**Inspection Report**

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

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### James Paget Hospital

Lowestoft Road, Gorleston-on-Sea, Great Yarmouth, NR31 6LA

Tel: 01493452680

Date of Inspections: 28 November 2013, 27 November 2013

Date of Publication: January 2014

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

<table>
<thead>
<tr>
<th>Standard</th>
<th>Result</th>
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</thead>
<tbody>
<tr>
<td>Respecting and involving people who use services</td>
<td>Met this standard</td>
</tr>
<tr>
<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>Management of medicines</td>
<td>Action needed</td>
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<tr>
<td>Staffing</td>
<td>Met this standard</td>
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<tr>
<td>Assessing and monitoring the quality of service provision</td>
<td>Met this standard</td>
</tr>
<tr>
<td>Records</td>
<td>Action needed</td>
</tr>
</tbody>
</table>
## Details about this location

<table>
<thead>
<tr>
<th>Registered Provider</th>
<th>James Paget University Hospitals NHS Foundation Trust</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Overview of the service</strong></td>
<td>The James Paget Hospital provides acute services to a local population of around 230,000, with a significant proportion being over the age of 75. It provides a range of services including accident and emergency and maternity as well as general medical and surgical treatment.</td>
</tr>
</tbody>
</table>
| **Type of services** | Acute services with overnight beds  
Community healthcare service  
Dental service  
Hospice services |
| **Regulated activities** | Diagnostic and screening procedures  
Family planning  
Maternity and midwifery services  
Surgical procedures  
Termination of pregnancies  
Treatment of disease, disorder or injury |
**Summary of this inspection:**

- Why we carried out this inspection
- How we carried out this inspection
- What people told us and what we found
- What we have told the provider to do
- More information about the provider

**Our judgements for each standard inspected:**

- Respecting and involving people who use services
- Consent to care and treatment
- Care and welfare of people who use services
- Management of medicines
- Staffing
- Assessing and monitoring the quality of service provision
- Records

**Information primarily for the provider:**

- Action we have told the provider to take

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**About CQC Inspections**

**How we define our judgements**

**Glossary of terms we use in this report**

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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 27 November 2013 and 28 November 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members, talked with staff and reviewed information given to us by the provider. We were accompanied by a pharmacist, reviewed information sent to us by other regulators or the Department of Health, were accompanied by a specialist advisor and used information from local Healthwatch to inform our inspection.

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

During our inspection we spoke with 38 people who used the service and with 15 people visiting family or friends who were using the service on the two days we spent carrying out our inspection. During our inspection we visited a number of wards the accident and emergency unit and an outpatient's clinic. We also spoke with the members of the hospital board, the Chairman of the board of governors, the medical director and director of nursing and with 38 staff members.

People who used the service told us that they had been involved in their care and we saw that staff ensured people had consented before starting any care or treatment. We observed one staff member who asked "Could I check your skin," and another who asked for consent to help a person into their chair so that they could bring them food.

People were mostly happy with their care and treatment. One person told us, "It's really excellent, they are most caring." Another person we spoke with said, "My treatment has been pretty good, they are looking after me and feeding me well" and another person said that, "It's been nothing but a positive experience."

We identified some concerns over gaps in records and the ways in which medication was administered and recorded and have asked the provider to tell us how these issues will be resolved. We found that measures were in place to assess and maintain the quality of the service provided and to analyse and resolve any complaints or issues that arose.
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 23 January 2014, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

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

**More information about the provider**

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

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

Respecting and involving people who use services  ✔  Met this standard

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

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected and 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

During our inspection we spoke with 38 people who used the service and with 15 people visiting family or friends who were using the service on the two days we spent carrying out our inspection. During our visit we went onto wards 1, 2, 5, 6, 16, EADU, the Short Stay Medical Unit, the accident and emergency department and an outpatient's clinic.

People we spoke with told us that they were well cared for at the service. One person told us their stay in hospital had been, "Nothing but a positive experience" and another said, "I can't knock it at all, it's an excellent medical service."

