Inspection Report

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

Weymouth Community Hospital

3 Melcombe Avenue, Weymouth, DT4 7TB

Date of Inspection: 20 June 2013

We inspected the following standards to check that action had been taken to meet them. This is what we found:

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
Cleanliness and infection control	✓ Met this standard
Safety and suitability of premises	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard
Records	✗ Action needed

Details about this location

Registered Provider	Dorset Healthcare University NHS Foundation Trust
Overview of the service	Chalbury ward, Weymouth Community Hospital is part of Dorset Healthcare University NHS Foundation Trust.
Type of services	Acute services without overnight beds / listed acute services with or without overnight beds 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 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

We carried out this inspection to check whether Weymouth Community Hospital had taken action to meet the following essential standards:

- Consent to care and treatment
- Care and welfare of people who use services
- Safeguarding people who use services from abuse
- Cleanliness and infection control
- Safety and suitability of premises
- Requirements relating to workers
- Assessing and monitoring the quality of service provision
- Records

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 20 June 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 given to us by the provider. We reviewed information sent to us by other regulators or the Department of Health and talked with other regulators or the Department of Health.

We were accompanied by a Mental Health Act commissioner who met with patients who are detained or receiving supervised community treatment under the Mental Health Act 1983.

What people told us and what we found

Patients' privacy and dignity was respected. We observed staff encouraging people to make decisions about what to eat and where. We observed that when patients wished to spend time resting in their room they could. Staff helped to facilitate this where required.

We saw staff giving guidance and reassurance to patients'. Patients' were given information by staff relating to their medication and how it helped them. The staff we spoke with were able to tell us about the patients' care needs and how they encouraged choice. They also told us about the risks patients took and how they worked with them to lessen these risks.
Patients' were able to access all areas of the ward without any undue restrictions. They could go to their rooms to rest if they wished.

Patients and their relatives told us they were involved in decisions relating to their care and support.

The environment of the unit had improved but some of the décor undermined patient's

dignity because of poor maintenance. The trust had a plan in place to address this but the timescales for improvement were still under discussion at the time of the inspection.

The trust had carried out a compliance audit against the essential standards which had identified some shortfalls. To address these shortfalls an action plan was in place to ensure that patients' needs were met.

While there had been improvements in record keeping further improvements were needed to ensure a consistent approach to patient care.

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

What we have told the provider to do

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

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.

Reasons for our judgement

Our inspection on 17 December 2012 found that patients' capacity to consent to treatment was not always assessed. As a result of that inspection we set a compliance action. The trust wrote to us and told us they would have complied with this by April 2013.

During this inspection we found that patients' capacity and consent had been ascertained and documented .When looking at one patients' records we noted that attempts were regularly being made to advise the patient of their rights under section 132 of the Mental Health Act 1983. The patient was advised of their rights on 14 June 2013. It was considered that he had capacity to understand his rights and the necessary form was completed. On 17 June 2013 another attempt was made to advise the patient of their rights. The form said that the patient was able to retain only some of the information but all the boxes at the top of the form were ticked to suggest that he had been advised of his rights and understood them. On 18 June 2013 a further attempt was made to advise the patient of their rights. This attempt was not successful and the form was completed to indicate this. This meant that the trust had taken steps to inform the patient of their rights.

We looked at six patient care records. We found that there was evidence of a signature or written confirmation that they had consented to the treatment they received. We spoke with four relatives who were visiting. They told us they were happy with the treatment and told us they had been involved with meetings relating to their relative's care and had given consent to treatment where appropriate. The patients' themselves did not comment on this issues.

We looked at the information available to patients' and their relatives to help them understand how to change any decision that had previously been made about their care and treatment. The notice board had only limited information. The ward manager told us information available to relatives and patientss was being updated. They told us that this was an action point on the improvement plan for the unit and would be addressed shortly.

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.

Reasons for our judgement

Our inspection on 17 December 2012 found that patients did not always experience care, treatment and support that met their needs. As a result of this inspection we set a compliance action. The trust wrote in March 2013 and told us they had complied with this requirement.

During this inspection the patients who were able to speak with told us they were well cared for. They said the staff were kind to them and gave them encouragement and support to help them. We spoke with four relatives who were visiting during our inspection. They all told us that staff worked hard to meet the needs of their relatives. They told us they were included in making decisions about the care of their relatives especially where the patient could not make decisions for themselves.

Patients told us that staff supported them with the things they found hard to do for themselves. One person told us that staff helped them dress in the clothes they chose as they were unsteady on their feet. Another person told us that staff helped them with their medication as they could forget to take it which made them unwell. We observed staff assisting patients and found that the interactions were empathetic and caring.

