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

Queen Elizabeth Hospital

Queen Elizabeth Avenue, Sherriff Hill, Gateshead, NE9 6SX
Tel: 01914820000

Date of Inspections: 05 December 2013
04 December 2013
Date of Publication: February 2014

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

- **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
- **Complaints**: Met this standard
## Details about this location

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<th>Gateshead Health NHS Foundation Trust</th>
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<td>Overview of the service</td>
<td>Queen Elizabeth Hospital provides services to the population of Gateshead and its surroundings. The hospital provides a full range of outpatient clinics and diagnostics, inpatient surgery, children's services and consultant led maternity services.</td>
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| Type of services | Acute services with overnight beds  
Blood and Transplant service  
Community healthcare service  
Doctors consultation service  
Diagnostic and/or screening service  
Community based services for people with mental health needs  
Hospital services for people with mental health needs, learning disabilities and problems with substance misuse  
Rehabilitation services |
| Regulated activities | Assessment or medical treatment for persons detained under the Mental Health Act 1983  
Diagnostic and screening procedures  
Family planning  
Management of supply of blood and blood derived products  
Maternity and midwifery services  
Surgical procedures  
Termination of pregnancies  
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Summary of this inspection

Why we carried out this inspection

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

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 4 December 2013 and 5 December 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 sent to us by other regulators or the Department of Health. We reviewed information sent to us by local groups of people in the community or voluntary sector.

We were supported on this inspection by an expert-by-experience. This is a person who has personal experience of using or caring for someone who uses this type of care service.

What people told us and what we found

The team for this inspection consisted of three compliance inspectors and three experts by experience who obtained patient views. The inspection focused on the medical pathway within the Queen Elizabeth Hospital and the governance and complaints handling systems in place and how these ensured continuous improvement of patients' care.

We visited the accident and emergency department, the medical assessment unit and the associated wards 3, 23, 24 and 25. We spoke with 70 patients and relatives during the inspection and reviewed the records of 22 patients. We spoke with matrons, ward managers, ward sisters, nurses and healthcare assistants.

We also held meetings with staff and held discussions with trust representatives about the governance and complaints handling arrangements within the trust. In total we spoke with 82 members of staff.

We observed many interventions from medical and nursing staff throughout the inspection. Staff in each department and ward visited were seen to be very responsive, professional and appropriate in their interactions with patients.

Patient feedback on the care received was universally positive. They felt they had been kept informed by doctors, consultants and the nursing staff regarding their treatment. They felt that staff caring for them were skilled to do so appropriately. Comments received directly and through experts by experience were "... can't find any fault", "...staff are excellent", "...they're marvellous in here, always caring, always cleaning around" and "I
drove past two hospitals to come to this one … I can’t fault this hospital. It’s very clean, there’s no rubbish, no smell, everyone is polite. They don’t rush you, they’ve got empathy and are very patient at reception”.

We found patients had their health care needs assessed and received appropriate treatment to meet them. We saw assessments and plans for care had been reviewed regularly and updated when required.

We found there were appropriate arrangements in place to assess and monitor the quality of service provision, including clear evidence of a governance structure within the hospital.

All staff we interviewed were dedicated, committed and passionate and wanted to improve patient care. There was an evident culture of openness where staff had been prepared to admit when things had gone wrong and had acted appropriately to learn from incidents and improve patient care. We found there was a genuine willingness to engage and learn from others.

As part of this inspection, the Care Quality Commission (CQC) liaised with other statutory bodies to identify an overall view of how the trust was performing and any areas of concern. Contact was made with Healthwatch England, the Clinical Commissioning Group and Monitor, and their views were taken into account in arriving at the judgements on compliance.

No specific areas of concern affecting this inspection were received from local Healthwatch England, the independent consumer champion for health and social care.