We found that people were treated with dignity and respect. All of the wards that we visited contained single gender bays and curtains were pulled round at any time any care was being given or during discussions with medical staff and a red disc placed on the curtain as a warning for other staff not to enter. This meant that people's dignity was respected.

We found that people who used the service understood the care and treatment choices available to them, expressed their views and were involved in making decisions about their care and treatment. One person we spoke with told us, "I am aware as far as I know, that they have always kept me up to date" and another person said, "They always discuss the paperwork with me, so you know what's wrong and what they plan to do." One person we spoke with did say that they did not know why they were there (in hospital) and said that, "No-one has explained my care to me." However, on further investigation, we found that this person had short term memory issues.

During our inspection we looked at the care records of 28 people who used the service, including several for people that we had spoken with. We found that all records contained a care assessment and planning folder which detailed the individual needs of the person. These were completed with the person receiving the service wherever possible or with a close member of their family. This showed us that people who used the service were
involved in their care and treatment plans. People we spoke with were mostly aware of the plans in place for the future in terms of treatment and discharge.

People were supported in promoting their independence and community involvement and wherever possible were encouraged to wear their own day clothes. We found that the service respected people and took into account people’s diversity, values and human rights. Multi faith facilities were available for worship and where people followed a particular culture arrangements were made for suitable food to be available.
Consent to care and treatment

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 and where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

Reasons for our judgement

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

During our inspection we spoke with 38 people who used the service and with 15 people visiting family or friends who were using the service on the two days we spent carrying out our inspection. During our visit we went onto wards 1, 2, 5, 6, 16, EADU, the Short Stay Medical Unit, the accident and emergency department and an outpatient's clinic. We also observed staff as they carried out care and treatment.

On one ward, we observed a member of staff as they attended a person who used the service. They explained the care and treatment they were providing and said to the person, "Could I check your skin?" On another ward we observed staff asking for consent to help a person into their chair so that they could bring them food. This showed that the member of staff understood the need to confirm consent before any form of care or treatment.

People we spoke with told us that the nursing and healthcare staff explained to them what was planned. One person told us, "They told me when they planned to discharge me and when this changed the nurses kept me informed." Another person we spoke with told us that the staff, "Always explain what they are doing and check with me first before they do anything."

We looked at the care records of 28 people who used the service. These showed that people who used the service had provided written consent for medical treatment and/or surgical procedures. This was checked with the person before any treatment took place to ensure that the consent was still given.

We considered how the service managed situations where people did not have the capacity to consent, and found that in general the provider acted in accordance with legal requirements.
We spent time on one ward where many of the people receiving treatment lacked the capacity to make decisions for themselves regarding consent. The provider told us that in that situation a ‘best interests’ decision would be made by the lead clinician. However, we were concerned that staff did not have the necessary skills to seek informal consent relating to day to day decisions. We asked the provider for details of training in matters relating to the Mental Capacity Act (2005). The information provided related to the period January to May 2012 and did not provide us with evidence that all current staff had received appropriate training. However, we have now been informed that this training will form part of their mandatory training programme for 2014 and all staff are expected to attend.

Recent concerns had been raised relating to the documentation of ‘Do Not Resuscitate’ orders. We looked at the care records of five people who had been assessed as lacking capacity to make this decision. Although two of these had been completed with the family of the person, and therefore their consent, two others had been completed but contained no indication that the decision had been discussed with the families involved. The fifth document examined stated that the person did have capacity to make this decision but the decision had been made without consulting them. A note on the record stated this would be done ‘after the weekend’ but there was no evidence that this had happened. This meant that we could not be fully assured that at all times the necessary guidance or training was provided to staff managing or completing this documentation.
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

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

During our inspection we spoke with 38 people who used the service and with 15 people visiting family or friends who were using the service on the two days we spent carrying out our inspection. We spent time on a number of wards, in the accident and emergency unit and at an outpatient's clinic. We also observed staff as they carried out care and treatment.

People we spoke with who used the service were generally very complimentary. One person said, "It's really excellent, they are most caring." Another person we spoke with said, "My treatment has been pretty good, they are looking after me and feeding me well" and another person said that, "It's been nothing but a positive experience." This indicated to us that people were satisfied with the care and treatment they received.

