Salford Royal Hospital

Stott Lane, Salford, M6 8HD
Tel: 01617897373
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We inspected the following standards as part of a routine inspection. This is what we found:

- Respecting and involving people who use services  ✔  Met this standard
- Care and welfare of people who use services  ✔  Met this standard
- Safeguarding people who use services from abuse  ✔  Met this standard
- Supporting workers  ✔  Met this standard
- Assessing and monitoring the quality of service provision  ✔  Met this standard
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**Overview of the service**
Salford Royal NHS Foundation Trust is an integrated provider of hospital, community and primary care services, including the University Teaching Hospital. The team of 6,000 staff provide local services to the City of Salford and specialist services to Greater Manchester and beyond. The trust provide medical, surgical, and emergency services and offer specialist care to people from all over the UK for people who need help with brain, kidney, bone, intestine or skin conditions.

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We reviewed all the information we have gathered about Salford Royal Hospital, looked at the personal care or treatment records of people who use the service, carried out a visit on 11 December 2012 and observed how people were being cared for. We checked how people were cared for at each stage of their treatment and care, talked with people who use the service, talked with carers and / or family members and talked with staff. We talked with stakeholders.

What people told us and what we found

People told us what it was like to be a patient in Salford Royal NHS Foundation Trust Hospital. We visited five wards, the emergency assessment unit (EAU), two elderly care wards, a respiratory medical ward and an orthopaedic ward. We spoke with a number of patients, relatives and staff. We were told:

"Staff are very knowledgeable about the care I am receiving, they are kind and helpful."

"I feel that the staff have really communicated well", and "You don't have to ask, they explain everything to you".

Patients told us they felt involved in making choices and decisions about their care. Patients felt that the hospital promoted the dignity of people. Patients had their treatment explained and were provided with information in relation to the proposed length of their stay at the hospital.

During the inspection we looked at the arrangements for the safeguarding of patients from abuse and staff training. We also looked at how the Trust monitored the safety and quality of the service.

We met with senior managers at the Trust who were able to demonstrate that the views of patients about their experiences were gathered, carefully considered and used to help shape the development of the service. The Trust had processes in place to monitor various aspects of patient safety and clinical outcomes and to improve patient experience overall.

We found evidence of compliance with all areas we inspected.
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>Met this standard</th>
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<td>People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run</td>
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#### Our judgement

The provider was meeting this standard.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care. People's privacy, dignity and independence were respected.

#### Reasons for our judgement

People who use the service understood the care and treatment choices available to them.

During our inspection we visited five wards where we spoke with a number of patients, visiting relatives and staff. On admission to the service, patients were provided with a range of written information. This information was designed to help people understand the choices available to them. This was available in each of the wards we visited and was specific to the specialised nature of the treatment and care provided there. Such information supplemented the information provided by the medical and nursing staff.

We looked at the welcome pack which was given to new patients on arrival in the ward. This contained information about Patient Advice and Liaison and Liaison Service, (PALS) sections on dignity and respect, infection control, medication information and discharge information.

We spoke with relatives of patients on the wards we visited. One relative told us "I have had every detail possible explained to me". They went on to say that the staff had not only looked after the patient, but also looked after them in a sympathetic and compassionate way. They were awaiting some test results and told us; "I was given the results of the tests immediately, they knew I was anxious".

We asked if patients felt they were consulted about their ongoing treatment and condition. Comments from patient's included;

"They keep talking about your condition, they tell you everything."

"I have been here for three days, I have been told all along exactly what's happening", "I have been able to ask questions and the doctor's or nurses have answered them, they have been great", 
"I feel that the staff have really communicated well", and "You don't have to ask, they explain everything to you".
Patient's told us that their rights to privacy, dignity and independence were respected. One patient told us "They ensure the curtains are drawn if they are doing any interventions. They speak quietly so others don't hear anything personal." Patient's also told us, "They (the staff) always call you by your preferred name". "The staff have really treated me with respect; I have no complaints at all".