Staff responded quickly to calls for assistance. Patients we spoke with told us, "You only have to ring your bell and they come." Another patient said, "They (staff) are exceptionally good." We asked patients if staff came just as quickly at night. One patient told us, "Staff come at any time in the night as soon as you call for them."

Patients experienced care, treatment and support that met their needs. We looked at five patient care records which contained an assessment of need and plans to meet these assessed needs. For example patients' health care needs were recorded and arrangements were made to see a doctor as required. One visitor told us that their relative had recently come in for treatment. They told us of the arrangements that had been made to carry out a full health screen which covered not only their mental health needs but also their physical needs.

Patients were provided with equipment to meet their needs for example. Patients who had been assessed as at risk of skin damage were provided with pressure relieving equipment. We looked at the settings for pressure relieving air mattresses as these are set individually

to ensure they are effective for each patients' needs. We found that the three mattresses were on the correct setting for the patients' weights. The staff monitored these settings and recorded their observations. We looked at the records and found that in one case the settings recorded on two days in the previous month were not consistent with the patient's weight. It was unclear if this was a recording issue or that the mattress had been set incorrectly. The trust may wish to note that pressure relieving equipment must be set on the correct setting if it is to be effective.

Staff demonstrated a good understanding of patients' needs. We spoke with six staff who were able to identify how to meet patients' individual needs. For example, staff were able to tell us how a patients' needs were met, including the way in which they preferred to be supported. They also told us about a patient who did not like staff to assist them. They told us that the patient would stay in their room and did not like staff to assist them with their personal care needs. Staff told us they needed to be patient and to offer assistance on more than one occasion before it would be accepted. The staff were aware of the need for this person to have a quiet environment to avoid distress and knew what activities the patient enjoyed which allowed the staff to encourage them from their room. We saw that this patient's care records that reflected what staff had told us.

Patients' nutritional needs were assessed. We looked at three patients' care records who were at risk of not eating enough for their needs. We could see their nutritional needs had been assessed and action had been taken to ensure they were not at risk of malnutrition. For example, there were food and fluid charts to monitor patients' eating and drinking habits. This meant that staff could ensure that people were not at risk of malnutrition or dehydration.

Patients' were not provided with meaningful activities. At the time of the inspection we did not observe any planned directed activities or useful occupation for the patients'. We did not note that the patients' occupational needs were recorded. We did observe some impromptu activity directed by staff on an individual basis. We spoke with the ward manager who told us they had a vacancy for an occupational therapist which they hoped to fill very shortly. They also told us that once an appointment had been made this would provide the opportunities to ensure patients' welfare needs were met. The provider may wish to note that if patients' are not provided with social stimulation this could have a negative impact on their health and wellbeing.

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.

Reasons for our judgement

Our inspection on 17 December 2012 inspection found that patients who used the service were not protected from the risk of abuse, because the provider had not taken reasonable steps to identify the possibility of abuse. As a result of this inspection we set a compliance action. The trust wrote in March 2013 and told us they had complied with this requirement.

During this inspection we found that patients were protected from the risk of abuse. The trust had policies in relation to reporting safeguarding concerns and whistle blowing. We spoke to with six staff. The staff we spoke with were aware of the different types of abuse and how to report concerns. Three members of staff told us they had received updated safeguarding training. The staff had reported concerns when required and had worked with the local authority safeguarding team to ensure patients were protected.

We looked at patients' risk assessments. These showed that when a patient had become aggressive or put other patients at risk, their risk assessment was updated and the triggers to their behaviour recorded when observed to ensure other patients safety. When a patient was displaying challenging behaviour individual staff were assigned to work with the patient and to make observations of their behaviour looking for potential triggers. This meant that staff were proactive in understanding patients' behaviours and managing the risk of potential harm patients' and others.

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

Our inspection on 17 December 2012 inspection found that patients were not protected from the risk of infection and the trust had not taken adequate guidance had not been followed. As a result of this inspection we set a compliance action. The trust wrote to us in March 2013 and told us they had complied with this requirement.

During this inspection we found patients were protected from the risk of cross infection. We looked at the communal areas and patients' individual rooms and found they were kept clean. We looked in the communal bathrooms and noted they were clean. There was liquid soap and paper towels available to minimise the risk of cross infection. The sluice facilities and contents of the sluice room were clean and hygienic. Mops that were used to clean the ward and mop up spills were colour coded to ensure that they were only used in specific areas for example, red ones to be used in the dining area and blue ones in the toilets. This meant that the risk of cross infection was minimised.