We looked at the care records of 28 people who used the service. These contained an initial assessment booklet. This recorded the person's initial assessment of need, care plans to show how those needs would be met and risk assessments covering the risks of falls, malnutrition, pressure ulcers and the use of bed rails. These booklets were fully completed in the majority of cases, although some gaps were noted. The assessment booklet contained assessments relating to people's skin condition and their risk of developing pressure sores. Where the risk was noted as high, measures were in place to reduce the risk which included regular repositioning or turning and the risk assessment was updated daily.

The service used the malnutrition universal screening tool (MUST) to assess whether the person was at risk of malnutrition and if this were the case detailed actions necessary to reduce the risk. The MUST assessment was updated at least once a week when a person had been assessed as being at high risk. We were therefore satisfied that care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. Overall, we found that the care records were clear and centred on the person receiving treatment.
During our inspection we spent time carrying out short observations on wards 1, 2, 5, 6, 16, EADU, the Short Stay Medical Unit, the accident and emergency department and an outpatients clinic. This was over the busy lunchtime period. These observations showed that interactions between staff and patients were largely positive and that people who needed assistance with eating or drinking did receive the help they needed. The service used a ‘red tray’ system to identify people who needed help with their meals. We observed that the atmosphere over the lunchtime period was calm and relaxed. We also observed another ward during a medication round earlier in the day. We saw that staff responded quickly to people’s needs, promoted independence where possible and took people’s personal choices into account.

We noted during our second observation that the interaction of staff with one person was not as good as other examples we had observed. We looked at the care records for this person and spoke with staff. Although there were reasons for the person being somewhat withdrawn, and a diagnosed mental health issue, the provider might wish to note that staff did not appear to have the necessary communication strategies in place to help them in managing the behaviours and anxiety this person demonstrated.

During our inspection we spent time in the accident and emergency unit. We found that the unit was well managed and that people were receiving treatment mostly within defined targets. We spoke with five people on this unit who were receiving treatment and two relatives accompanying them. One person told us that the doctor, "Has explained everything to us." Another said, "The staff here have been really kind to me." We observed that staff ensured that pain relief was available to people when required and supported people when needed. We looked at the care records of the five people we had spoken with. These were up to date and contained the initial assessment and details of treatment given.

We noted that the accident and emergency unit linked into regular meetings to assess bed levels throughout the service. This ensured that people were moved onto wards as soon as it was possible, reducing where possible the time that people had to spend in the accident and emergency unit.
Management of medicines

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was not meeting this standard.

The service did not protect people against the risks associated with the unsafe use and management of medicines by means of appropriate arrangements for the recording, handling, using and safe administration of medicines.

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

To assess the management of medicines we visited wards at the hospital and we spoke with people who had been admitted to the hospital, to nursing and pharmacy staff. We looked at records of medicine-related incidents recently arising at the hospital.

People we spoke with who had been admitted to the hospital were generally complimentary about their treatment, how their medicines were managed and had few complaints. Most people said that they were provided information about medicines in a way that was useful to them by nursing staff. They told us they were provided with medicines including pain relief when they needed them without delay. However, we spoke with one person who was awaiting discharge from the hospital and who was delayed for several hours because their medicines they needed to take away had not yet been received on the ward.

When we spoke with nurses, they told us that pharmacy services provided on the wards include the checking of people's medicines within 24 hours after they were admitted and also the provision of medicine supplies to the ward. They said pharmacy staff rarely provided information to people about their medicines, however, a pharmacist we spoke with said a new referral system had been implemented to enable people to be provided information and counselling about their medicines. Pharmacy staff confirmed that not all wards were provided pharmacy services by a pharmacist on the ward. A senior nurse told us on one of these wards that as a result of this there had been no pharmacist checks of medicines to ensure people's medicines were being safely managed on the ward and that there were often long delays with medicine supplies when people were discharged.

