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

Park Centre Breast Care Services

The Park Centre, 177 Preston Road, Brighton, BN1 6AG

Date of Inspection: 13 August 2013  Date of Publication: September 2013

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

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### Details about this location

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<th>Brighton and Sussex University Hospitals NHS Trust</th>
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<td>Overview of the service</td>
<td>Park Centre for Breast Care is part of Brighton and Sussex University Hospitals NHS Trust and located in a large shared modern building on a busy road leading into the city of Brighton. It has good public transport links and provides disabled access. The service co-ordinates and manages the breast screening programme for Brighton, Hove and East Sussex. It offers a wide range of breast care services, including managing the mobile screening units.</td>
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Summary of this inspection

Why we carried out this inspection

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

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 13 August 2013, talked with people who use the service and talked with staff.

What people told us and what we found

Patients we spoke with said they received treatment and care from well trained, polite and knowledgeable staff in clean, comfortable and safe surroundings. We were told by patients that the staff focus was on patient comfort and great care was taken to respect people’s privacy and dignity at all stages of their treatment and care. One patient told us “The staff could not have been kinder when I had to hear bad news”.

During our inspection we spoke with the centre manager, team managers, nurse practitioners, mammography radiographers and assistant practitioner, consultant radiologist and a number of specialist breast nurses. Unfortunately we were unable to speak to any patients during our inspection but we contacted four patients by telephone the following day. They told us that they were very happy with the service and care. One patient told us “The staff are very caring, considerate and kind and I was extremely well looked after during the whole of my treatment”.

We looked at patient records and found that there were systems in place to audit and monitor the quality of care provided.

The provider had systems in place to protect patients from abuse and to deal appropriately with concerns if they were raised. Staff had received training and were confident about how to recognise signs of abuse and describe the steps they needed to take to keep patients safe.

We found that there were suitable arrangements in place to support staff with meaningful supervision, appropriate professional development and training, and an inclusive appraisal mechanism.

The provider had systems in place to identify, investigate and respond to complaints.

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.
Respecting and involving people who use services  ✔ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

Patients' privacy, dignity and independence were respected.

During our inspection we found many examples of how the clinic promoted and respected patients' privacy, dignity, independence and supported their human rights. The reception areas on both floors of the service were designed to offer patients privacy and confidentiality when they arrived to check in for their appointments. There were displays of information for patients throughout the clinic in a range of formats. This included guidance about the services in easy to read and pictorial format. We saw that there were large amounts of information about a range of relevant support networks for patients if they needed support or advice. Staff told us that they knew how to access translation services if required. They were also aware of how to address culturally sensitive issues and how important it was to make sure that patients were supported with chaperones during examinations. This meant that staff were clear about the need to support patients using the clinic.

After our inspection we telephoned four patients who told us that they felt staff had treated them with respect and that their privacy and dignity had been maintained. They said they had received courteous and professional advice before, during and after consultations and treatments, with choices and options given to them at all stages of their care. They confirmed they had been given enough information to make informed decisions regarding their screening and treatment. They said that they had felt supported, enabled and encouraged to express their views and make or participate in making decisions which related to their care and treatment. One person told us "When you have so much information coming at you all at once it's quite difficult but my breast care nurse circled all the information on a leaflet when I got my results. This was so helpful and she was brilliant".

When we walked around the clinic we saw that there were a number of consultation and treatment rooms available for patients. Staff told us that when doors were shut it was an indication that the room was in use. The provider might like to note that there was no
method to inform staff when patient care was being delivered in consultation rooms. This meant that patients’ privacy was not always protected.

One patient that we spoke to described how they had received written instructions prior to their appointment explaining what to expect during the consultation and examination. Another patient told us that although they had been given a great deal of information, they would have liked to have been told that a biopsy may be performed. This would have enabled them to have arranged for someone to collect them rather than having to drive home.

Staff told us how they had received training which had included understanding their role in upholding each patient’s dignity, being mindful of respecting patients and maintaining confidentiality at all times. They also explained their understanding of the concepts of privacy, dignity and respect, independence and human rights. Staff said that regular meetings and training had helped them to maintain these skills and promoted best practice throughout the clinic. Records of this training were available for us to review during our inspection.