Monitor has the responsibility for ensuring foundation trusts, such as Gateshead Health NHS Foundation Trust, are well led in terms of quality and finance. CQC received confirmation that the trust had a governance risk rating of green and a financial risk rating of 3 (5 is best). Relevant to this inspection, Monitor also informed CQC that although the trust had breached the accident and emergency target in quarter three of 2012/13, it had achieved the target for the last three quarters.

The Gateshead Clinical Commissioning Group (CCG) has the responsibility for commissioning services and ensuring the provision of high quality services. The CCG told us "...there are no issues, (we) have a good relationship with the trust, they are open and proactive and resolve issues when raised."

We found there were robust governance arrangements that provided ‘ward to board' assurance in quality and safety across the trust. There was an overarching Patient, Quality, Risk and Safety (PQRS) Committee chaired by the Director of Nursing, Midwifery and Quality, which was underpinned by service-led locality governance groups. These groups discussed, amongst other things, serious incidents, complaints and patient experiences and linked into a number of sub-groups. At ward level we saw evidence that these areas had been discussed within teams.

We saw the trust had established a quality governance framework (Safecare) which involved all staff and was complemented by various groups and committees e.g. mortality group, infection control committee. We were told that staff were encouraged to challenge the strategic priorities of the trust – this was confirmed during individual and group discussions with staff.
We found the trust had an internal complaints team which managed complaints received. We saw that when a complaint was made the trust had acknowledged the complaint and allocated a person to investigate.

As well as speaking with staff at ward level, two 'open door' sessions were held where staff from across the trust were invited to meet CQC inspectors. These sessions were attended by 37 staff of all designations. Staff we spoke with described a visible, approachable and open culture of senior management.

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

<table>
<thead>
<tr>
<th>Care and welfare of people who use services</th>
<th>Met this standard</th>
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<td>People should get safe and appropriate care that meets their needs and supports their rights</td>
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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

Prior to our inspection we reviewed the report of the Emergency Care Intensive Support Team (ECIST) from May 2013. This had commented on the development of the Emergency Care Centre at the hospital as follows:

'The exciting development of the new Emergency Care Centre (ECC) at the Queen Elizabeth hospital signifies a key milestone in the development of urgent and emergency care and assessment but this will need to be supported by a fundamental change in how services are delivered. As with most systems across England, there is now a need for transformational change at a time of enormous pressure to deliver high quality and safety without additional money. We were therefore very impressed at the significant amount of work and simulation activities gone into developing the ECC and also the development of new clinical pathways and service models to support the new build.'

Accident and emergency department:

We saw that the department dealt with up to 200 patients each day and admitted approximately 50 of those. There was a clearly defined medical pathway from the accident and emergency department, medical assessment unit and then to the medical wards. There was input to care from consultants between 0800 and 1800 each day of the week and on-call input at times outside these hours.

There was a dedicated bed manager in place to manage patient flow through the medical pathway. We saw that there was also a 'winter plan' in place to cope with anticipated increases in admissions during the winter period; this involved close liaison with stakeholders, particularly commissioners of services.

The department had a secure entrance for ambulance crews and we saw that handover from crews took place within 15 minutes. We spoke to three paramedics including one...
team leader who said "...the handover here is excellent. We work very well with the hospital staff" and "...this is the best hospital around here. I would rather bring my patients here than anywhere else".

Within the department there was a resuscitation room with capacity for 7 beds. At the time of our inspection there were only two in use and we saw there were two nurses on duty plus one healthcare assistant.

One patient told us he was positive about the care he had received, he said "I've been here a number of times and they are brilliant. They treat me with respect and they keep me informed of what is happening to me. I always get high quality care".

Experts by experience reported staff were very caring and passionate about the care they provided, they said "this emanates down from the senior sister through to junior staff. One lady had been admitted several times before and said the staff were brilliant". Other comments were "... can't find any fault" and "...staff are excellent". We saw all patients were settled, comfortable and not in any distress. They were in private rooms or bays with curtains drawn. No one spent excessive time in the corridor. Information leaflets about after care for various injuries were given to patients on discharge. Patients who had arrived via ambulance had nothing but praise for the crews; they said they had been made as comfortable as possible and one said "... they have a laugh and a joke, which makes you feel better".