Nurses told us how medicines could be obtained urgently and that regular supplies of medicines were ordered and received on the wards. When we looked at records we noted few people missed doses of their medicines. We noted there had been positive changes to prescription charts used on the wards and that generally record-keeping practices in relation to medicine administration were improved.
Whilst we were on the wards we noted that medicines including intravenous fluids were being kept safely and securely. However, staff told us that the combination codes used to access the rooms via door keypads were not changed. Medicine trolleys were locked when unattended by staff. However, we noted a number of medicines within trolleys that were available as loose strips and not properly packaged and labelled showing their batch numbers. On one ward we visited we noted there were many gaps in records of medicine refrigerator temperatures so we could not be assured medicines requiring refrigeration had been kept within the appropriate temperature range and were still safe to use.

We observed medicine administration during medicine rounds and noted good practice when nurses administered people their medicines. However, we became aware that sometimes medicines were found on the wards where people were given their medicines but did not take them and where people were not observed by nursing staff to ensure their medicines were properly administered. We also noted that when medicines were prescribed for occasional 'as required' use to be administered at the discretion of nursing staff there was a lack of written information available to assist nurses to administer these medicines appropriately. Where more than one medicine was prescribed in this way for the same stated circumstance, for example, 'for anxiety', there was no guidance about which medicine to administer in preference. We discussed this with nurses on duty who agreed that more written guidance was needed. In addition, we noted that when 'as required' medicines were administered, there was a lack of records indicating the circumstances leading to their use so we could not be assured that the use of medicines prescribed in this way was justified.

Senior nurses told us there were systems in place to monitor and improve the quality of medicine management at the service. However, staff nurses told us they were aware of the audits but did not always receive information about issues identified by the audits. We asked to see records of medicine related incidents arising recently at the hospital. We noted that there had been errors arising in relation to prescribing, medicine administration, stock control, controlled drugs and dispensing. Whilst the reports indicated that usually little or no harm to people had arisen, we considered that the health and welfare of people using the service had been placed at risk.
There should be enough members of staff to keep people safe and meet their health and welfare needs.

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

During our inspection we spoke with 38 people who used the service and with 15 people visiting family or friends who were using the service on the two days we spent carrying out our inspection. During our visit we went onto wards 1, 2, 5, 6, 16, EADU, Short Stay Medical Unit, the accident and emergency department and at an outpatient's clinic. We also observed staff as they carried out care and treatment.

At our last inspection in February 2013, we were told by the provider that a full review of staffing was being carried out. During this inspection we had identified some concerns over staffing levels within the service.

We spoke with a number of people who used the service. We noted that people provided positive feedback about the staffing of the service. Comments we received included, "Very good staff... I can't fault them," "Good staff but always very busy," "Really excellent, they are most caring," "There are enough staff to help me when I need it," "Can't fault them, they're angels," "The staff have been really kind and looked after me," and "Staff come quickly when you call them on the buzzer."

We spoke with 38 staff members including doctors, nurses and healthcare assistants and many of them told us that they were still under great pressure. One staff member said, "Care on the ward is good, but staffing levels can affect this. Bank staff are stretched." Another person told us that they felt they were, "Left to get on with it, there are not enough staff for supervision." Another staff member we spoke with told us that, "Sometimes there are not enough staff to turn people or give them a drink, particularly at weekends." Other comments from staff included, "It's alright but there are not enough staff to meet the needs all of the time," "We are often short staffed," and "My job is busier and harder now."

We looked at staffing numbers on the wards we visited as part of our inspection. These were generally satisfactory at the time we were there and in line with a 'safe' level defined by the provider in a recent staffing report submitted to the hospital board. However, one ward was, at the time we were there, understaffed and below this safe limit.

We discussed the staffing review and current position with some of the hospital board, the head of the board of governors and with the director of nursing. They acknowledged that...
they had suffered from a staffing shortage in recent times but outlined measures already in place to remedy this. This included the recruitment of over 40 new nurses in the past year, initiatives to attract doctors and consultants to the service and some joint initiatives with another local provider.

