Inspection Report

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

HMP Lincoln

Greetwell Road, Lincoln, LN2 5QY

Date of Inspections: 19 November 2013
18 November 2013

Date of Publication: December 2013

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

Respecting and involving people who use services	✖ Action needed
Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Management of medicines	✓ Met this standard
Staffing	✖ Action needed
Supporting workers	✓ Met this standard
Complaints	✓ Met this standard

Details about this location

Registered Provider	Lincolnshire Partnership NHS Foundation Trust
Overview of the service	HMP Lincoln is a category B local and remand prison for men. It serves the Courts of Lincolnshire and Nottinghamshire. CQC regulate the health care provision within the prison which is currently provided by Lincolnshire Partnership NHS Foundation Trust. The Trust provides healthcare for people with physical needs and some mental healthcare. It also contracts in dental and pharmacy services. There is a different provider for substance misuse treatment and support.
Type of service	Prison Healthcare Services
Regulated activities	Assessment or medical treatment for persons detained under the Mental Health Act 1983 Diagnostic and screening procedures Treatment of disease, disorder or injury

Contents

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'.

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 18 November 2013 and 19 November 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with staff, reviewed information given to us by the provider and talked with other regulators or the Department of Health.

What people told us and what we found

We co-ordinated our inspection of services provided by Lincolnshire Partnership NHS Foundation Trust with the H.M.Inspectorate of Prisons (HMIP). Lincolnshire Partnership NHS Foundation Trust provided primary health care services and mental health care. The substance misuse treatment service was contracted to another provider. Our inspection visit was announced and was carried out over two days and we focussed on the primary healthcare service.

We spoke with twelve people who used the service who told us they were happy with the service they received. One person said; "this is better than most places I have been to." Another person said, "most of the nurses are good, it is okay"." Another said; "the healthcare staff are brilliant." Some said there were delays in receiving appointments or treatment. We saw there had been some improvement in waiting times but there were still some delays. People said healthcare staff worked hard to make sure their care needs were met and we were told that most staff were attentive, helpful and appeared to be interested in making sure people's healthcare needs were met.

We found people's privacy and dignity were not respected.

We saw a health care centre had been newly created and it was separate to the residential facilities. It provided health promotion clinics and a GP surgery. We found people were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

We spoke with ten nursing staff who worked at the prison. They told us they enjoyed their work. They did say they felt supported by their line manager to carry out their role. We looked at the records for the service, including quality assurance audits, surveys, staff records, policies and training documents and found them to be up-to-date.

We found there were not enough qualified, skilled and experienced staff to meet people's needs in a safe and timely way.

We found an effective complaints system was in place and complaints were thoroughly investigated.

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

What we have told the provider to do

We have asked the provider to send us a report by 19 December 2013, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

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

More information about the provider

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

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

Our judgements for each standard inspected

Respecting and involving people who use services ✖ Action needed

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 not meeting this standard.

People's privacy, dignity and independence were not respected.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

We spoke with twelve people who had used the healthcare service. They were positive about the way staff interacted with them. One person said, "The staff really are respectful, most take the time to listen." We were also told, "The staff are good" and, " the staff are brilliant." Another person said; "There's plenty of information at the clinic." We saw there were leaflets available within the clinic about various medical conditions and other health promotion literature. We were told as part of induction each person was given a booklet about the health services at the prison.

Staff told us that they had access to a telephone interpretation service should this be required. Staff also had access to a translation service should any printed literature be required in alternative languages. We did not see any printed healthcare information readily available for people whose first language was not English, although we had been told people from other cultures and ethnic origins were accommodated at HMP Lincoln. This meant all people did not have information, in a way they could understand, about the healthcare provision when they were first admitted to prison.

We were told peoples' healthcare needs were assessed on arrival so that staff were made aware of any immediate concerns and medication that may be required. People were seen by the general healthcare staff as part of an initial reception screen. Staff followed this up within five days when a comprehensive secondary health screen was completed. Most people said they understood the care and treatment choices available to them. However two people we spoke with who used the service expressed frustration at the perceived lack of communication with the health care staff in prison and the primary care services they had left in the community. One person said; "I've been waiting for an operation and each place I go I have to tell them about it to try and get it sorted." This meant not all people who used the service were given appropriate information and support regarding their care and treatment.