One person's relative told us that their relative, was attended to by a male nurse for personal interventions whenever possible, in order to preserve their dignity. Another relative told us that the patient, although in and out of consciousness, was "kept immaculately clean and fresh smelling". They also said that the patient's speech was quite impaired, but said that the staff had "taken a lot of care to try to understand them."

Staff told us they recognised the importance of maintaining patients privacy and dignity. Staff told us they encouraged patients to be as independent as possible and carry out whatever tasks they could for themselves. Three people told us that the staff supported them as and when they needed support. One person said, "They are there when I need them but they are good at making me do what I need to for myself."

On each ward we visited we observed how staff ensured patient's dignity and privacy were respected. We saw that privacy curtains were used appropriately when treatment and personal care was being provided. We heard staff requesting patient's permission if they wanted to go behind the curtains. All interactions we observed between staff, and patients were respectful. Staff were observed to speak in a quiet and respectful manner when addressing patients. We overheard a doctor asking if patient fully understood what he had just explained. Patients spoken with confirmed this was the usual practice.

The availability of side wards ensured that there was flexibility when treating patients who required additional privacy or confidentiality or had more complex needs.

We saw a letter from a visitor to a ward who during the visit used the hospital's prayer room. The letter was complimentary about how well equipped the room was to enable a patient's religious and cultural beliefs to be exercised whilst in hospital. Patients were formally involved in their care when staff carried out assessments with them. The admission assessment included the patient's physical, psychological and spiritual needs. Patient's confirmed that during the admission process they were asked about their preferred name, contact details of their next of kin or representatives and what arrangements were in place at home for them.

The hospital had a number of ways of gathering the views of people who use the service. Feedback from patients was gathered in a number of different ways including by use of hand held devices which could be given to patients and relatives at any time so they could give 'live feedback' and could complete the survey confidentially. A telephone help line was available for patients to raise any concerns whilst being treated. There was a question on the admission section for staff to confirm if they had informed patients about this.

A satisfaction questionnaire was undertaken on discharge of patients. Housekeepers and volunteers encouraged and supported patients and relatives to give feedback on their experiences whilst on the unit.

Evidence about patient and relatives experience was taken from the trusts Nursing Assessment and Accreditation System (NAAS). The NAAS is designed to support nurses in practice to understand how they deliver care, identify what works well and where further
improvements are needed. A total of 3,422 patients participated from April 2012 up to Oct 2012. Overall the report demonstrated a high level of patient satisfaction with aspects of care and treatment that included questions in relation to: privacy and dignity, communication, involvement in treatment decisions and recommending the service to family and friends.
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.

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

Reasons for our judgement

During this visit we found that patient's needs were assessed, care and treatment was planned and delivered in line with their individual care plan. Patients were treated in an environment that was modern and clean.

Despite wards being busy, the environments were calm and staff were seen carrying out their duties in a professional manner. All of the wards we visited had arrangements for single sex bays. We spoke with a number of patients on each ward we visited to gather their views about how their treatment and care needs were being met. The majority of the feedback we received was extremely positive. The patients we spoke with were being treated for a range of medical and surgical conditions. Comments made included;

"I am happy with the care I have received", "I can't fault this hospital, the care has been great, I have no complaints", "I am in a side room and the nurses pop in and out, they answer the call bell every time, I have never had to wait long," and "the staff have been wonderful".

"They talk about my treatment and discharge plans."

"I'm very pleased. They have been good. They can't do enough for you. They explain what's what. I've had changes to my medication explained."

Patients told us that the staff treated people patiently and with understanding. We looked at a sample of patients care records on each ward we visited. We saw that any risks to patients were identified and addressed during their hospital stay. All records were electronic with observation charts held at the patients bedside. Portable electronic systems allowed "live" in put at the time of examinations or ward rounds. Observations were recorded at required intervals and early warning scores (EWS) were also recorded. This is to document any deterioration in a patient's condition and ensure a timely and effective response.

Risk assessments were completed for nutritional risks, pressure care, falls and dementia. Patients wore different coloured wrist bands to raise awareness of risks, which included infection, allergies and confusion/dementia.