We saw all staff were caring and attentive towards patients; they were courteous and asked patients' and relatives' permission to speak with experts by experience. We observed they informed patients of the treatment they received. Consideration of patients' ethnicity and religion was evidenced by the availability of prayer boxes and special menus.

Experts by experience spoke to patients throughout the department and received universally positive comments. Patients said "...this is the best hospital in the world and I've been all around the world...Hong Kong, the USA", "...they're marvellous in here, always caring, always cleaning around" and "I drove past two hospitals to come to this one. My dad had major surgery in the QE, I can't fault this hospital. It's very clean, there's no rubbish, no smell, everyone is polite. They don't rush you they've got empathy and are very patient at reception".

Medical assessment unit:

We spoke to the ward sister and saw that trolleys had been replaced by beds for patient comfort. At the time of our inspection the ward was fully occupied and referrals had been received mainly from the accident and emergency or outpatients departments. Patients spent a maximum of 48 hours on the unit and were usually moved to a medical ward within 8-12 hours following assessment.

The unit was staffed by three qualified nurses and one healthcare assistant. We were told that eight new staff had been recently recruited and would start in the New Year. The ward sister said she "...received good support from the management in my role. They are approachable". One of the nurses told us "We have a hardworking, really good team. I receive excellent support from the management here and they listen to what you have to say".
Experts by experience reported they had observed staff were courteous to patients and showed a caring and respectful attitude toward them. They received comments from patients such as "...perfectly happy with the care", "...staff are lovely" and "...really good". One expert was impressed with the facilities and said "I think the 'waiting room' is a very good idea: there are chairs, tables & TV with the availability of drinks & biscuits. Patients can wait to be assessed by a doctor or for test results in relative comfort".

Specific comments received by experts by experience referred to the care given. Patients said "...all of the nurses are lovely and very helpful", "...fully informed, the ward was clean and tidy" and "...the soup and pudding were delicious but the Sunday dinner had not much taste, given enough food. Explanation had been given for everything".

Medical wards:

Patients told us "I have just been on the ward and have received nothing but kindness and excellent treatment from all the staff", "Mum spent the last few days of her life at the Queen Elizabeth in accident and emergency, medical assessment unit and ward three. The staff followed through procedures with great efficiency and the doctors were kind and compassionate".

We checked patient records and saw patients had been given 'welcome information' about the ward. This had given patients information about key contacts on the ward (consultant, ward manager, sister), their availability and their contact details. It also gave information about how to make comments and suggestions to improve standards of care. Patients had their needs assessed shortly after being admitted onto the ward. Staff said when patients come onto the ward they are admitted by a nurse. The process included the patient being shown the nurse call system, toilets etc. They explained why the person was there and proposed treatment. Where there had been doubts about a person's capacity, a mental capacity assessment had been undertaken. This had involved the medical assessment unit co-ordinator, crisis team and consultant.

All patients had a National Early Warning Score (NEWS) completed which gave an initial NEWS score for each person and had been reviewed daily.

Patients had their needs assessed and this included the initial diagnosis and plan of care. We saw that patients had been assessed against a range of other potential risks, such as poor nutrition, skin damage, falls, mouth care and infection.

Where specific risks had been identified staff had put in place the required care plans, for example, where patients had been identified as a high risk of falling. Staff were also knowledgeable about the arrangements in place to protect these patients. We saw that risk assessments had been reviewed and updated daily. All patients' records contained detailed daily recordings and included information about discharge planning from an early stage.

Staff also told us they planned for discharge as soon as a person had been admitted. We saw evidence within daily recordings of regular contact with relatives, for example around discharge planning.

The format used for care plans contained specific prompts of the importance of maintaining patient's dignity and privacy and involvement of the patient and relatives in
decision making. We saw evidence within care plans of input from other professionals where required. For example, one patient who experienced swallowing difficulties had been referred to a specialist nurse and a speech and language therapist.

