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

Stafford Hospital

Weston Road, Stafford, ST16 3SA

Tel: 01785257731

Date of Inspections: 05 February 2013
04 February 2013
01 February 2013

Date of Publication: March 2013

We inspected the following standards in response to concerns that standards weren't being met. This is what we found:

<table>
<thead>
<tr>
<th>Standard</th>
<th>Met this standard</th>
</tr>
</thead>
<tbody>
<tr>
<td>Respecting and involving people who use services</td>
<td>✓</td>
</tr>
<tr>
<td>Care and welfare of people who use services</td>
<td>✓</td>
</tr>
<tr>
<td>Safeguarding people who use services from abuse</td>
<td>✓</td>
</tr>
<tr>
<td>Supporting workers</td>
<td>✓</td>
</tr>
<tr>
<td>Complaints</td>
<td>✓</td>
</tr>
</tbody>
</table>
### Details about this location

<table>
<thead>
<tr>
<th>Registered Provider</th>
<th>Mid Staffordshire NHS Foundation Trust</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Overview of the service</strong></td>
<td>Stafford Hospital is an acute hospital with 301 in patient beds. The hospital provides a range of medical and surgical services for adults and children in and around South Staffordshire. Maternity services are also provided at this hospital. The hospital's accident and emergency department is open between 8am and 10pm each day.</td>
</tr>
<tr>
<td><strong>Type of service</strong></td>
<td>Acute services with overnight beds</td>
</tr>
</tbody>
</table>
| **Regulated activities**  | Assessment or medical treatment for persons detained under the Mental Health Act 1983  
Diagnostic and screening procedures  
Maternity and midwifery services  
Surgical procedures  
Treatment of disease, disorder or injury |
When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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<tr>
<td><strong>Why we carried out this inspection</strong></td>
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<tr>
<td>We carried out this inspection in response to concerns that one or more of the essential standards of quality and safety were not being met. This was an unannounced inspection.</td>
</tr>
<tr>
<td><strong>How we carried out this inspection</strong></td>
</tr>
<tr>
<td>We looked at the personal care or treatment records of people who use the service, carried out a visit on 1 February 2013, 4 February 2013 and 5 February 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 we asked the provider to send to us. We reviewed information sent to us by commissioners of services, reviewed information sent to us by other regulators or the Department of Health, reviewed information sent to us by other authorities and reviewed information sent to us by local groups of people in the community or voluntary sector. We talked with commissioners of services, talked with other regulators or the Department of Health, talked with other authorities and talked with local groups of people in the community or voluntary sector. We took advice from our specialist advisors, were accompanied by a specialist advisor and used information from local Healthwatch to inform our inspection.</td>
</tr>
<tr>
<td><strong>What people told us and what we found</strong></td>
</tr>
<tr>
<td>A team of three CQC inspectors, three colleagues from the local commissioning team and a director of nursing from another hospital visited Stafford Hospital on 1 February 2013. We visited six wards. We completed further visits to the hospital on the 4 February and 5 February 2013 to review how the hospital managed patients' complaints and to make sure that we also understood the views of patients not satisfied with the service they had received. During our inspection we spoke with 52 patients and relatives and 44 staff. Patients we spoke with were positive about the care they received at the hospital. Patients said that they were treated with respect and their privacy was observed. One patient told us, &quot;I would have no concerns about coming in again&quot;. Another said, &quot;I couldn't fault the place, everyone is wonderful and treat me with respect&quot;. Most patients told us that they were informed about the treatment they would receive. One person added, &quot;The doctor's communication could be improved but the nurses come back and explain things to me&quot;. Patients we spoke with made positive comments about staff. One person said, &quot;I could not fault them&quot;. A teenager said, &quot;All the staff have been brilliant and always listen to me&quot;. Staff told us that they received the training they needed and felt supported by senior staff.</td>
</tr>
</tbody>
</table>
We saw that appropriate systems were in place for patients and staff to raise concerns about poor practice.

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.

Patients' privacy and dignity were respected and their views and experiences taken into account about the way their care was delivered.