People who wanted to use healthcare services requested an appointment by completing a form held on each wing and putting this into a confidential envelope. This was collected by health care staff when they visited the wing. Officers on the wings did not have knowledge of those requesting healthcare.

We observed the way staff interacted with people who were using the healthcare service during our inspection. We saw they spoke with people in a polite and respectful manner. Recent comments from a survey described healthcare staff as "wonderful, caring and polite." And "supportive." Also; "I think nurses on E wing go above and beyond their duties to help us. A massive thanks to them all." Also; "I found that this was the first time in years that the nurse actually engaged in relevant conversation and listened to what I had to say."

We spoke with eight members of staff who were involved in healthcare during our inspection. The staff we spoke with described ways in which they respected prisoners and involved them in decisions about their treatment. Three of the staff we spoke with told us they faced some challenges in maintaining the privacy and dignity of people when administering medication. We saw when medication was administered on prison wings, the system afforded little privacy and dignity for people who queued for their medication. Two health care providers administered medication from the one room. This included for the administration of methadone, which was a service provided by the other healthcare provider. Methadone is a drug that is used as a substitute for people who are addicted to morphine or heroin. This meant as people waited in queues they could see who received medication for substance addiction. We were told by staff it sometimes lead to bullying amongst people. This meant people's privacy and dignity were not respected.

We saw people were asked to complete a customer experience questionnaire about their health care treatment. The responses analysed from the 44 returned questionnaires between April and November 2013 showed that over 90% of people felt that staff treated them with respect. 73% of people felt listened to by staff, 82% felt informed and given options about their treatment and over 86% felt involved in their care. This meant people who used the service and their representatives were asked for their views about their care and treatment.

Consent to care and treatment ✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. Where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

Reasons for our judgement

We were told that on a person's arrival an initial screening checked the psychological state of the person to see if they were a risk to themselves or others on their first night of detention. Depending upon the outcome of this assessment further information would then be collected by the mental health team about arrangements for their care. A further health screening was also carried out within five days of their arrival.

We were told there was a consent policy for staff reference. The records we looked at showed examples of completed formal consent in care records, such as for sharing of personal information with third parties. We saw one person, who used the service, had commented that the healthcare confidentiality statement which required their signature was confusing. It confused issues of consent to record personal information, share it with others and to source information from external agencies. The form was subsequently adapted by mental health staff and improvements were made which included making sure people were given informed choice with regard to some of the above issues.

We saw healthcare staff had received training with regard to mental capacity and the Mental Capacity Act (MCA) 2005. This meant staff were informed of the rights of people when they lacked mental capacity to give informed consent to care and treatment.

We spoke with a mental health team leader who was able to describe to us the formal process they followed if they had any concerns about a person's mental capacity to make informed decisions about their care. We were made aware of situations where a person may choose to refuse medical treatment or to receive nutrition and hydration. The correct procedure was followed and the situation was monitored under a formal safe guarding process. This meant in most cases where there were any concerns over people's capacity to make decisions, a formalised procedure was followed to determine what was in the person's best interests as required by the Mental Capacity Act 2005. This meant the provider acted in accordance with legal requirements.

Care and welfare of people who use services ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

Lincolnshire Partnership NHS Trust is contracted to provide the primary health care services this includes: dentistry, podiatry, physiotherapy and mental health. The substance misuse service is not provided by the Trust.

We were told mental health services were provided by the mental health in-reach team provided by the Lincolnshire Partnership NHS Trust. The substance misuse service had been contracted out to another provider from 1 April 2013. We spoke to staff who said the working relationship between the Trust staff and substance misuse staff resulted in an effective service to people who used the service. We were told the mental health services operated an open referral system and that they aimed to assess the person on the same day they received the referral. If appropriate a doctor would progress the assessment. Anyone arriving at the prison with significant concerns or anyone known to the mental health services was automatically placed on this team's case load.

