries we read had been signed and dated by staff. On Ward 3 we looked in-depth at two people's care records. This was a surgical ward so the records included medical details and treatments. The care records included signed consent to treatment by people. We found the care records also included assessments and care support people needs such as mobility and falls.

On Ward 20 we looked in depth at the care files for two people. We saw there were assessments of people's needs, including medical, personal and mobility needs. There were risk assessments and guidelines for staff to follow if people were at risk of falls. The care records included details of the person's expected discharge from hospital and what support needs they would require on discharge. This meant all the staff knew how to support each person.

The provider is asked to note on Ward 8 notes contained a section labelled "Goal Planning". This section contained notes from multi-disciplinary team meetings and not "goals" as the title suggests. Also the Waterlow (pressure ulcer assessment) form was illegible due to the amount it has been photocopied. This meant staff were completing the forms without actually being able to read the questions.

There was effective working as a multi disciplinary team. We saw good work with the Speech and Language Therapy team on Ward 8. Each patient was reviewed and flagged

with a traffic light code. This enabled staff to know what level of treatment the patient required and which team they were working with, for example, physiotherapist, speech therapist. Patients had a colour placed behind their bed for staff to be visually aware also.

There were effective arrangements for safe and planned discharges in place. The ward manager on Ward 20 demonstrated the clear processes for supporting people towards their discharge. A cluster meeting was held every morning to discuss each person's progress, and a medical decision meeting was held to make sure people were medically fit for discharge. These meetings included all health care professional involved in the person's care, for example, occupational therapists, social workers and mental health liaison nurses. Discharges only took place after they were agreed at least one day in advance with the persons' main carer. On Ward 8 we also saw discharge notes with a follow up section with written information around appointments with consultants, speech therapists and physiotherapists.

This meant each person's expected discharge and future care arrangements were carried out in a planned way.

People were generally kept informed about their treatment.

We spoke with five patients and three visitors on Ward 3. All the patients we spoke with confirmed that they had been kept informed about their treatment and when they were likely to be discharged. One person said, "Even though I came in at the weekend I've been seen by the consultant three times. They told me what tests I was going to have and when I could go home."

One person told us, "The care has been very good. I've had physio and I'm waiting for a place at another hospital. They're keeping me up to date with what's happening and I know I'll be discharged when there's a place ready for me."

We spent time in the Outpatients department where we saw a welcome desk which was staffed by trained members of the voluntary sector who provided people with advice on where to find individual clinics and toilets and telephones etc. We also saw there was large televisions sited near clinic reception areas that staff told us could be programmed to inform people about delays in clinics. We noted that these screens would not always be visible to everyone waiting and that a large scrolling information board was not working. People waiting told us that staff usually informed them about any delays but several people raised the issue that in a busy and noisy waiting area, people could not always hear when the nurse was calling peoples names for them to enter the clinic. We raised this issue around improving the communication systems in the Outpatients department with hospital managers during the course of our visit.

The care environment had been adapted to meet the specific needs of patients in some areas. Some of the people on ward 20 also had dementia-type needs. This ward had introduced some measures to support the specific needs of older people and people with dementia. These included colour contrasting crockery, rummage activity bags, staff training by the Alzheimers' Society, and close links with Age Concern who contacted people after they returned home to arrange shopping or advice for them.

We saw there were good levels of observations by staff and there was visible presence of staff on Ward 20 to attend to people quickly. We saw staff responded efficiently when patients used their call alarms. One patient told us, "The staff are so patient with people who are confused. They can't watch us all the time but they come as soon as they can when I press the buzzer."

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

Our judgement

The provider was meeting this standard.

We found that systems were in place to minimise the risks of patients from being harmed, and to report alleged abuse.

Reasons for our judgement

We looked at the information we held about the Trust from external surveys and reports from other agencies. The majority of the information we had regarding this outcome showed that the Trust was at the same level as other similar trusts. There was one issue from local information regarding how safe people felt (both patients and staff) from other patients. This issue was looked at as part of this inspection.

The Trust had a Patient Safety team with a named nurse for child protection, a designated Looked After Children's nurse and a lead nurse for adult safeguarding. The patient safeguarding team provided training, advice, support, and supervision regarding all safeguarding cases. Staff we spoke to across the hospital site knew there was a safeguarding nurse lead and how to contact them.

The Trust was represented at a strategic level on multi agency Safeguarding Adults Boards and relevant subgroups across South Tyneside, Gateshead and Sunderland and the Director of Nursing and Patient Safety told us there were good partnerships in place with all statutory agencies working in safeguarding. We were also told about a new initiative called "Choose Safer Care" where any incident of harm to a patient (such as a fall or pressure ulcer) would be investigated by the Patient Safety team using a Root Cause Analysis framework and questionnaires to staff and patients in the immediate area to ascertain how they felt about patient care and safety on their specific ward or department.