Reasons for our judgement

During our inspection, we visited wards 2, 10, the acute medical (AMU) and stroke units, the children's and trauma and orthopaedic wards and the accident and emergency department. On the day of our inspection, there were eight wards and inpatient areas open with the remainder closed due to Norovirus. We spoke with 52 patients and relatives who were visiting at the time of the inspection.

We asked patients during our inspection if they thought that staff treated them with respect and if their privacy and dignity were promoted. We spoke to adults, children and their parents in the wards and departments we visited. All the patients we spoke with said they were treated with respect. One patient said that they had needed a member of staff to assist them to the toilet. They told us, "I know I am very slow but the nurse was very, very patient with me. I asked her to wait because I was worried about falling. They have all been really good. I would not be worried if I had to come into hospital again". We spent time on each ward observing staff interaction and saw numerous examples of positive practice. We observed a nurse supporting a patient who was wandering. The nurse was empathetic when supporting the patient. We also saw how staff positively responded to a patient who was confused and trying to remove their clothes. Staff ensured that the patient's dignity was maintained, drew the curtains around them and explained to the person what they wanted them to do and why. This meant that patients were respected.

We spoke to teenagers and their parents on the children's ward. All the teenagers and parents we spoke with told us that they were always treated with respect. We asked teenagers if they had any preference about the gender of staff available to care for them, they all said they had no concerns. One teenager we spoke to told us that they had an embarrassing problem. They told us that the staff had been sensitive and discreetly offered them assistance which they appreciated. Adult patients also gave us examples where staff fetched a male care worker to provide personal care to them. This meant that patients' preferences were respected and taken into account in the way care was provided.
During our visit we witnessed staff in all wards and departments drawing curtains around patients when undertaking personal care and asking permission to enter their personal space. We heard staff speaking in low voices when attending to patients behind the curtains. This showed that patients’ privacy and dignity were maintained.

Adult patients and teenagers and parents on the children’s ward told us that they were involved with decisions about their care and treatment. Two teenagers we spoke with both told us, "They all listen to me and let me know what’s going to happen". One patient said, "They tell me everything they are going to do and if I don't like it I tell them". Another patient said, "They told me that I needed to have some blood tests and other tests before they would be able to tell me what was wrong and what treatment I would need, they have been very good". One parent told us that they had missed the doctor’s visit but staff had contacted the doctor and asked them to come back to the ward and explain things to them. This meant that patients were involved and informed about the care and treatment they received.

Most patients we spoke with were positive about staff communication, although three patients told us they felt that staff communication could have been improved. One patient said, "Doctors' communication is poor but the nurses always come back and explain what is going to happen". A relative told us about poor communication which had resulted in them not being able to bring their child directly back to the ward if they were worried, as had been promised. We discussed this with a senior manager and were assured that this would be looked into further.

Most of the patients we spoke to during our inspection had positive experiences of care and treatment in the hospital. We wanted to understand what had gone wrong where patients' experiences of care and treatment in the hospital had been not been positive. We looked at the complaints patients had raised about poor staff attitude or communication. Some of these complaints showed that patients felt that staff did not always respect their dignity or listen to what they had to say. The hospital took all these concerns seriously. All the complaints were investigated and responded to. The hospital always acknowledged where patients' experiences of care had fallen short of what they should be able to expect. We found that the doctors, nurses and other clinical staff involved in these complaints were supported to reflect on their patients' experiences. Where necessary, a more formal review of training and supervision needs was completed. We also spoke to Staffordshire LINk (the local patient involvement network). The chief executive confirmed that the hospital and its management were open and had responded positively to concerns and complaints. This meant that patients' views about their care were listened to and considered with respect.
Care and welfare of people who use services

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

Met this standard

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

On the day of our inspection, the patients we spoke with were positive about the care they had received in the hospital. One patient told us, "I was in a lot of pain but they have sorted it. Eleven patients all told us, "I cannot fault the care". One patient told us that they needed frequent stays in Stafford and other hospitals and said, "I have been on a number of wards, I have always been well cared for and am always treated well. I have had a better experience in this hospital than others I have been in". Parents that we spoke with on the children's ward told us that their child had received, "Brilliant care" and, "Excellent care". One parent said that they felt that there had been a delay identifying what was wrong with their child. They told us they were very happy with the care the nurses and consultant had given.