All nursing and personal needs were appropriately assessed, documented and reviewed.
There was evidence that timely referrals had been made to other health professionals such as speech and language therapist, (SALT), occupational therapy and physiotherapy.

We looked at the fluid balance charts for a sample of patients. These were generally well recorded apart from one where we found for the day that only one or two entries were documented. We spoke with the nurse with lead responsibility for this patient, who explained they had been too busy to record the information but the patient had taken sips of water. We were assured this would be addressed immediately.

There was evidence of health promotion advice in the form of leaflets and sign posting for guidance, in relation to smoking or alcohol.

We saw that information was readily available to help people who use services. Confidential patient information boards were displayed away from public areas. Various magnetic symbols were used to raise awareness of issues such as patients who were confused or suffering from dementia, infection risks, falls risk, nutritional risk, diabetics, patients on blood thinning medication and those patients who were due to be discharged.

We spoke with one of the ward managers who told us that each shift began with a 'safety huddle', which was a system to ensure that all staff were aware of the risks relating to patients on the ward at any given time to help ensure effective care and treatment was given. One nurse told us that issues such as infection control, pressure risk, falls, catheters and controlled drugs were communicated to each other and it updated them on patients clinical needs, social care needs and progress with discharge planning.

We saw that the wards used intentional roundings. This is a system where staff spoke to each person every hour to ensure that their basic needs were being met, for example, they checked whether the patient needed a drink or if they were experiencing any pain. We looked at the documentation relating to this and records were generally up to date and signed.

We saw that hospital passports were in files, for those patients who suffered from dementia. These were used to ensure that all health and social, care professionals involved in care and treatment had current and relevant information about the patient.

There were arrangements in place to deal with emergencies. The staff we spoke with told us they felt confident in recognising and responding to emergency situations and told us they had received training to support them to respond effectively to emergencies.

We were told on one ward that each staff member had an allocated role on every shift with regard to resuscitation. This was discussed at the beginning of each shift to ensure that each member of staff was clear about their role in the event of an emergency. We saw that there was equipment in place to assist staff in the event of emergencies, and staff confirmed that this was checked on a daily basis.

People’s care and treatment reflected relevant research and guidance. On one of the wards, the staff had begun an initiative to reduce the time that patients had catheters in place. Staff were being encouraged to question why the patient had a catheter in place and whether it was still needed. On another ward we observed the clinical pathway for a particular patient’s condition; this followed the recommended guidance from admission to rehabilitation and discharge.
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.

People who use the service 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

Evidence was provided to demonstrate that the trust had effective arrangements in place to ensure that staff were able to recognise abuse and respond appropriately to any allegation of abuse.

We were able to confirm there were named leads appointed within the trust to provide guidance and support to staff members who had identified safeguarding concerns and who supported the staff training programme. We met with one of the safeguarding leads for the trust who had knowledge, experience and skills in the area of safeguarding as well as in-depth understanding of issues such as disability, mental health and domestic violence. This team member described some of the processes in place to protect children and vulnerable adults across the trust. They also explained to us how they supported the safeguarding training programme (including training relating to The Mental Capacity Act 2005 and Deprivation of Liberty Safeguarding (DOLS) for staff across the trust. We saw that the trust worked closely with other agencies, including social services.

We talked with patients on five wards we visited to establish their views about how well they were treated and if they felt safe whilst in hospital. Patient's told us that they received care and support in a safe manner. One patient told us, "I am happy with the service provided at this hospital. The staff and the service I receive here is excellent. I am always made to feel safe and comfortable with the staff. The staff are very professional in what they do." During our inspection we observed care and support being offered by staff in a courteous and respectful manner to patients and we saw that staff behaved professionally at all times.

One patient told us that they observed and heard staff always being 'kind and gentle with frail older people'. On the wards we visited some patient's relatives were complimentary about how the staff behaved to more vulnerable people. One person's relative said, "I have seen and heard the staff always checking on the elderly, they are good and they talk to them in a quiet, gentle manner."