Staff said they asked for permission first before care had been delivered, for example whether the patient wanted to get up. If they refused they said they had respected patient's decisions and tried again later. They said they explained the reasons for their request. We saw staff taking time getting to know patients and for them to get to know staff. Staff respected patient's privacy and dignity through using curtains, kept patients covered up and locked bathroom doors when assisting patients.

Staff said there were enough staff to meet patient's physical care needs but also stated "...you can never have too many staff. With more staff we could do more in terms of activities on the ward". Staff commented, "On the whole we do pretty good." They said absences were covered by the staff team or bank staff and external agency staff had not been used.

Staff said patients had been encouraged to give their views and gave examples of the methods in place to do this, such as friends and family test cards and also specifically asked as part of the discharge procedure. One modern matron told us about a local initiative introduced to raise the profile of quality nursing. This was the Excellence in Nursing Everyone Realising Great Innovation (ENERGI) campaign. Information about changes that had been made as a result of ENERGI were displayed on a whiteboard in one of the day rooms on the ward for patients to view. It also included feedback from comments and suggestions made and new ideas.

Staff on ward three talked about the daily multi-disciplinary team meeting where all patients were discussed. They said the white board was updated after the meeting so that all staff were clear about what had happened with individual patients. They told us patient needs had been identified with the patient. When a person had refused care they had asked for the reasons why, looked at the patient's history and tried to understand why and reached a compromise. If patients refused medical treatment they had brought in a doctor, if it had been nursing care they respected patient's right to refuse.

Experts by experience were told there was no set bed time on the wards. They were told about one specific incident when an individual patient with psychiatric issues had become violent. This was raised with the ward sister and she explained the measures that had been put in place to ensure this did not happen again and to give reassurance to the individual. The expert commented that the actions taken on the ward had been "...very perceptive". Experts were also impressed with the changes to hand washing routines that encouraged increased hygiene.

Experts observed one nurse while she explained the treatment given to one patient. She was very patient and respectful even though the patient found it difficult to understand. She had spent time explaining until the patient understood. Patients said they were clear about their care, choices about meals and they understood their treatment and care plan. They had "...absolutely no problems and the staff were all charming, top class."

Experts said wards visited had been well run with respectful, calm and efficient members of staff.
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 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.

Reasons for our judgement

We saw that policies and procedures on the management of harm were in place and staff records showed that staff had undertaken safeguarding of vulnerable adults training. We saw that arrangements were in place for regular updates to be undertaken.

Staff displayed an understanding of safeguarding and whistle blowing to identify and report poor practice and were aware of the procedures to follow if an allegation was made. They confirmed safeguarding procedures had been covered during induction for new staff and at team meetings. During individual and group discussions, staff said the training they received in safeguarding procedures had been appropriate and we saw that safeguarding leads had been appointed on each ward. They confirmed they had completed initial and update safeguarding training at regular intervals and described the process for raising concerns. In particular they said they had reported concerns when appropriate.

This ensured staff were aware of the signs of abuse and were able to act appropriately in situations that could put patients at risk.

We saw there was information displayed within the hospital to alert patients how they could report concerns. Discussions with staff showed they were aware of their responsibilities if they had concerns about any patient’s safety or well-being. They told us what actions they had taken when harm had been suspected.

This meant 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.
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 to 82 members of staff individually and in group sessions. They confirmed that they had access to training and development and were well supported in their roles.

Staff told us they received an annual appraisal and they confirmed they had received clinical supervision every six to eight weeks.

Staff said they were "...very positive about working at the hospital. We have good communication with the staff in accident and emergency and we work well as a team. If I had to work anywhere in the hospital it would be on accident and emergency", "...the team here is the best in the hospital and we work well together" and "I love the department. Everyone has a good rapport".

We were told ward sisters were approachable and they held regular team meetings, which meant staff had opportunities to give their views. We confirmed team meetings took place regularly and we saw minutes were made available for those who had not attended. They said their employer was pro-active about staff attending courses and gave examples of courses attended in addition to mandatory training. Members of the training department told us they offered qualifications across the trust to all staff.