We saw positive and friendly interaction between staff and patients in the hospital. Staff were seen to be friendly, polite and respectful. Patients told us, "Nothing is too much for them", "I'm sure if I was worried about anything it would be sorted" and, "They are very good but I would still tell them if I was not happy".

We saw that patients had a drink accessible to them and if they were unable to eat or drink the reason for this had been explained to them. We observed that patients looked well cared for, were clean and the men were shaved. Adult patients, children and their parents on the children's ward told us that when they asked for pain relief this was brought to them without delay. A teenager on the children's ward told us that they had been in a lot of pain, they told us, "The pharmacist came to see me asked me about my pain, checked my weight and told me that they would look into what other medicines I could have, they have all been really good". This meant that patients received the care they needed.

We saw that patients had a staff call bell within reach. We asked them if they had needed to ring for staff and if staff gave them the assistance they needed. The majority of patients we spoke to told us that they had rung the bell for staff assistance during their stay. The patients we spoke with all agreed that staff had come to them quickly and provided them with the assistance they needed.
The staff we spoke to were knowledgeable about the patients in their care. They told us that they assessed patients’ medical and support needs and their risk of falls, pressure sores and poor nutrition. Staff told us about actions which would be undertaken if patients were identified to be at risk. Staff told us that if a patient was identified to have a pressure sore either at the time of their admission to hospital or during their stay a referral to a specialist would be made to help minimise the risk of skin deterioration and to promote healing.

We spoke with a nurse working within the AMU who told us they were a ‘falls champion’ for the department. The nurse told us that each ward or department had champions in topics such as falls and infection control. We were told that the role of the ‘champion’ was to cascade training to all staff within the department to ensure that best practice was in place. The staff member told us that lighting, medication and footwear were considered and actions advised to minimise the identified risk. The hospital's management board had identified areas where improvements could be made, including falls, infection rates and pressure sores. It was positive to hear from staff working within the hospital how initiatives had been implemented to reduce these risks to patients. It was also positive to hear how the reporting system of incidents had ensured an accurate account of these incidents. This meant that the delivery of care in the hospital promoted patients' health and wellbeing.

Staff understood that they needed to engage differently with patients with dementia. One staff member told us, "You need to rephrase things and get down and talk with them at eye level". During our visit we generally saw that staff were empathetic towards the needs of patients with dementia and provided patients with assurance to reduce their anxiety. This meant that staff we spoke to and observed were knowledgeable and responsive to the needs of patients with dementia.

A comparison is made between all hospitals in the country about the number of deaths that occur due to specific conditions, this is called mortality information. The mortality rate of this hospital compared favourably with other similar hospitals and conditions in the country.
Safeguarding people who use services from abuse  ✔ Met this standard

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

Our judgement

The provider was meeting this standard.

Patients were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

We inspected the hospital because we had received concerning information in relation to three incidents of poor staff practice. We and other partner agencies met to discuss these incidents with the hospital management on 30 January 2013. We were told that staff had reported the incidents to senior staff and the hospital management explained the action they had taken as a result. We inspected the hospital to see if these actions had been taken and to make sure incidents of this nature were not common practice.

An organisation providing care or support to vulnerable people must make sure that staff know how to keep them safe. They must ensure staff understand the signs of abuse and how to raise their concerns with the right person. All the staff we spoke to said that they had received training in safeguarding people which was updated annually. In addition staff who provided direct care to children had undertaken additional training of how to protect children. The staff we spoke to confirmed that they had undertaken this training. Staff were able to tell us about signs of abuse and actions they would take if they needed to raise concerns. This meant that staff knew how to protect patients from abuse or the risk of abuse.