We spoke with a number of staff on each of the wards we visited. Staff demonstrated a good understanding of safeguarding both in relation to children and vulnerable adults. Staff had access to trust safeguarding and child protection guidance. Staff were aware of the procedures to follow if concerns were raised and demonstrated that they knew what action
to take so that people were kept safe. Staff were able to explain the various types of abuse and how any issues would be escalated.

A suitable process was in place for responding appropriately when it was suspected that abuse had occurred. When any safeguarding issues were identified these have been reported in a timely way to the appropriate authorities.

Records confirmed that safeguarding training for adults and children was provided to staff at the trust. The mandatory training overview showed that a high percentage of staff had undertaken both adult and child protection training and this training was repeated on an annual basis.

Staff told us they were familiar with the trust's whistle blowing policy, and all staff we spoke with stated they would have no hesitation in reporting anything that they thought was inappropriate or anything which put patients using the service at risk.
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.

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

Reasons for our judgement

The provider has secured high standards of care by creating an environment where clinical excellence could do well. Staff told us they felt well supported, both by their managers as well as each other.

New staff received an induction when they first started their role and received a period of supervised practice by a senior member of the staff team so they were clear of their responsibilities and what was expected of them. One recently recruited member of staff told us: "I feel like everyone is really approachable, I am never made to feel bad for asking for guidance and support when I need. The induction was very thorough; I have learnt such a lot in a short time. We work well as a team on this ward. I am well supported. We get sufficient time for training and supervision. We have a study day once a month on different topics. I like working at this hospital." Another new starter told us that they were made very welcome by the team when they began work on the ward. All staff we spoke with told us that they were supported to develop their own skills and follow areas of special interest to them.

Records showed that staff at all levels were provided with a comprehensive induction at the start of their employment. Important health and safety areas were covered in the induction as well as training in areas such as equality and diversity, fire safety and manual handling. We were told by staff that records were kept detailing each staff member's induction, which included signatures by both parties when they had covered particular areas.

Assessments of staff competence in particular areas were carried out to ensure that they retained their skills. We saw there was a detailed staff training programme in place to provide staff with regular training in areas specific to their role, and general courses such as moving and handling, life support, and conflict resolution. A number of training courses were carried out by computerised 'e-learning' whereby at the end of the course they completed a questionnaire to check their competence. Staff told us they were able to learn from this training and sometimes additional courses or study days were held to consolidate this learning.

Records showed that there were robust systems in place for monitoring individual staff member’s training. We were showed records of monitoring of every staff member as well as processes that were followed if it was identified that a staff member had not completed
their mandatory training within the specified timescale. Staff were enthusiastic about training provided to ensure they were kept up to date with skills to help them support patients within their speciality. Staff took on lead roles for specific areas, for example, dementia care, infection control, nutrition and resuscitation so they could share best practice with other staff.

The trust’s training programme showed a commitment to developing a skilled workforce who were able to provide safe and effective care. The senior management told us there were formal systems in place to provide staff with ongoing supervision, appraisals, and learning and development opportunities. We spoke with staff about the support and supervision they were offered. Staff told us they received supervision on a regular basis. Staff told us that they felt well informed, that information was shared with them through team meetings and briefings. Some staff members we spoke with told us they received an annual appraisal. They told us that they found senior staff to be supportive and they provided advice and guidance as necessary. We spoke with eleven members of staff. All eleven staff felt they were well supported by the management structure in place and said that they felt they could approach a more senior staff member at any time for either a formal or an informal one to one meeting.
Assessing and monitoring the quality of service provision

Met this standard

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

All NHS organisations are required to have a comprehensive programme of quality monitoring and improvement in place. Trusts refer to the processes of quality assurance as 'governance'. We asked the trust to show us what systems were in place for monitoring the quality of the service and how they ensured that their governance processes resulted in the continuous improvement of patients' care.

The trust was operating well established systems to monitor and improve the quality of treatment and care provided. These outlined three levels of assurance, from ward and department level through to the trust board. The framework includes governance, health and safety, estates and risk and assurance groups and committees.