We found that there were a range of methods in place to capture the views of patients using the clinic. One patient told us "I have found the opportunity to be part of the patient experience group invaluable". We looked at a range of patient feedback, comments and thank you letters. We saw that patients were very positive about their experience and care at the clinic. We noted that in every case, patients that had written to the clinic expressing their thanks had received a personal acknowledgement from the Consultant Radiologist or the clinic manager. This shows that the provider takes patients’ views and experiences into account in the way the service is provided.
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.

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

Reasons for our judgement

The Park Breast Care Clinic had responsibility for the management of the three year breast screening programme for Brighton, Hove and East Sussex. This included the management and support of staff who undertook mammograms from the mobile screening vehicles located throughout the region. The screening programme has currently undertaken 31,188 mammograms with 904 patients referred for further assessment and 266 patients referred to oncology services for treatment.

Staff described to us the pathway of care that patients received from the time of their initial invitation to attend a screening appointment through to when they were eventually discharged from the programme. We saw how administrative staff recorded the results of tests onto the computerised records system. We spoke to one patient who had recently undertaken a mammogram in a mobile screening unit. We were told "It was well organised, very quick and clean - staff explained everything to me including how long I had to wait for the results". Another patient said "I was told within two weeks that everything was ok".

Patients accessed services by direct referral from a GP. The service employed a multidisciplinary team that included doctors, specialist breast nurses, radiographers, nursing staff and administrative support staff to meet the needs of patients referred to the organisation by medical practitioners. During our inspection we looked at the records of a sample of patients that had been referred to the service by this route and saw evidence of how the appointments, tests and consultation had been recorded on the electronic records management system. One patient described to us how they had been referred to the clinic by their GP and said "My appointment came through very quickly and everything was clearly explained to me in the booklet and when I arrived". This meant there were systems to manage referrals efficiently and promptly.

When abnormalities had been identified from the initial screening process patients were then referred to the symptomatic services at the clinic. These services were designed to take patients through further testing processes to diagnosis and treatment. Staff explained to us how each referral was assessed and an individual care plan discussed and developed with patients. This plan was used to identify the steps to be taken to investigate and respond to the patient's further needs and may have included ultrasound screening
and where deemed necessary a biopsy. Following the results of a biopsy patients were then given a range of information about options to treatment, benefits, potential risks and any side effects.

We found that patient records were multi-disciplinary and contained detailed entries from the screening, medical and care team. We saw that patients had been allocated a named breast care nurse at their first appointment. In most cases patient records indicated that they had received this appointment within two weeks of their initial screening. The named breast care nurse ensured that each patient received support throughout their care together with a written information prescription, individually tailored each time a new aspect of treatment or care was discussed or delivered. This meant that patients were kept advised of their treatment options and care progress.

We found care and treatment records provided appropriate and adequate information that enabled staff to support patients in line with their needs and wishes. We looked at a sample of care and treatment records and noted that there was an open and clear dialogue between professionals and staff. Records were detailed and reflected good continuity of care between all professionals and staff who had undertaken tests or provided care and treatment. Records were complete and included screening assessment, genetic profiling, clinical examination, and where appropriate an ultrasound screening and biopsy results. We were told how patients were offered computer records (CD's) of their consultations. This enabled them to have a record of the consultation to reflect on when they left the clinic. One patient told us "I did not really want to listen to it but it did help to clarify exactly what had been said at the meeting".

We saw records that showed tests and scans had been undertaken together with supporting records that detailed how patients had been given any biopsy results or information about their care. We found that the information given to patients about what to expect when they were referred to the clinic to be comprehensive. One patient told us "It is difficult to take everything in at the time but the information was extremely good".

Patients were able to describe to us how they were involved in determining their care and how they were supported to make decisions accordingly. We found evidence contained within the clinical notes to show that families had also been involved where appropriate and at the request of patients. One patient told us "The staff are so caring and they make sure you have all the facts before you decide anything"

Staff told us how important it was that patients were supported through all stages of their care and treatment. We saw that the clinic offered a 24 hour helpline that was managed by the breast care nurses. We saw that this was complimented by a wide range of support for breast cancer patients using the clinic. This included social, spiritual, complementary therapies, hair care, prostheses and psychological support. Staff told us how some people who have had a breast cancer diagnosis develop anxiety and depression and described how patients would be referred to the hospital based Macmillan Psychological Therapies Team. They described specialist services that were available for patients following their breast surgery. These included reconstructive surgery, nipple tattooing and prosthesis fitting. One patient said "Thank you to the ladies who chatted way merrily while the doctor was doing the necessary and took my mind off the whole thing". This meant that staff were aware of how to support patients.