The director of nursing outlined plans that were being presented to the board to increase staffing levels further and acknowledged that further work was needed to look at non-qualified staffing levels. They confirmed that this would take place shortly. They told us that they were aware of some areas within the service where staffing pressures were higher and were putting in place measures to manage this.

We were therefore satisfied that, although we had continued concerns about the level of staffing in place, the provider was fully aware of this and had already taken steps to rectify the position along with plans to further improve the situation in the coming year. We were therefore satisfied that there were, or would be, enough qualified, skilled and experienced staff to meet people's needs.
Assessing and monitoring the quality of service provision

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 provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

Reasons for our judgement

During our inspection we spoke with 38 people who used the service and with 15 people visiting family or friends who were using the service on the two days we spent carrying out our inspection. Their feedback did not relate to this standard. We spent time on a number of wards, in the accident and emergency unit and at an outpatient's clinic. We also observed staff as they carried out care and treatment.

We saw that the Patient Advice and Liaison service (PALS) was clearly signposted at the main entrance to the hospital. The PALS helps and supports patients, relatives, carers and members of the public who need information about the health care system. We witnessed that there was a telephone line which directly connected to a member of staff from PALS, who advised that they would come to see us straight away, which they did. We were given a copy of the PALS leaflet and the complaints procedure leaflet. This meant that people who used the service were able to seek advice and support in relation to the health care system and were made aware of the complaints system.

We spoke with the complaints manager. They advised us that there were leaflets available which were given to people if they said they wanted to complain. These directed people to sources of independent support to make a complaint. We also saw a copy of a consent form which was sent out to people who wanted to complain on behalf of another person. This meant that people were provided with support to make a complaint.

We reviewed the complaints handling policy. We saw that complaints should be acknowledged within three days. We looked at the October 2013 data on the number of days it took for complaints to be acknowledged and found that the majority of complaints were acknowledged within one day and all complaints were acknowledged within three days. This demonstrated that complaints people made were acknowledged appropriately.

We noted that there had been a significant delay in complaints being investigated and responded to from July to September 2013. We reviewed the status of the current complaints and saw that there was one complaint which was made in September 2013. This had been investigated and was awaiting sign off by the Chief Executive Officer.
(CEO). We looked at the complaints made in October 2013 and found that four were awaiting sign off by the CEO, eleven had been investigated and were awaiting a final response to be written and seven were currently being investigated. This meant that the provider had identified that complaints were not being investigated and responded to in a timely way and had taken action to address this.

We tracked two complaints and saw evidence that they had been investigated. We saw that changes had been made as a result of these complaints being made. One of these changes related to an amended letter template and the other to a national patient information leaflet. This meant that changes to practice were made, when it was appropriate, following the investigation of complaints.

We looked at the system for the reporting of incidents, serious incidents and 'Never Events'. Never Events are serious, largely preventable patient safety incidents that should not occur if the available preventative measures had been implemented. We saw that serious incidents and never events were investigated using 'root cause analysis' (RCA). RCA investigations identify how and why patient safety incidents have happened. Analysis is used to identify areas for change and to develop recommendations which deliver safer care for people.

We saw that all incidents were all collated on a computer system. We reviewed three incidents, one of which was a never event and two of which were serious incidents. We saw that each serious incident had a RCA investigation which included an action plan. This clearly identified who was responsible for completing each action and by what date. We were told by a risk and governance facilitator, that completion of the action plans were monitored and updates were requested when necessary. We were shown that action plans were updated when actions had been completed. This demonstrated that the provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who used the service and others.

We reviewed the quality situation report, dated 29th November 2013, which had been written by the assistant director of governance, safety and compliance. We noted that the health and safety policy had been endorsed by the board of directors and signed off by the chief executive. We noted that a management review of health and safety had been conducted in August and thirty two internal audits had been completed by the health and safety team in 2013. We looked at three internal health and safety audits which had been completed. These covered areas such as management, risk assessment, manual handling, fire safety and equipment and machinery. We saw evidence that action plans were in place, following the audit, and that these had been updated when actions had been completed. We were also shown evidence of completed actions, for example a sharps risk assessment. This demonstrated that there was an effective process in place to identify, assess and manage risks to the health, safety and welfare of people who used the service and others.
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 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

People's personal records including medical records, staff records and other records relevant to the management of the services were not accurate and fit for purpose. Records were kept securely and could be located promptly when needed.