The Trust regularly reviewed safeguarding incidents and procedures and a quarterly report on patient safety was discussed at Board level. We saw a report from a recent incident where an elderly patient with dementia had been able to leave the ward and hospital site unobserved. There was a thorough investigation into this incident with learning points and follow up actions cascaded throughout the hospital to reduce the risk of a similar incident happening again.

On Ward 8 we saw there were policies and procedures on how to safeguard people from abuse were available on the ward and on the staff intranet.

We spoke with a number of staff. All had a good understanding of their roles and responsibilities in identifying and reporting abuse, although they all needed some prompting about the roles of other agencies within the process.

We observed that there was information about patient's rights on display on the ward.

On Ward 2 Staff told us they have in the past raised safeguarding alerts following on from assessments when patients have come from care homes and staff felt there were reasons for an alert to be raised. Staff from the physiotherapy team at the Moorlands day hospital also told us that they had made a safeguarding referral and were given confirmation that this had been taken forward.

Staff were aware of DOLs (Deprivation of Liberty safeguards). This meant assessing people to see if they can make their own decisions and assessing the risks of them leaving the hospital. The ward manager on ward 20 demonstrated she was fully aware of the DOL safeguards and had experience of making DOLs applications where appropriate. This showed us the hospital staff were clear about the importance of upholding people's rights as well as protecting their safety.

We saw in most areas there was relevant information displayed about keeping people safe and also about patient rights.

The patients we spoke with (on wards 3 and 20) told us staff were "friendly" "patient" and "have a lovely attitude".

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

Our judgement

The provider was meeting this standard.

The Trust ensured all staff working at the hospital had opportunities for informal supervision and support to enable them to be confident and competent in their roles. The Trust also ensured people received training appropriate to their role.

Reasons for our judgement

We asked the Director of Nursing and Patient Safety about how the hospital made sure staff were as safe as possible following a recent staff survey where concerns were raised over increased levels of physical violence. She told us that the safeguarding lead worked with the hospital security staff who were the first response team to any incidents on the site. The security lead staff also worked with the police and other agencies and all staff including those on reception areas were trained in customer care which included conflict resolution. We saw that the Trust had developed an action plan in response to these issues.

Staff received an appropriate induction at the hospital. We discussed the induction procedure with a new member of staff who told us that they received a hospital induction as well as ward level supervision as they were recently qualified as a nurse. Staff told us they received a corporate induction which was a 3 or 4 day programme as well as a local, on-the-job induction carried out by their line manager when they start work in their new post, providing departmental and job role specific information. On Ward 2 we spoke to a new member of staff. They confirmed they had received a standard induction from the Trust. Additionally, they confirmed they were receiving supervision from the unit manager and felt this helped in getting to know how they fitted into the ward structure. They also confirmed there were regular staff meetings and they were formally recorded.

We saw that the hospital had a comprehensive training matrix in place that covered non-clinical staff, ancillary staff and clinical staff for safeguarding both children and adults. Training for staff included infection control, managing conflict, moving and handling of patients and resuscitation. On Ward 20 we spoke with the ward manager about safeguarding vulnerable adults and the training that staff had. She told us all staff members had completed training in safeguarding vulnerable adults. There was a record of training in the office to confirm this. Staff confirmed they had received training in safeguarding people and would know what to do if they suspected any abuse or potential abuse. About a third of the staff on ward 20 had more in-depth training in safeguarding provided by the local authority and this was on-going for remaining staff.

Staff received appropriate professional development. We examined staff training records and found staff had received training in variety of areas to maintain their professional

development. Training staff mentioned to us included safeguarding vulnerable adults and children, Mental Capacity Act and Deprivation of Liberty safeguards, equality and diversity, and dementia awareness.

Staff told us they felt supported by colleagues and senior management. We spoke with nurses who had recently completed their nurse training (called perceptorship) and were on placement on the wards for their management experience. They all told us the nurses, doctors and staff from other departments in the hospital had been supportive of them with their training. One staff member (perceptorship) told us "I have my learning contract and I have been allocated a mentor and co-mentor to ensure there was always a competent qualified staff to guide me through my learning objectives". All the other perceptorship and student nurses we spoke with expressed the same views.

Other staff we spoke with, including domestic staff, receptionists, staff nurses, student nurses and newly qualified nurses told us they received good support from the Trust and from the ward managers. One nurse told us, "I get good support and they have been able to work around me during recent bereavement". Another staff member told us, "They are very understanding and a good team to work with".

We spoke with one junior medical officer about training and support. They told us that there was lack of support for them a year ago, but this year the training and support she received from their supervisor and other senior medical staff was "excellent". They told us, "I am really happy with all the training and support I get here. I no longer have to work beyond my areas of competence."

Another Foundation Year 2 medical staff on Ward 8 who told us "I've felt supported since I started here, I can approach the Consultant doctors with any concerns and they don't mind at all".

The managers of all wards were positive about their role and expressed satisfaction with their roles and the good support they received from the modern matrons and senior officers of the Trust. Ward managers told us they had no problems with having direct access to senior management for support and advice. One manager told us, "There is support from colleagues and senior management. We have ward managers meetings and also governance meetings. This enables us to receive peer support from each other".