We spoke with twelve people who used the service. They felt the care they received was good. One said; "this is better than some places I have been to." Another said "most nurses are good. It is okay." Another said; "Staff are brilliant." One person said they thought there were delays and problems with communication in obtaining their medical history from where they had previously been. They said; "You have to explain yourself all over again. That can be frustrating as the problem doesn't get sorted straight away." The people we spoke with expressed some dissatisfaction at the waiting times they had experienced. One person said; "We wait too long and we don't always know if we've got an appointment." We saw the older person's focus group meeting minutes of 5 November 2013 which confirmed these delays were due to a shortage of doctors as highlighted by people who used the service. We were told by staff there was no doctor available on a Friday or at weekends.

We saw people could attend a newly created health centre for health care appointments and clinics between 09.30am and 11.30am and 2:00pm and 3:45pm. This was run by the primary healthcare staff. There were no inpatient facilities at the health centre. We looked at the computer records to check waiting lists. The provider may find it useful to note we saw the waiting list to consult a GP on 19 November 2013 showed 109 people were

waiting for an appointment and the waiting time was up to three weeks. We were told by healthcare management team that waiting times had improved since August 2013 following the recruitment of a part time medical officer, who was now available to support the work of the part time doctor. The dentist operated four sessions per week and we saw the longest a person would wait to see the dentist for a routine appointment was three weeks. Emergency dental appointments were prioritised. We were told there had been a longstanding problem with people not attending for their healthcare appointments. We saw it was now improving, as non-attendance rates had fallen from 26% to 12% in 2012-2013. We saw clinic lists that showed for 19 November 2013 from eight clinic appointments only three people had attended. When we spoke with people who used the service, some expressed frustration that they had been unable to attend their healthcare appointment due to a breakdown in communication or because prison procedures on the wings had delayed their attendance. We were aware there was an initiative to continue to improve communication and cooperation between prison and healthcare staff. For example most people who had medical appointments were escorted in groups over to the health centre at 8:30am ready for their appointments.

We were told health promotion clinics were held at the health centre and a clinic was held in the wing for older people on a Friday afternoon. We saw that healthcare staff had developed their roles so there were now specialists in areas such as elderly care, chronic disease management and health promotion. We also saw focus groups were held with older people and people with disabilities who used the service to discuss any issues related to their healthcare needs. We were told people who used the service also provided representatives to be health care champions to promote good health and make new people using the service aware of the health care provision. This meant people's care and treatment was planned and delivered in a way that protected them from unlawful discrimination.

We looked at clinical records that staff were keeping on SystmOne. This is the computer based patient record system used across the NHS. Staff were making notes on the system each time they had seen a patient. These notes gave information about the reason for the appointment and any treatment and advice given. We saw records of care plans used by healthcare staff to plan and manage a person's treatment. Care plans showed the physical, mental, emotional, social history and social needs of people who used the service. Risk assessments had been completed for all people who used the service which identified risk for the individual. This meant people's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

We saw defibrillator machines, for emergency resuscitation were held on each wing and in the health centre. We were told automated defibrillators were also available. We were told that all staff, including non- clinical staff, had received basic life support training. This training was repeated annually for clinical staff, who also received intermediate and advanced life support training. Training in the use of the emergency equipment was in the process of being provided to prison officers. Staff described the systems in place for checking the equipment, on a daily basis, to see it was in working order. This meant there were arrangements in place to deal with foreseeable emergencies

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

We saw that strategies for safeguarding vulnerable adults and children were in place. These included the local contact details for the safeguarding adult and child protection teams. These teams investigate safeguarding referrals and therefore help protect people from harm. This meant the provider was aware of the multi-agency procedures which describe the role of the different authorities when an allegation of abuse is made.

The staff training record showed us that healthcare staff had received training and instruction and knew about their duty to report safeguarding concerns. Staff we spoke with understood what safeguarding was and could describe the different forms of abuse. They were also aware there were separate processes for managing safeguarding alerts and complaints. Staff we asked said they would report any concerns to senior staff who would then act on this information. This meant the provider responded appropriately to any allegation of abuse.