We reviewed the policies which addressed the management of clinical risks, including the process to be followed when responding to Medicines and Healthcare Products Regulations Agency (MHRA) alerts and other safety risks. Staff confidently described to us
how they accessed this and other relevant information and how they reported any incidents, accidents and near misses. We asked staff how the organisation learnt from adverse events, incidents, errors and near misses in order to minimise the risk of these being repeated. One nurse told us that any incidents that related to patient care were discussed at heads of department meetings, multidisciplinary meetings and staff meetings. This indicated that the provider had mechanisms for learning from adverse incidents that affected the care of patients.

There were policies in place with associated procedures that described to staff the responsibilities and processes for emergencies. This indicated that there were plans in advance of a foreseeable emergency that ensured the needs of the patients would continue to be met before, during and after an emergency. We examined the records of checks of emergency equipment. We saw that the emergency equipment and defibrillator had been checked weekly. Training records showed that all staff had received training in basic life support systems. This demonstrated that emergency equipment was checked regularly with appropriately recorded checks in place.
Safeguarding people who use services from abuse  ✔  Met this standard

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

Our judgement

The provider was meeting this standard.

Patients 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 looked at the provider's safeguarding policy and procedure and found that it was available for all members of staff to access on the Trust intranet system and a hard copy was available in the main reception area. The information described the Trust safeguarding reporting system and clearly identified the steps staff were required to take to report any suspected abuse. There was further information about the local authority multi-agency safeguarding procedures. The provider confirmed that all safeguarding incidents were investigated within the trust and it worked collaboratively with the local authority. This meant that the provider had systems in place to safeguard and protect the welfare of patients who used the service.

The Manager stated that part of their role was as the safeguarding lead for the clinic and this was taken very seriously. This role involved keeping patients safe and ensuring that staff were clear about how to recognise abuse and the steps they needed to take if they had concerns. Throughout the clinic we saw that information was displayed about where patients could get help or advice if they suspected or suffered abuse. This demonstrated that the provider had taken the appropriate steps to make patients aware of how to report abuse.

We were shown training records to demonstrate that staff had undertaken safeguarding training as part of their initial induction programme. We saw further records that showed all staff had attended further training to update their skills as part of the trust mandatory training programme. We spoke with staff who confirmed that they had attended this training and said that this had equipped them with the information and confidence to recognise and address any concerns.

When we spoke with various members of staff throughout the clinic they showed a good knowledge of safeguarding patients from abuse. They were able to tell us how they were able to recognise the signs of abuse and their obligation to report all cases of concern to the appropriate person. This meant that the provider had systems in place to protect patients from abuse.

Staff were aware of meeting the requirements of the Mental Capacity Act (MCA) 2005 and
told us that they had received relevant training to support them in understanding their responsibilities. When we looked at training records we were able to see that all staff had undertaken MCA training and training which emphasised the importance of consent. This meant that staff were fully aware of the circumstances in which written consent needed to be obtained and documented their individual responsibility to record consent to care and treatment and what to do if they felt patients lacked the capacity to consent.
Cleanliness and infection control

Met this standard

People should be cared for in a clean environment and protected from the risk of infection

Our judgement

The provider was meeting this standard.

Patients were protected from the risk of infection because appropriate guidance had been followed.

Reasons for our judgement

Patients were protected from the risk of infection because appropriate guidance had been followed. Patients were cared for in a clean, hygienic environment.