The Trust Board received quarterly quality reports detailing information on a range of patient safety indicators across all divisions of the trust as part of the monthly performance report. These included reports on pressure ulcers, falls, venous thromboembolism (deep vein thrombosis), complaints and serious untoward incidents. We were shown clinical audits for example relating to storage of medicines and infection control. Where issues had been identified action had been taken to protect people who used the service.

Another process to help the senior management assess and monitor the quality of the service included a 'weekly walkabout' by senior managers. During the walkabouts, managers would visit wards, observe care and speak with patients and staff. The senior managers told us that their increased presence within the hospital had led to staff becoming more familiar with the concept of their practice being closely monitored. Staff spoken with reported that it had started to 'become competitive' to drive improvement throughout the Trust. They told us that the Nursing Assessment and Accreditation System (NAAS) worked well because if their ward gained 'green status' on three consecutive audits, they could then apply for a further accreditation, 'Safe, Clean and Personal Every time'. Staff told us that they felt communication was quite good throughout the trust between management and staff.

At ward and department level incidents and accidents were recorded and fully investigated by the ward mangers and other senior staff within the organisation. The trust demonstrated a commitment to focus on incident reporting, data collection and root cause analysis to ensure learning throughout the organisation. We spoke with senior trust managers and
senior nurses about how they managed any incident of concern or serious events. We were told the wards and departments had an incident reporting system. All significant events were reported through the 'Hospital Incident Reporting System'. This was completed by all wards and departments and collected centrally. All incidents were analysed and each ward was provided with a report of the incidents reported. One nurse told us that this was used as a tool to review practices on the ward, look for any patterns of concern and to improve systems in place. The senior nurse for tissue viability told us that each reported pressure ulcer is reported and looked into in detail to ensure the appropriate checks are in place for the patient. Staff told us that they discussed lessons learned following the investigations of incidents.

Managers told us about their commitment to provide safe, effective care that was focussed on the 'patient experience' and they gave us some examples of where action had been taken following feedback received from patients.

If training needs were identified to improve practice this was provided to the staff. This demonstrated that the service was using and developing internal audit systems in a way that ensured that appropriate action was taken to protect patients from risks associated with unsafe care, treatment and support.

We saw that the wards had a number of audits carried out on a weekly basis, such as elimination, documentation, Malnutrition Universal Screening Tool (MUST), patient safety, infection control and falls. These audits were documented and up to date. These weekly audits meant that any issues picked up could be dealt with immediately. One example included the apparent lateness of patients being discharged home. We were told this was not because patients were actually being discharged late, but because all staff were not able to use the electronic system to record discharges. This had now been resolved and all staff were now able to use the recording method.

Clinical audits were also part of the process of reviewing care and outcomes for patients against a set of criteria or standards. Some of these standards are nationally agreed and some are defined by the trust. We saw that the trust continuously monitored outcomes of clinical audits and responded quickly if audits showed that a particular area needed to be investigated in more detail.

On the wards we saw there were a number of thank you cards and compliments from patients and relatives given to the ward. A number of cards praised the staff for their care and one card praised the cleaner and said that they, "always kept the ward spick and span."

The views of people using the services of the hospital were regularly sought. Information and ways to seek and report patient's views were available throughout the hospital. Where any issues had been identified, these had been reviewed and appropriate action had been taken to address them. Patients and relatives we spoke with said they felt listened too and their views were valued and respected.

At ward level we saw that quality and patient experience were on the agenda for ward meetings where complaints, incidents and compliments were also discussed.
We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.
How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✔ Met this standard

This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed

This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken

If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.
How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

**Minor impact** – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

**Moderate impact** – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

**Major impact** – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly.

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.
Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our Guidance about compliance: Essential standards of quality and safety. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the Guidance about compliance. The 16 essential standards are:

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

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.
# Glossary of terms we use in this report (continued)

## (Registered) Provider

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

## Regulations

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

## Responsive inspection

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

## Routine inspection

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

## Themed inspection

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