We were told risk assessments and audits were carried out to identify potential risks to people who used the service. Safeguarding alerts were raised as required such as if a person was a risk to themselves or others. An alert had also been raised because of the perceived isolation of a person on the high dependency unit in the healthcare centre. It had been agreed the person was isolated, however, it was resolved before investigation could be completed as the person had left the unit.

We saw a whistleblowing policy was available and it had just been reviewed. Staff were aware it was a way of alerting the provider or other agencies about practices taking place that may harm vulnerable adults.

Some information of concern was reported to the Care Quality Commission at the end of this inspection. Some of the issues related to concerns identified in this report. The remainder of the concerns are being dealt with outside of this inspection.

We were told people were involved in the identification of their needs and about the circumstances in which they felt they were unsafe, or at risk. Case management of people

whose behaviour presented challenges was detailed and systems were in place to help protect people who self-harmed. This meant people who used 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.

Management of medicines ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

We saw qualified staff administered medication from the prison wings and had the support of a pharmacist. Some people who used the service had raised concerns about access to medication. We found that all complaints had been investigated. However, because of changes within the local Trust, previous cooperation in working practices that were now no longer available, had a detrimental impact upon healthcare within the prison. This was with regard to the timeliness of out of hours medication. We were told that previously out of hours medication could be obtained from the pharmacy within the Trust, which was located opposite the prison. However, this was no longer available and only if staffing levels were sufficient, staff had to travel further off site, to obtain the medication, otherwise people did not receive it in a timely way. We were told people were issued with pain relieving medication for emergency use when they were first arrived. Any other medication they may require was not available until it had been prescribed. The provider may find it useful to note the availability of obtaining prescriptions for people was reduced as the system for out of hours prescription writing was no longer available with changes in the healthcare provision contracts within the prison. This could cause health risks to people if there was a delay in obtaining the correct medication.

We saw that risk assessments were carried out to see if it was safe for people to hold their own medication. These assessments were carried out by the GP, who used a scoring system to determine risk. Both the person and the drug risk were assessed. The assessments were reviewed when conditions or circumstances changed. We saw all drugs not held by people were stored in secure cabinets in secure locations. This meant medicines were kept safely.

Staffing ✖ Action needed

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

Our judgement

The provider was not meeting this standard.

There were not enough qualified, skilled and experienced staff to meet people's needs.

We have judged that this has a moderate impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

We were told the prison accommodated a maximum of 729 males in 407 cells spread across four residential wings and a care and segregation unit. The daily health care staffing complement consisted of:

Four-six nurses which included two clinical leads and two-three health care support workers between 7:30am and 5:00pm
Two nurses and one health care support worker between 5:00pm and 9:00pm
One nurse and one health care support worker between 9:00pm and 7:30am

We were told the reception which screened new people arriving required a nurse for the health screen assessment. This was staggered over the day but core times were 7:30am-8:30am and 13:30pm-21:00pm. We were told by reception staff and clinical staff there could be delays in the screening process, which included the health screening process, when the nurse was not available to health screen people immediately. We were told, an evening the previous week, it had taken until 12:30am to get people to their cells as 40 people had required screening. Medication was issued by nurses on the four wings and they were in the treatment rooms on the wings until 9:15am. This included two wings that required four nurses to be involved in the administration of medication. This meant medication was not always issued in a timely way on the other two wings when only one nurse was available. It also meant staff duties were disrupted if there was a medical emergency and other qualified staff were not available to assist. This meant there were not enough skilled, qualified and experienced staff to meet people's needs to cover all the duties required by healthcare staff.

We were told the health care clinics operated from 9:30am -11:30 am and 2:00pm-3:45pm. We observed staff were busy and tried to make themselves available in clinics, treatment rooms and reception in a timely way to deal with people's needs. Records and incident reports also showed there were people with complex needs who required care and treatment in a timely way. These included incidents of self-harm or death. We concluded from observation, staff comments and the comments of people who use the service and records looked at, that there were not enough staff to meet the needs of the

people.

We saw there was one doctor who worked part time Monday and Tuesday mornings. One medical officer who worked full days; Monday-Thursday.

