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

James Paget Hospital

Lowestoft Road, Gorleston-on-Sea, Great Yarmouth, NR31 6LA
Tel: 01493452680

Date of Inspection: 01 February 2013
Date of Publication: February 2013

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

- Respecting and involving people who use services  ✓ Met this standard
- Care and welfare of people who use services  ✓ Met this standard
- Meeting nutritional needs  ✓ Met this standard
- Cleanliness and infection control  ✓ Met this standard
- Staffing  ✓ Met this standard
Details about this location

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<th>Registered Provider</th>
<th>James Paget University Hospitals NHS Foundation Trust</th>
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<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>
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<tr>
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<td>Community healthcare service</td>
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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 1 February 2013, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members, talked with staff, reviewed information we asked the provider to send to us and reviewed information sent to us by local groups of people in the community or voluntary sector. We were accompanied by a specialist advisor.

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 the inspection we spoke with 23 people who used the service, eight visitors and 23 staff members. We spent time in nine wards or clinics and looked at 15 sets of records relating to people's care and treatment.

People we spoke with told us they were well looked after. One person said "It's the best hospital ever. I have been in quite a few, this is certainly the best one." Another told us that, "Staff are kind and caring and very respectful." We were told by another person that, "All the staff are very professional, from the doctors through to the cleaners."

Care records we looked at showed that people's needs had been assessed either before they were admitted or on admission and people we spoke with told us they received nutritious food. Supplements were available where people had an identified risk of malnutrition.

We looked at infection control and prevention measures in place. We found that staff were committed to carrying out care in a safe manner and that risk assessments and procedures were in place to prevent or manage the risk of infection or contamination.

We spoke with 23 staff who told us about the training they received. We were also given copies of planned training for the coming year. Although we were told that there were staff shortages on some of the wards we visited during the inspection, we were assured by the provider that a full review of staffing was underway to ensure that adequate staffing was in place.
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

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

<table>
<thead>
<tr>
<th><strong>Our judgement</strong></th>
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<tbody>
<tr>
<td>The provider was meeting this standard.</td>
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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.

<table>
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<th><strong>Reasons for our judgement</strong></th>
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<tr>
<td>People who used the service were given appropriate information and support regarding their care or treatment.</td>
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During our inspection we visited nine wards or clinics and spoke with 23 people who used the service. We saw that all wards had single sex bays and that bathroom facilities were linked to each bay.

People we spoke with told us they were well treated. One person told us that, "It's the best hospital ever. I have been in quite a few and this is certainly the best one." Another person said, "Staff are kind and caring and very respectful. We were told by one person that, "All the staff are very professional, from the doctors through to the cleaner."

One person we spoke with told us that the care staff, "Answer any questions I have. They talk to me and tell me what the situation is and what is going to happen." This showed that people were given information during their stay about the treatment they would receive.

We were also told by people who had received elective surgery that a pre operative educational session had been provided to them with details of the surgery they were having and what to expect afterwards. This meant that people using the service were respected and involved in discussions regarding their care.

During the inspection we spoke with eight people visiting or accompanying relatives or friends who were receiving treatment. They were all happy with the care and treatment received by their friend or relative. One person told us their relative, "Has received wonderful care and support here. They are treated with dignity and they (the care staff) are so respectful to us." We observed that behind each bed a board showed the name that people preferred to be called which demonstrated that the service had included this information in their assessment.

We also noted that, for example, a small purple flower on the board denoted that the person may require additional support due to living with dementia. This meant that staff could be aware of the specific needs of the individual...
whilst respecting the person's dignity.

We looked at 15 care records during our inspection. These showed that people's individual needs had been assessed, and that care and treatment to meet those needs was being provided in an appropriate manner and suited to each individual. The initial assessments had identified where people had particular needs around food and drink and a system in place to ensure that those needs were met. The service used a 'Patient Care System'. This identified specific details about individuals using the service, for example, it identified people who used the service who were living with dementia and/or who may require additional communication support. This meant that people's individualisation and privacy was respected.

During our inspection, we observed nurses, healthcare staff and doctors as they spoke with people about their care. We saw that they explained what they were doing and the reasons why. The 15 care records we looked at clearly showed how people had been asked about and consented to the treatment they were receiving. This showed further that staff had ensured that people who used the service understood the care and treatment choices available to them.

We observed a therapy session on one of the wards we inspected. We observed that the person involved was made to feel in control, comfortable and listened to throughout. Clear instructions were given by staff and accurate records maintained. This meant that the individual was treated with dignity and respect and involved in decisions regarding their care.