The clinic had contractual arrangements in place with dedicated cleaning staff. Throughout the premises we saw information displayed to inform and guide staff on how to clean the environment and decontaminate equipment. There were schedules for specific areas of the clinic including the consultation rooms, mammography suites and ultrasound treatment rooms. There were schedules and supporting checklists in all rooms and areas of the clinic for staff to complete to record that cleaning tasks had been carried out. We looked at a sample of the daily cleaning checks and found that these had been consistently and appropriately completed. The Manager told us that they personally monitored standards of cleanliness on a daily basis and there were supporting signatures on the sheets. We saw records to demonstrate that disposable curtains in patient treatment areas had been changed in line with the manufacturer’s guidelines and trust policy. We were told that there was a dedicated system to report any issues or concerns to the cleaning contractor. Patients told us that they found all areas of the clinic exceptionally clean. One patient that we spoke to said "I found the clinic and facilities very clean and comfortable". This demonstrated that the provider had systems in place to protect patients from the risk of infection.

During our inspection, we saw that there were a range of policies in place to prevent and control infections. Staff told us that these policies and associated procedures were readily accessible on the intranet and that they had read and understood their responsibilities relating to infection prevention and control. This demonstrated that the provider had systems in place to protect patients from the risk of infection.

The clinic was using the Health and Social Care Act 2008 Code of Practice on infection control and other related guidance. When we spoke with staff they were clear and understood their responsibilities in relation to this guidance. Advice was also obtained when necessary from the trust Nurse Consultant, Deputy Director of Infection Prevention and Control (DIPC) and the trust Consultant Microbiologist. This demonstrated that the provider had systems in place that enabled and supported staff to implement best practice.
We saw a range of systems and activities which showed the clinic was complying with the Code of Practice. The Manager described how the unit had a knowledgeable and active infection control link nurse. We saw records to show that this individual had a job description outlining the key responsibilities for this role and had undertaken a range of specialist training to equip them for the role. We saw from records that this member of staff had attended regular study days to maintain their skills and knowledge. We were also told that they represented the unit at regular trust infection control committee meetings.

The infection control link nurse assumed responsibility for undertaking a range of infection control audits throughout the clinic. We were shown a rolling programme of infection prevention audits that had been put in place with a system for reporting the results embedded into the clinical governance systems of the Trust. We reviewed recent records of these audits which related to cleaning procedures and looked at how the organisation maintained infection control standards in the clinic.

Training records that we viewed demonstrated that there was a robust system for monitoring and ensuring that staff attended appropriate training on infection prevention and control. Staff we spoke with told us that they had undertaken the regular practical training provided for hand washing techniques. The manager described how hand washing audits were undertaken and used to inform staff on how effective hand washing procedures were within the clinic.

Appropriate policies and contracts were in place for the management and collection of clinical waste. Information was available for staff describing the steps to be taken when disposing of all categories of waste. Throughout the clinic we saw that clinical waste was being stored, collected and disposed of appropriately.

There was information available to patients and visitors, about the measures taken to control and prevent infection. When we walked around the clinic during our inspection, we saw that it was clean and tidy with no unpleasant odours. Appropriate hand washing facilities and antiseptic gel dispensers were available in all areas of the clinic. We observed staff washing their hands at appropriate times. We saw that staff used personal protective equipment when needed, and we were told that this was always available in sufficient quantities. We saw waste and laundry were appropriately segregated. This showed that staff were aware of, and practised universal precautions, and other recognised methods to prevent the spread of infection.
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.

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

Reasons for our judgement

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

We found that the provider had suitable arrangements in place to support staff with meaningful supervision, appropriate professional development training and provided an inclusive appraisal mechanism. These procedures were underpinned with a selection of comprehensive employment policies. This meant that the provider took appropriate steps to ensure that staff were supported to deliver care to an appropriate standard.

We consulted staff records using the service’s computerised records system and looked in individual staff personal files. We spoke to the Manager and were shown records to verify that all members of staff had attended regular training courses both for all aspects of mandatory training and individual developmental training. A member of staff told us, “We are expected to attend training when we need it and it is provided for our benefit”. This meant that staff were supported to attend training and had access appropriate professional development.

The Manager described to us how all new members of staff were required to undertake a generic induction process that included completing core elements of training. This was then followed by any role specific induction. We found that a range of competency frameworks provided additional support for staff and we saw evidence of this recorded in staff files. We spoke with two mammography radiographers and one mammography assistant practitioner who were taking part in a competency assessment peer review. This was to ensure that there was consistency in the standard of x-rays being undertaken. This meant that the provider had taken steps to ensure that only competent staff were allowed to work unsupervised.