Experts by experience reported staff were very caring and passionate about the care they provided, they said "...this emanates down from the senior sister through to junior staff. One lady had been admitted several times before and said the staff were brilliant". Other comments were "... can't find any fault" and "... staff are excellent".

As well as speaking with staff at ward level, two staff sessions were held where staff from across the trust were invited to meet CQC inspectors. During these sessions staff, without exception, gave positive feedback about working within the trust. In general staff reported that they felt there were sufficient numbers of staff to meet patients’ needs, although there was discussion about the levels of physiotherapy staff. They confirmed regular clinical supervision and appraisals took place.

Staff told us the trust encouraged them to learn from mistakes and an open culture
existed, senior managers were accessible and approachable. While staff stated one-to-one management was exceptional, they did say the trust made some strategic decisions without fully consulting staff. Staff felt they were listened to, and they had an input into the trust vision and values.

Staff identified a number of improvements within the trust that had improved patient care. The development of the emergency care centre was seen as an important initiative and other improvements had been made in the provision of equipment and the development of user involvement throughout the trust.

We were told staff received regular supervision sessions and this was confirmed through staff records and discussion with staff. Staff are subject to a probationary period following appointment and we saw they receive a comprehensive induction programme. We reviewed training records and saw that staff had been trained and were either up to date or had sessions planned on appropriate training courses. We saw that a training schedule had been developed and confirmed this through discussion with staff.
Our judgement

The provider was meeting this standard.

There was an effective complaints system available. Comments and complaints people made were responded to appropriately.

Reasons for our judgement

We spoke to the Complaints Manager and Patient Advisory and Liaison Service (PALS) Manager for the hospital and we were told that a total of 243 complaints had been received within the previous twelve months.

We saw that a robust complaints system was in place and this was advertised throughout the hospital, particularly in reception areas and entrances. Patients had been given support to make a comment or complaint where they needed assistance. The complaints policy encouraged patients to ask if they felt they needed any assistance with raising a concern or complaint.

We found the trust had an internal complaints team which managed complaints received. We saw that when a complaint had been made the trust acknowledged the complaint and allocated a person to investigate. We confirmed the trust worked within set national timeframes, if a complaint was likely to be complex, the trust had negotiated an extension with the person who made the complaint.

All complaints had been discussed at the weekly Executive Team meeting and all complaints had been acknowledged within three working days. The trust had the aim to send a response to the complainant within 25 days and if there had been any delays then the complainant had been informed of the delay and the reason for it. The trust showed us evidence that recorded complaints had been responded to appropriately and proportionately.

Staff had previously used a standard questionnaire method of measuring patients and relatives' opinion and complaints. To increase the number of responses in the Accident and Emergency Department the trust had installed a 'token' method (similar to those found in supermarkets) whereby tokens were placed in a box of choice of opinion, ranging from 'extremely unlikely' to 'extremely likely' (these are the national definitions. The results reflected a very high level of satisfaction and a positive experience for the majority of patients.

PALS dealt with enquiries and provided advice to patients. There had been 1400 enquiries in the last year and 460 concerns in total. PALS followed the same process as the
complaints team and both teams had worked together to resolve issues raised.

The trust reviewed complaints by divisions and departments and had discussed these at monthly ward meetings on a quarterly basis and we saw evidence of complaints on meeting agendas including the matron's forum. We were told that all complaints were planned to be intranet based in 2014.

Patients told us they had confidence that they would be listened to if they raised any complaint or concern, and it would not be held against them in any way. We saw patient's complaints had been fully investigated and resolved, where possible, to their satisfaction. Patients said they had their comments and complaints listened to and acted on, without the fear that they would be discriminated against for making a complaint.

The service accepted responsibility where it had made mistakes, made appropriate apologies, and took actions to prevent the same issue happening again.
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.
### (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.