People's diversity, values and human rights were respected. On all the wards and clinics which we visited, we saw that staff always pulled the curtains around the bed when undertaking personal care tasks. Staff also did this to create some privacy if a person and/or their relative were distressed. A senior staff member on one ward told us that staff had been encouraged to remind peers about people's dignity if they thought there was an issue. In one of the clinics we visited, people who used the service told us that they had a choice of room in which to receive their treatment, and curtains were available to provide privacy if they wished. We saw that there were signs on all of the curtains in the wards. The signs reminded staff to pull the curtains and also detailed the person's wishes as to whether they would like the curtains pulled or not.

We were provided with details of staff training. This showed that all staff were expected to undertake training on customer care and dignity every year. We spoke with 23 staff during our inspection. Most of them confirmed that they had attended this mandatory training in the past year, although we were told on one ward that a small number of staff had yet to complete training for the previous year. This was being addressed as a matter of urgency.

The provider might wish to note that on two wards we visited we were told by people who used the service that there were insufficient staff to assist them to go to the toilet or use a commode, and that as a result they were incontinent. This meant that for these people their dignity was compromised. We were told by the provider that a review of staff levels was being completed and that this was based upon the dependency of the people in the wards. Adjustments were being made as required to ensure that at all times needs were being met.
## Care and welfare of people who use services

<table>
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<th>Met this standard</th>
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### People should get safe and appropriate care that meets their needs and supports their rights

#### Our judgement

The provider was meeting this standard.

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

#### Reasons for our judgement

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

During our inspection we visited nine wards or clinics and spoke with 23 people who used the service. People we spoke with told us that they were well cared for. One person said, "The hospital is very good, staff are very compassionate." Another person told us that they didn't think, "Anywhere could be any better. They support me while I have my treatment and are always there to offer advice."

Six of the people we spoke with told us they had been admitted through the accident and emergency department. They told us that although the department was very busy and they had a long wait, staff were, "Very calm and reassuring."

We saw that people with complex needs were left in the Emergency Admission Unit (EADU) for a long time to be assessed by doctors or to be given necessary pain relief. This may have been detrimental to their individual well being. We were told by two of the people we spoke with on this ward that they received minimal support. One person said they received, "No oral hygiene or help to use the commode." They added that they had "Been incontinent because staff were too busy." We were later told by a senior staff member on that ward that two healthcare assistants had called in sick and they were consequently very short staffed on the day of the inspection. The provider assured us that additional resources had been sought and that the ward was running on the staffing levels required once additional support had been found.

We spent time on wards specialising in the care of people recovering from a stroke and providing elective surgery. We found that both these wards were calm and well organised. We spoke with staff on these wards and they were enthusiastic and motivated in the care and support they provided.

A senior nurse on the general medical ward we visited told us about improvements that had been made in the care and treatment they provided. These included improvements to ward processes and the environment. This enabled nurses to devote more time to people who used the service and improved safety and efficiency. Handover procedures and medication management had been changed which we were told gave staff more time with...
patients. We were told that overall morale had improved and the three staff we spoke with on this ward confirmed this, although they did tell us that at times the ward was extremely busy and although nursing numbers had increased, more health care assistants were needed to ensure the needs of people who used the service were met.

We looked at the care records of 15 people who used the service. The information found was clear, centred on the people the care plan belonged to and risks had been identified and acted upon to lessen the risk. For example, we saw clear pathways written where a person had been identified as at risk of insufficient or incorrect nutritional intake. We noted the trigger to refer the person on to a specialist within the hospital was documented. We saw the report from that specialist and then the action taken by the staff to follow the advice. This advice had then been regularly reviewed and recorded.

The care records we looked at showed that social and psychological needs had been assessed as well as medical needs, and we saw that people individual preferences and conversations between staff and the person using the service, or their representatives, had been recorded. The records also showed that where appropriate, consideration had been given as to whether the person would be resuscitated and the necessary forms were in place. One record did not show that this information had been reviewed in a timely fashion, but this was acted on immediately when it was pointed out.
Meeting nutritional needs

Food and drink should meet people’s individual dietary needs

Our judgement

The provider was meeting this standard.

People were protected from the risks of inadequate nutrition and dehydration.

Reasons for our judgement

During our inspection, we spoke with 23 people who used the service in some detail. We also spoke briefly with another 34 people who used the service about nutrition and the food they were offered. Most of the people we spoke with were happy with the standard of food.