The trust had a copy of the Department of Health Code of Practice for health and social care on the prevention and control of infections and related guidance 2008. The trust had undertaken an infection control audit in October 2012 which found that their systems would protect patients from the risk of cross infection. Another audit was planned but there was no date as to when this would occur.

Staff took precautions to prevent cross infection. We observed that staff wore appropriate gloves when providing personal care. We also saw that they wore different coloured aprons when providing care and when they were serving food or supporting patients' to eat to minimise the risk of cross contamination.

Safety and suitability of premises ✓ Met this standard

People should be cared for in safe and accessible surroundings that support their health and welfare

Our judgement

The provider was meeting this standard.

Patients who use the service, staff and visitors were protected against the risks of unsuitable premises. The provider had ensured that patients had received care in an environment that was appropriately maintained.

Reasons for our judgement

Our inspection on 17 December 2012 inspection found that the trust had not taken adequate steps to provide care in an environment that was adequately maintained. As a result of this inspection we set a compliance action. The trust wrote in March 2013 and told us they had complied with this requirement.

During this inspection we found that the premises were promoting patients' dignity and safety. We were shown around the unit and noted that many efforts had been made to provide a stimulating environment. One large communal area had a café theme which relatives told us gave them somewhere to socialise with their family members in an informal setting when they were visiting. Two smaller areas had been adapted to provide a small shop and a bar.

As reported at the last inspection the unit had been redecorated but there was still evidence of a large amount of paint spots on the floors in every area painted which meant that these areas were not maintained adequately. We were shown patients' rooms. We noted that the furniture was in usable condition but would benefit from being updated.

We spoke with the ward manager about the environment and future plans for the unit. They showed us purchase orders for new equipment and furniture that would be installed once the unit had been refurbished. They also shared with us the refurbishment plans which would ensure that the unit would be improved. Although a date had not been set for the start of the work we were reassured by the service manager this work was imminent and were shown documents to support this.

Some areas that could be accessed by patients were not safe and posed potential risks to patients. We observed that there were ligature points in the bathrooms and in two bedrooms. We pointed this out to the ward manager as these had been discussed at the previous inspection. The ward manager had these ligature points removed during the inspection.

The unit could be accessed by members of the public unrestricted but they needed to have an access code to leave the ward. The entrance was not observable from the nursing

station and so access and exit to and from the unit was unrestricted, once the aexit code was known. This meant that patients' could leave the unit without staffs knowledge. We spoke to the ward manager about this issue who told us that this was acknowledged. They told us that when the unit was reconfigured this would be addressed either through CCTV or a controlled entry system. The provider may wish to note that entry and exit from the unit should be monitored.

Requirements relating to workers ✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

Patients were cared for, or supported by, suitably qualified, skilled and experienced staff

Reasons for our judgement

Our inspection on 17 December 2012 inspection found that patients were not always cared for, or supported by, suitably qualified, skilled and experienced staff. As a result of this inspection we set a compliance action. The trust wrote in March 2013 and told us they had complied with this requirement.

During this inspection we found that appropriate checks were undertaken before staff began work. We looked at four staff files, two staff in permanent employment and two staff employed through the trust's bank staff. The two permanent staff members' records contained evidence of an interviewer's check sheet which demonstrated an equal opportunities approach, previous employment history, suitable checks and evidence of previous qualifications, such as nursing registration number. In one case the trust had only recorded that one reference had been received instead of the two required in the trust's policy. The Trust may wish to note if it requires two references to be received then receipt of them should be recorded in line with its own policy.

A system was in place to check the suitability of agency staff who worked in the unit. We looked at the records relating to the agency staff that had worked in the unit. The records contained information relating to each staff, identifying their professional or recent qualifications, a declaration by the agency that the staff member had received a valid fitness to work check together with a declaration of physical fitness. This meant that the trust had a system to ensure agency staff were suitably qualified to work with vulnerable adults.

The staff had the required qualifications for the work they carried out. The trust had split the qualification requirements into distinct categories such as mandatory and core specific. Mandatory training covered areas such as fire safety, infection control and safeguarding, core specific training covered areas such as the Mental Capacity Act, risk and safety and the Deprivation of Liberty Safeguards. The staff were provided with opportunities to develop their skills through attending level one and two training in particular topics. These two levels related to subjects such as medicines management and motivational interviewing. The ward manager confirmed that all bank staff were sponsored and as such were included in the training opportunities provided for permanent staff, bank staff that we spoke with confirmed this was the case.