During our inspection we spoke with 38 people who used the service and with 15 people visiting family or friends who were using the service on the two days we spent carrying out our inspection. Their feedback did not relate to this standard. We spent time on a number of wards, in the accident and emergency unit and at an outpatient's clinic. We also observed staff as they carried out care and treatment.

We looked at a range of records including the care and medical records of 28 people who used the service, accident and incident records, medication records, theatre utilisation and management records, staff training information, staffing rotas and complaints information.

We found that the management information we were shown was to a high standard, was readily available and contained a detailed analysis where necessary. We found that some of the records relating to the care of people who used the service contained significant gaps.

On one ward we noted that the temperature of the medication fridge was not always recorded and that where an as required (PRN) medication was prescribed there was not always a rationale for its use. On one ward, more than one type of PRN medication was prescribed to a person with no guidance to staff regarding which should be administered first. This meant that staff may not necessarily know which medication should be used first or for a given situation.

We examined 28 sets of care records and although we found the assessments and plans of care were in place, some information on some wards was missing. For example, one record had not had the SSKIN pressure care assessment completed where a clear risk was present and on a SSKIN assessment that had been completed, the record of two
hourly repositioning contained a number of gaps indicating that this had not been done. Another record of two hourly repositioning as prescribed in a care plan showed this had not been completed between 02.00am and 06.00am. We looked at one record where a food chart was in place but found gaps in the recordings, on one day breakfast only was recorded and on another occasion, lunch was recorded but not breakfast.

We looked at the records for one person who used the service with a grade three pressure ulcer. There was no photograph of the pressure ulcer or plan of care for treatment. On another ward, a patient had been admitted with challenging behaviours. No information was available to the care staff in supporting this person when showing difficult behaviour or when refusing treatment or medication.

We therefore felt that the quality of information about people who used the service or to guide staff in providing their treatment and support must be improved. Although we were assured by the trust that there were systems in place deliver appropriate levels of documentation and to check that documentation is being provided to an appropriate level, these systems were not always operating effectively in practice or were not always adhered to.
**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>Diagnostic and screening procedures</td>
<td>Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010</td>
</tr>
<tr>
<td>Surgical procedures</td>
<td>Management of medicines</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>The service did not protect people against the risks associated with the unsafe use and management of medicines by means of appropriate arrangements for the recording, handling, using and safe administration of medicines. Regulation 13</td>
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<tr>
<td></td>
<td>Records</td>
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<td></td>
<td>How the regulation was not being met:</td>
</tr>
<tr>
<td></td>
<td>People’s personal records including medical records, staff records and other records relevant to the management of the services were not accurate and fit for purpose. Regulation 20</td>
</tr>
</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 23 January 2014.
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:

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

**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)

<table>
<thead>
<tr>
<th>Term</th>
<th>Description</th>
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<tbody>
<tr>
<td><strong>(Registered) Provider</strong></td>
<td>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’.</td>
</tr>
<tr>
<td><strong>Regulations</strong></td>
<td>We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.</td>
</tr>
<tr>
<td><strong>Responsive inspection</strong></td>
<td>This is carried out at any time in relation to identified concerns.</td>
</tr>
<tr>
<td><strong>Routine inspection</strong></td>
<td>This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.</td>
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<tr>
<td><strong>Themed inspection</strong></td>
<td>This is targeted to look at specific standards, sectors or types of care.</td>
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<tr>
<td>Contact us</td>
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<tr>
<td>Phone: 03000 616161</td>
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<tr>
<td>Email: <a href="mailto:enquiries@cqc.org.uk">enquiries@cqc.org.uk</a></td>
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<tr>
<td>Write to us at: Care Quality Commission</td>
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<td></td>
<td>Citygate</td>
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<td>Website: <a href="http://www.cqc.org.uk">www.cqc.org.uk</a></td>
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</tbody>
</table>

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