The hospital ensured there were processes in place for staff to be supervised and supported and there was a recorded appraisal system in place.

On Ward 8, staff confirmed they each received a Knowledge and Skills Framework (KSF) which was an annual appraisal. We spoke to a medical member of staff. They confirmed they received a good standard of supervision and had confidence in approaching the consultant about issues around their personal development. On Ward 3, staff we spoke with told us they had staff meetings where ward issues were discussed and minutes were taken for those who could not attend. Every person we spoke with told us that their manager had an "open door policy". On the Emergency Assessment Unit staff told us; "The matron has carried out unannounced observations of practice, if a member of staff has performance issues she has carried this out twice a week".

The board of directors received monthly workforce performance reports which highlighted issues on training, staff turnover, KSF targets and sickness levels.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The quality of the service offered was regularly monitored and processes were in place that identified, assessed and managed risks relating to the health, welfare and safety of patients and staff.

Reasons for our judgement

We were told that information analysis and capture was a corporate priority, and the Board of Directors and various governance groups, which included representation from the Director of Nursing and Patient Safety, Medical Director and Head of Risk and Compliance provided feedback directly to the board. Documents provided showed that internal clinical issues were brought to the board and monitored to make sure that action had been taken.

Documents provided by the Trust showed how trends and themes of concern were monitored and acted upon by the clinical governance sub groups. The groups such as patient safety and risk management looked at a variety of risks and concerns from incident forms and complaints to target areas of significant concern. We saw minutes of these meetings where actions were clearly identified, delegated and given timescales for completion. There was also a monthly Incident Review Group, the aim of which was to review information relating to adverse events, including near misses, which would aid the Trust in focusing on improvements in safety. We saw from recent minutes of this group an example of how learning and improvements had been made in relation to retinal screening.

We spent time during the course of the inspection with the Head of Risk and Compliance discussing systems used by the Trust to assess and monitor the quality of the services being provided by the hospital. We discussed the issue of delays by the Trust in reporting notifications on the National Reporting Learning System during the course of the last year. We were told that this work had now been delegated to another department for more prompt action and we saw that for the two months that incidents weren't uploaded to the NRLS, systems were now in place to ensure that the Trust reports regularly on a twice monthly basis.

Wards and departments carried out a root cause analysis when any serious untoward incidents were reported and a complaints report was completed every three months. Complaint reports were broken down by each department area with major trends and themes identified and examined. Each area had an internal complaint response time target, and the report contained a lessons learned section. The Trust was able to demonstrate how complaints were followed up and if the follow ups resulted in

improvements or changes in working practices.

We spent time in the Accident and Emergency department of the hospital with the unit manager to review how at ward level the quality of the service provided was assessed and monitored. The unit manager described how they dealt with complaints or concerns raised as quickly as possible and that all staff were instructed to escalate any issue raised to a senior staff member at the earliest opportunity. She told us of a recent incident where a gentleman had complained that he had been called by his first name and he preferred staff to use his full title. All staff had been instructed to make sure they asked people how they preferred to be addressed.

We discussed how the unit participated in activity management which had highlighted that the unit was increasingly experiencing more patients coming in from 6.00pm at night. The unit had raised this through clinical governance routes and as a result the Trust had put in more staff from 4pm until midnight. This showed how the unit gained evidence to review and improve the service it provided.

The unit manager also told us of a recent audit that had highlighted issues for the team. A check on "Early Warning Scores" for patients where observations such as blood pressure and oxygen saturation levels should be carried out hourly showed that these had not always been recorded. The manager explained that she had emailed and discussed the findings of this audit with the team and asked them how recordings had been missed. The team came back with ideas to improve this and new approaches were implemented to make sure recordings took place. The unit manager felt staff now had ownership of this issue as it had been shared with them and they had come up with the solutions to rectify it.

The unit manager told us they worked closely with data management regarding national targets on people waiting in the department before an assessment. They received reports twice daily and they check the reason for any breach of this four hour target with staff to look for any issues or trends that may need to be addressed.

The hospital regularly sought the views of people using its services to get an opinion on the standard of care people were receiving. We saw feedback from a wheelchair clinic survey called "You Said ... We Will" that was carried out in May 2012 with 31 people who had used the service. People were asked about their experience of accessing the service, the advice they were given, how people felt listened to, privacy and dignity, the environment and infection control. We saw that where people had provided feedback the Trust had responded via an action plan. On the area of cleanliness, five patients responses indicated they did not notice the therapist washing their hands. The Trust responded via the action plan stating "clinical staff are to be more aware of demonstrating hand washing after each patient."

People could also leave feedback on their experience of South Tyneside District hospital on the Patient Choice website. We were told the Trust received an automatic alert when anything is posted on the website which goes to one of the Trust Directors. Where there is sufficient detail the Chief Executive Officer provides an immediate response which is uploaded to the site alongside the original comment. If there is insufficient detail the person who made the comment is asked to get in touch so the Trust can look into any comments in more detail and respond to them.

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 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:

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.

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