Staff told us about "whistle blowing procedures". We were told that they were able to either tell senior staff verbally about their concerns or complete an electronic incident form. Staff provided examples of incident notifications they had made, which had included patients with pressure sores, people who had fallen and medication concerns. We were also told that staff completed incident reports if they felt that patients were at risk of harm due to inadequate staffing levels. We were told that this notification was immediately sent to the ward manager and when needed to an advisor such as a falls specialist, tissue viability nurse specialist or pharmacist. Staff confirmed that they received the support from specialists when needed and that actions were undertaken on an immediate basis to minimise any risk. We were told that a more detailed report was completed which may also make suggestions for improvements to reduce the risk of harm to patients. This enables the hospital to learn from incidents.

The management of the hospital told us that staff were informed of the outcome of the concerns they had raised, although we found that this was not always the case if the concerns related to poor staff practice and necessitated disciplinary action. The provider
may wish to note that staff were not always kept informed when their concerns have been investigated or passed to another agency for investigation. The staff we spoke to were confident that their concerns were investigated and that when necessary improvements were identified and addressed.
Supporting workers

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

Met this standard

Our judgement

The provider was meeting this standard.

Patients were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

The patients we spoke with during our inspection spoke favourably about the staff. One person told us that they had frequent stays in hospital and said, "Staff are respectful, patient and helpful". Teenagers also said that staff were helpful and supportive.

Staff told us that their training needs were identified and addressed through an appraisal and performance development system. Staff reported that training was supported and available when required.

We spoke to a total of 44 staff which included nurses, doctors, health care support workers, physiotherapists and housekeepers. We asked them how their managers reviewed and assessed their practice. All staff we spoke with told us they had received an annual appraisal.

Staff told us that new staff received four days induction before they started working in the hospital. Staff also said that they received yearly mandatory training, including health and safety, moving and handling and vulnerable adults and children. We also spoke with newly qualified registered nurses who told us that they were undertaking a preceptorship programme. Preceptorship is a programme for newly qualified nurses and included post registration training and assessment, during which they received support of a senior nurse called a preceptor. Staff spoke positively about their experience of the preceptorship programme. This meant that appropriate arrangements were in place to ensure that staff were trained to meet patients' needs.

The hospital management team told us that they had developed a clinical supervision programme. Clinical supervision is an activity that brings skilled supervisors and practitioners together in order to reflect upon their practice. We were told that clinical supervision was available on an "opt in" basis to nurses, and more recently clinical support workers. The director of nursing provided us with information that since the programme had been launched in September 2011, 461 clinical supervision sessions had taken place. One staff member said, "I think it fizzled out and never got off the ground". The provider may wish to note that none of the staff we spoke to had received clinical supervision.

Doctors we spoke with said they attended weekly training meetings and that their
attendance was compulsory unless they were on call. They said that these meetings included updates in practice and discussions about "interesting" cases. Doctors told us that they worked closely with consultants, who checked their practice. The provider may wish to note that doctors did not receive formal supervision on a one to one basis to provide a more effective assessment of their practice.

We asked other staff about arrangements to check their practice, their understanding of policies and procedures and their experience of working within the team. Staff told us that there was no formal supervision process but if they had any concerns they would speak to the ward manager. The director of nursing told us how staff capability and performance was managed. We were told about new arrangements for increased staff supervision, support and development.

Staff told us that ward meetings were held every month. Staff on the children's ward also told us that in addition to their ward meetings, a meeting was held weekly to discuss patients and their care. On some wards, a record of the ward meeting was always put on the notice board for staff who had been able to attend the meeting. Some staff said that they had to sign to confirm that they had read the notes of the meeting. We were told that agenda items included discussion of serious untoward incidents and other issues for the ward or department. The provider may wish to note that we found that on some wards meetings were either infrequent or poorly attended. This meant some staff did not always have the opportunity to routinely discuss staff practice and development of the service.

The last national survey of staff in the hospital published in March 2012 showed below average results in staff feeling supported and valued. The hospital management had reviewed staff surveys from 2007 until the present and found that these areas were consistently reported as poor. The hospital had undertaken a series of workshops for staff to enable them to develop an action plan to address this. Staff and the hospital managers identified five areas for development. These included bullying and harassment of staff, sickness management, managers being clear about what is expected of them, opportunities to develop, and improved team work across departments. This meant that systems were in place to identify how improvements could be made to supporting staff.