Assessing and monitoring the quality of service provision ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

The trust had an effective system in place to identify, assess and manage risks to the health, safety and welfare of patients on the ward.

Reasons for our judgement

Our inspection on 17 December 2012 inspection found that the trust did not have an effective system in place to identify, assess and manage risks to the health, safety and welfare of patients on the ward. As a result of this inspection we set a compliance action. The trust wrote in March 2013 and told us they had complied with this requirement.

During this inspection we found that the quality of the service was being assessed and monitored. There had been an audit of compliance against the essential minimum standards completed in February 2013. The outcome and analysis of the audit described areas where improvements were necessary. For example, the audit identified that the patient information required updating and that staff required specific training in the nutritional assessment process. An improvement plan had been developed from these audits and dates were either set, or being considered, to ensure on going improvement on the unit. A schedule of reviewing patient care records was in place which was being followed.

There was an audit of incidents on the unit with a view to reducing the number of adverse incidents. The unit had worked with the local authority safeguarding team to ensure people were safe and had developed a system of on going risk assessment to protect patients.

The ward manager told us that a medication audit had been carried out by the trust. This audit had covered areas regarding the administration records, information about the side effects of the medication and the use and recording of controlled drugs. The audit concluded that the unit was complaint in these areas.

We looked at the compliance audit relating to the environment. This audit identified that the unit was compliant and no further action was required. However the audit was inaccurate as it did not consider issues such as ligature points. The trust may wish to note that compliance audits should be checked before they are signed off by management to ensure they have considered all areas of compliance.

Records ✖ Action needed

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was not meeting this standard.

Patients care records did not always contain accurate information and some were not securely kept.

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

Our inspection on 17 December 2012 inspection we found that patients' care records did not contain complete or accurate information. As a result of this inspection we set a compliance action. The trust wrote in March 2013 and told us they had complied with this requirement.

During this inspection we found that the maintenance of records had improved. Tthe trust had just started using electronic care records. At the previous inspection we found that these were not always accessible to all staff. At this inspection we found that all staff had access to the care records when needed. The trust had just moved to this system some records were still in paper format until the information could be transferred.

The care records, both paper and electronic, used on the ward were reviewed and most contained accurate information. We looked at six patients' care records and found that four contained accurate patient information but two included inaccurate information. For example, when we looked at the care records of two patients who displayed challenging behaviour these showed an improvement. These records were clear and concise. They informed staff about how to work with these patient's and what the triggers were to their challenging behaviour. The records also demonstrated that staff were closely monitoring the patients' through close observation. Staff were making detailed records of their observations in order to ensure that the patients' needs could be met safely.

The two records that were inaccurate were still in the paper format. For example, in one patient's' record a care approach was described to withhold fluids after a certain time at night. This was to support the patient with their continence. The record stated that monitoring what the patient had to drink would ensure that the patient had received the correct amount of fluids during the day. There was no monitoring in place to ensure staff had an accurate record of the care provided and minimise the risk of inappropriate or unsafe care. We spoke with staff about this patient's need in particular in relation to the continence management plan. The staff were unaware of this plan and reassured us that the patient could have fluids as and when they wished. This meant that the record was not

accurate, but staff did not follow the stated plan. We brought this to the attention of the ward manager who immediately made arrangements for the record to be updated to reflect the patients' needs.

Another example of care records not containing accurate information was that we were told by relatives that there were plans for one patient to be transferred to a nursing home. While staff were aware of these plans we could not find any information in the care plans to describe the discharge arrangements. This meant that it was unclear if the discharge process had begun and that the patient could be safely discharged.

We spoke with staff about other patients' needs. They were able to describe these needs in detail such as daily routines and triggers to certain behaviours. We looked at these patients' records which reflected what staff had told us.

Patient records were not always kept securely. In the main nursing office all patient records were stored and kept in a confidential manner. However, when we looked in the activities room we found that there were a number of confidential documents relating to patients', past and present. As this room was accessed by patients' during activities and others for meetings, this meant that these personal records were not securely stored in this area.

The content and availability of staff records had improved. The trust now had a system in place to ensure that they had an up to date record of any agency staff used which identified their skills and experience. These records confirmed their suitability for the work they were to undertake.

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 20 HSCA 2008 (Regulated Activities) Regulations 2010** **Records**
	How the regulation was not being met: Patients' care records did not always contain complete or accurate information. Regulation 20(1)(a)(2)(a)(c)

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

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.

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