We found that people were supported to be able to eat and drink sufficient amounts to meet their needs. Where people needed support with their meals, this had been identified in their assessment and appropriate support was available.

We carried out a Short Observational Framework of Inspection (SOFI) on two wards during the lunchtime period. This observation showed that staff were offering exceptional support. We observed how a staff member engaged with someone living with dementia helping them with their meal and interacting during the whole time. We also observed staff regularly making sure that the meal was cut into manageable pieces where this need had been identified, regularly checking that people were eating the meal and offering second helpings where one person was hungry, and ensuring people had something to drink with their meal.

During the observations, we did not see anyone left on their own for any length of time. There were sufficient staff to assist during the lunchtime period although we did note that not everyone in one bay we were observing received their meals at the same time. This did cause one person slight distress as they thought they had been forgotten. However this was resolved and the person was supported and the situation explained to them.

We spoke with people on five of the wards we inspected about the standard of food. Most people were content with the meals offered. We were told that they made a choice each day from a menu. One person told us, "The food is good, but you have to make the right choice, I had some soup which I didn't like, but they (the staff) soon found me something else." Another person we spoke with said that they liked, "Most of the food, especially the steak and chips." A further person we spoke with said, "The food is alright, but not really to my taste so my partner brings me something in."

We spoke with everyone who was receiving treatment in the EADU about food, and with six people in more detail. Two people we spoke with did not realise that snacks were available when they were first admitted and another person told us that they had not been able to eat when admitted as it was thought they may need surgery. They told us they did
not have anything to eat all day and in the evening were only offered a sandwich. They also told us that they were diabetic. The lack of food could have affected their wellbeing. We discussed this with staff in charge who agreed to investigate this further. Other people we spoke with were happy with the food offered.

We spoke with a senior staff member. They told us they always try to offer food, but that some people could not eat if they potentially needed surgery. They told us that this could be a problem if people had been in the accident and emergency unit for some time before arriving on the ward.

People we spoke with receiving treatment in one of the clinics told us that they were always offered snacks or a hot meal if they were there all day. They also told us that the service looked after relatives accompanying them. They were also offered a meal and regular drinks.

Overall we found that people who used the service were provided with a choice of suitable and nutritious food and drink.

We looked at the care records of 15 people receiving treatment. We saw that people's nutritional needs were being assessed using the Malnutrition Universal Screening Tool (MUST). This showed that the service was aware of the need to maintain nutrition. We saw that, where people had been identified at higher risk of malnutrition, food records were in place and we also saw from the records that where people made particular requests around food, this had been acted on. We also saw evidence that high protein/calorie supplements were being given where there was an identified risk of malnutrition.

People's food needs or preferences were recorded on a board above their bed and a member of staff on one ward told us that where people may lack the mental capacity to make an informed choice about their diet, staff spoke with their families and observed the person to ensure their likes and dislikes were known. A system of red trays and jugs was in place to identify where people needed support with their food and where there were a significant number of people needing support, additional staff were sent from their central food assistance service. Protected mealtimes were in place. This meant that visitors were not allowed and any non essential treatment deferred until after the mealtime.

Staff on two of the wards we inspected confirmed that additional catering staff were available to assist with lunchtimes and that volunteers sometimes also helped. However, staff on one ward said they no longer had any volunteers to help. This meant that they were able to assist less people with their meal or people had to wait.
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 protected from the risk of infection because appropriate guidance had been followed and people were cared for in a clean, hygienic environment.

Reasons for our judgement

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

During our inspection, we spoke with 23 people who used the service. Their feedback did not relate to this standard. We also spoke with 23 staff working on the day of our inspection.

We found that staff were well versed in infection control procedures and we observed high quality hygiene procedures in place on the 9 wards and clinics we visited. This included hand hygiene and care of people who used the service. The service ensured that this practice was in place through regular auditing undertaken by staff, the support services manager and the infection prevention and control team. However, the provider might wish to note that on one ward bags for the disposal of soiled dressings were hanging from side tables also used for eating. This presented a potential risk of infection.

Staff we spoke with confirmed that all new admissions were screened for the meticillin-resistant staphylococcus aureus (MRSA) bug, and where elective surgery was planned, this screening took place before the person was admitted. This meant that the risk of possible infection was minimised.

The wards and clinics we visited during the inspection were clean and provided a safe environment for people who used the service in spite of the variety and mix of treatments provided. Information was available to staff, visitors and people who used the service on notice boards.