The hospital management had introduced a system to explore the effect of bullying and harassment on staff and how this could be improved. We were told that this had resulted in the development of a more supportive culture and as a result of this staff sickness had reduced. There was a culture within the hospital of loyalty and commitment to the hospital. Staff we spoke with were positive about working in the hospital. One staff member told us, "I love working on this ward...we always do our best and try our hardest". They continued, "It is hard work but I love it".

We discussed our findings about effective staff leadership with the hospital management. We were told that there were proposals for ward managers to be additional to nursing numbers from 1 April 2013. This would mean they should be able to provide more effective support and supervision of their staff. Senior staff told us about the adverse effect of recent media scrutiny on their staff. During our next inspection we will check whether provision of additional senior nurse time has enabled them to spend more time effectively supervising staff.
Complaints

Met this standard

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system in place and the comments and complaints patients made were responded to appropriately.

Reasons for our judgement

We saw that there was information throughout the hospital which informed patients how they could raise any concerns they had about the care they received or the hospital. All but one patient we spoke with told us that they would be happy to raise concerns about their care or staff practice. A patient told us, "Nothing is too much for them, I'm sure if I was worried about anything it would be sorted", "They are very good but I would still tell them if I was not happy". Staff from the Patient Advisory Liaison (PAL) team undertake a daily walk of the wards to collect and raise issues with nursing and senior staff as quickly as possible. The hospital was developing a telephone line dedicated to receiving complaints, that will be staffed 24 hours a day. This meant that the hospital had appropriate systems in place to raise patient awareness of how to raise concerns when they needed to.

Patients we spoke with during our inspection mainly had positive experiences of care and treatment they experienced in the hospital. However we wanted to see what patients’ views were if their experience of care and treatment in the hospital had not been positive. We looked at all 36 complaints that had been received since 1 August 2012 that related in some way to poor staff attitude. We saw that patients’ experiences and complaints were listened to and an investigation into their concerns was undertaken. Patients were informed of actions they should undertake if they remained unhappy, with named contacts both in and outside the hospital. We looked at how complaints were responded to by the hospital management. We found that all complaints were appropriately responded to in a positive and non defensive manner. We found that 10 of the 23 complaints had been investigated and responded to outside the 28 days timescale. We acknowledge that more complex complaints may take longer to investigate and respond to. The provider may wish to note that although patients were informed by letter of delays in investigations being completed, this was sometimes after the agreed date for response.

We found that the hospital's response to concerns centred on patients' individual concerns. However one complaint we looked at should have identified other issues outside those identified by the complainant. We were not provided with any evidence to give us assurance that the issue had been identified and discussed further. The provider may wish to note that the records did not always show evidence of the complaint investigation and contact made with identified people or, when needed, other hospitals.
The hospital was funded to undertake a project on the monitoring and response to complaints. This involved local people commenting on and reviewing the trust’s response to complaints. The project also used a variety of people both from the local community and professionals to review the quality of the investigations. Lessons learnt from complaints were shared with staff through action learning groups using a problem solving approach. The hospital management facilitated meetings with complainants and hospital staff to better understand the issues and to resolve complaints. The hospital management were able to demonstrate where complaints were escalated and treated as serious untoward incidents.

The inpatient survey undertaken by the Picker Institute Europe in 2012 showed that actions implemented by the hospital’s management had improved patients’ experience of the hospital. This questionnaire covered patients’ experience of admission to hospital, information and treatment received and discharge arrangements. The hospital management encouraged patients to feedback on their experience in a number of ways. These included the PALS team walkabouts, options to feedback via the TV screens at each bed and through director and board members’ walkabouts. The hospital also utilised the experience of community groups such as the Monthly Alzheimer’s Support Evenings (MASE) to gather information about their performance. MASE also conducted ward visits on behalf of the hospital to enable them to gather feedback from patients. This meant the hospital had demonstrated its commitment to ensuring that patients’ concerns and complaints were listened to and, when needed, acted upon.
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.

<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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</tbody>
</table>
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.