We spoke with eight members of staff and asked them how they were supported with their personal development plans. We were shown records to demonstrate how individual members of staff had been supported to continually develop and update their skills. We found that staff had undertaken a range of additional training including managing patients with challenging behaviour and resolving complaints. We were told how that the infection control link nurse undertook regular training and attended study days in order to maintain
and update their skills. We saw that within the clinic there were many members of staff who had taken on additional roles as part of their own development. Examples of this were staff who had undertaken training for skin tattooing and prosthesis fitting. We were told how this enabled the service to provide a continuous service for patients at busy times and when the main practitioners were on holiday or absent. This demonstrated that the provider took steps to enable staff to acquire further skills and qualifications relevant to the work they undertook.

The Manager described how informal individual supervision was undertaken in the clinic. Staff told us that they felt supported and were able to speak in confidence with their managers as and when they needed. We were told that formal supervision included clear recommendations and guidance for staff when any improvements to their performance were identified. This meant that the provider was supporting staff through a process of regular and structured system of supervision.

We saw that staff actively participated in a system of appraisal and records demonstrated that at the time of our inspection all members of staff had undertaken an appraisal within the last year. We asked three members of staff if they had received an appraisal and they confirmed that they had. One person told us "My appraisal has been done and I can speak with my manager at any time".

Staff told us that there were a range of meetings where they could discuss concerns with colleagues and members of the management team. On the day of our inspection we were told that there were no patients at the clinic as there was a multidisciplinary meeting in progress. This meeting included representatives of all services within the clinic and provided an opportunity for staff to discuss all aspects of treatment and service. Staff told us that they attended staff meetings regularly and felt well supported by senior staff who encouraged them to be open and participative. We saw evidence that regular team meetings were held and minutes recorded any concerns or issues that had been discussed. This meant that staff were supported to provide care and treatment for patients.
Complaints

People should have their complaints listened to and acted on properly

Met this standard

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Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

The clinic had an effective complaints system available for identifying, receiving, handling and responding to complaints.

We reviewed the policy that the provider had in place to respond and deal with comments and complaints and the Manager described how complaints were recorded, investigated and reviewed. We found that there were clear guidelines for staff to follow when responding to comments or complaints. When we spoke with staff they were knowledgeable about their personal responsibility in addressing or reporting when patients were unhappy about the care or treatment they had received. One nurse told us how she would listen to patients if they wanted to make a comment or raise a complaint and then would always discuss this immediately with the manager.

We were able to see that staff had attended training to advise them on how to undertake complaint investigation and resolution. This demonstrated that the provider had systems in place for staff to follow in order to respond appropriately.

Throughout the clinic we found information displayed on notice boards and in leaflets advising patients, relatives and visitors on how to bring any complaints to the attention of the provider. When we asked patients we were told that they knew how to make a complaint and were comfortable when bringing any issues to the attention of the staff. They told us that there was information displayed and if they had any concerns they were confident that action would be taken.

When we reviewed a range of patient letters and feedback about the service we found that the comments were generally very positive. We were given an example of how the provider had refined the service in response to suggestions and complaints. This was how a computer disk (CD) recording was provided to patients to enable them to have a record of their consultation with consultant. This gave patients the chance to reflect on the information that they were given and may have missed due to the stress of the situation. We asked one patient if this had been helpful and they told us “It was useful as a record of everything that we talked about but at the same time a bit scary”. This meant that the provider responded to complaints and had an effective system to regularly assess and monitor the quality of service that patients received. One patient comment said "Thank you to everyone for helping me through this horrible nightmare".
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)

<table>
<thead>
<tr>
<th>Term</th>
<th>Description</th>
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<tbody>
<tr>
<td><strong>(Registered) Provider</strong></td>
<td>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'.</td>
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<tr>
<td><strong>Regulations</strong></td>
<td>We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.</td>
</tr>
<tr>
<td><strong>Responsive inspection</strong></td>
<td>This is carried out at any time in relation to identified concerns.</td>
</tr>
<tr>
<td><strong>Routine inspection</strong></td>
<td>This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.</td>
</tr>
<tr>
<td><strong>Themed inspection</strong></td>
<td>This is targeted to look at specific standards, sectors or types of care.</td>
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