We were also told by a ward sister that the hospital trust supported the infection prevention and control team if their advice was to close part or all of a ward. This meant that they were able to control the risk of an infection spreading, although individual bays on the wards did not have doors, which meant it was difficult to segregate parts of wards if that was needed. We were told that if necessary, discharge would be delayed and we noted that discharge information included a summary of any infection control information.

All staff we spoke with were committed to carrying out care in a safe manner and were well versed in infection control procedures. Infection control was included within the mandatory training given to all staff annually. During the inspection we observed staff during their day...
to day work. We noted that they were following infection control practices including hand hygiene, cleaning and personal care. This was further evidenced within audits undertaken by staff, the support services manager and the infection control and prevention team. We were shown copies of the most recent audit to confirm this and noted that where actions were required, follow up visits took place.

We looked at the 'Operational policy and procedures for the management of water hygiene'. This had been updated recently to take into account new guidance from the Department of Health. This meant that areas where there may be an increased risk of contamination of the water supply had been identified and steps taken to prevent this happening. We were shown copies of a recent risk assessment that supported this action.
### Staffing

**There should be enough members of staff to keep people safe and meet their health and welfare needs**

#### Our judgement

The provider was meeting this standard.

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

#### Reasons for our judgement

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

During our inspection we visited nine wards or clinics and spoke with 23 people who used the service. People who used the service told us that they were well looked after. One person said that, "The staff are well trained and very attentive." Another person we spoke with told us that, "I think staff are very good. I know that they are terribly busy and we can't expect any more of them."

We spoke with over 20 of the staff working on the day of our inspection. They told us there was a strong team culture in place, that morale had improved and that they felt well supported by colleagues and managers. Everyone we spoke with told us that they had an annual personal development plan which highlighted training needs and other areas of personal development. Staff we spoke with told us that senior ward staff had an open door policy and that they could seek support or advice at any time. We saw records of staff annual personal development plans which were detailed and reviewed staff’s attitude, work process and personal development areas. Staff fed back to us that they thought the progress was robust and useful.

We did not see any further evidence of a formal system of staff supervision. The provider might wish to note that recorded supervision may further support the development of people within their job role and provide evidence that actions had been taken if and when required. During our inspection we did not observe any negative impact on people using the service in relation to formal recorded supervision.

During the inspection, we observed and were told that at times some of the wards were short staffed. On the day of our inspection we were told by staff on two wards that healthcare assistants had called in sick. This meant that there were not always sufficient staff to meet the day to day care needs of people who used the service. On one ward, two of the six people who used the service that we spoke with told us they had been incontinent as staff were too busy to help them use the commode or go to the toilet. The provider told us that additional staffing had been sought as soon as the shortage was highlighted. However, on two other wards that we visited during the inspection people who used the service told us that staff were always available when they needed support or assistance.
Nursing staff we spoke with acknowledged that this is sometimes a problem, one said, "The quality of care is good but at times we struggle (to meet people's needs)." Another person told us that on one ward, they thought the number of health care assistants at night was too low. We did not see evidence to support or disprove this, but were told by one person who used the service that we spoke with, that they had to wait a long time if they called for help at night.

We discussed the staffing situation with the provider. They told us that they were currently reviewing dependency levels within the service and the staffing that was needed to meet those levels.

We spoke with 23 staff working on the day of the inspection. They told us about training provided and about the changes made for the coming year. All staff should undertake mandatory training each year. This included fire safety, moving and handling, basic life support, infection control, pressure ulcer care, customer care privacy and dignity, equality and diversity, safeguarding vulnerable adults from abuse and end of life care. In addition, qualified nurses were expected to undertake additional mandatory training including malnutrition screening, falls prevention and pain management.

The provider gave us a copy of the detailed mandatory training which all staff will undertake in the coming year. They also provided us with the planned training schedule for the year for all staff. This showed that staff would receive the training and skills necessary to continue the care and treatment they provided.

Most of the staff we spoke with confirmed that they had received the mandatory training last year, although on one ward two people had yet to complete this, but that it was scheduled for the coming few weeks. They told us that additional training was available, for example caring for people with dementia.
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.

<table>
<thead>
<tr>
<th>Status</th>
<th>Description</th>
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<tbody>
<tr>
<td>Met this standard</td>
<td>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.</td>
</tr>
<tr>
<td>Action needed</td>
<td>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.</td>
</tr>
<tr>
<td>Enforcement action taken</td>
<td>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.</td>
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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.