This meant doctor cover was not available on Fridays or at any time over the weekends to write prescriptions or to attend to patient appointments. We were told people may have to wait a minimum of five days for a prescription when they arrived when doctors were not available. This included waiting for prescriptions for long term health conditions such as diabetes and epilepsy. This meant there were not enough staff to meet people's needs in a safe and timely way.

We were told by the senior healthcare management team that Lincolnshire Partnership Trust was undertaking a work force review. As a result healthcare staff provision within the prison was also affected. We were told one band six, clinical nurse was not being replaced. The band three health care support workers posts were being removed and this would affect two staff members.

We observed staff morale was low at the time of inspection and there were some justifiable concerns from staff that there would not be enough qualified, skilled and experienced staff to meet people's needs. We noted five staff had left and recruitment was taking place to fill some of the vacancies, we were told exit interviews were carried out. At the current time there was still continuous care and support provided to people who used the service. A concern would be that continuity of care to people who used the service would be disrupted as more people left or if morale remained low.

Supporting workers ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

We spoke with twelve people who had used the healthcare service. They felt that generally staff appeared to be competent in their duties. One person said; "The staff are brilliant." Another said; "Most staff listen."

We looked at the staff training matrix which recorded the training provided to staff. We saw that staff received mandatory training. Training included topics such as safeguarding vulnerable adults and children, life support, health and safety, fire safety, whistle blowing, mental capacity, restraint, medicines management, information governance and infection prevention. We saw there was a range of specialist knowledge amongst the staff team, for example in areas such as pain management, wound management, diabetes and managing other long term conditions. This meant staff received appropriate professional development.

The staff members we spoke with said they received an annual performance appraisal and regular supervision with their manager. They said they were well-supported by their immediate line manager and would be able to raise any concerns they had about the standard of care provided. This showed the provider safeguarded high standards of care by creating an environment where clinical excellence can do well.

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 procedure available. Comments and complaints people made were responded to appropriately.

Reasons for our judgement

Each person was given an information booklet, which contained information about the health care service, as part of their induction. The provider may find it useful to note it did not contain information about how to make a complaint. However all people we spoke with said they knew how to complain. We were told there were complaints forms and post boxes advertising people's right to complain in other languages as part of the prison complaints system. We saw the health complaint form and complaint box was separate to the main prison complaints system.

We were told information was made accessible to people where English was not their first language after an assessment of their language was known. The provider may find it useful to note as information is available about the usual nationalities and ethnicity of the HMP Lincoln population written information was not readily available for these people to make them aware of their right to complain about the health care service.

The health centre's policy and procedure provided guidance for staff about how to deal with complaints. This meant people were able to raise their concerns through the provider's complaints process and staff knew how to respond to people's complaints.

We asked for and saw a summary of complaints people had made and the provider's response to them. For example, in August 2013 we saw ten complaints about individual care had been investigated by a clinician or the head of prison healthcare and the outcome recorded. We saw an audit of the complaints log was carried out as part of the quality assurance process to check for trends or one off complaints. For example, in August 2013, we saw ten complaints were related to medication changes which had been identified as a trend. It was identified as people's medication was being reviewed it may have some effect on the number of complaints. However, we saw records to show, this area was to continue to be monitored as there was a high incidence of such complaints from 2012-2013. This meant people's complaints were fully investigated and resolved where possible to their satisfaction.

This section is primarily information for the provider

Action we have told the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activities	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Diagnostic and screening procedures Treatment of disease, disorder or injury	**Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2010** **Respecting and involving people who use services**
	How the regulation was not being met: People's privacy, dignity and independence were not respected. Regulation 17 (1)(a)(b) (2)(a)(b)(c)
Regulated activities	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Diagnostic and screening procedures Treatment of disease, disorder or	**Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010** **Staffing**
	How the regulation was not being met: There were not enough skilled, qualified and experienced staff to meet people's needs. Regulation 22.

This section is primarily information for the provider

injury	

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 19 December 2013.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

About CQC inspections

We are the regulator of health and social care in England.

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

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

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

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

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

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

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

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

You can tell us about your experience of this provider on our website.

How we define our judgements

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

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

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

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

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

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

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

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

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.

Contact us

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