Care Quality Commission

# Inspection Report

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

# Henshaws Society for Blind People - 61 Kings Road Harrogate

61 Kings Road, Harrogate, HG1 5HJ

Tel: 01423561408

Date of Inspection: 16 September 2014

Date of Publication: October 2014

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

| | |
|---|---|
| **Consent to care and treatment** | ✓ Met this standard |
| **Care and welfare of people who use services** | ✓ Met this standard |
| **Safety and suitability of premises** | ✓ Met this standard |
| **Supporting workers** | ✓ Met this standard |
| **Assessing and monitoring the quality of service provision** | ✓ Met this standard |

## Details about this location

| | |
|---|---|
| Registered Provider | Henshaws Society for Blind People |
| Registered Manager | Mrs Margaret Lee Pattison |
| Overview of the service | 61 Kings Road is registered to provide accommodation and personal care for five people who have learning disabilities and an additional sensory impairment. The house is situated within walking distance of Harrogate town centre and there are local amenities nearby. It is a large three storey Victorian terrace with a small garden to the front and a small courtyard to the rear of the property.The registered provider is Henshaws Society for Blind People. |
| Type of service | Care home service without nursing |
| Regulated activity | Accommodation for persons who require nursing or personal care |

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*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'.*


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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 16 September 2014, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members and talked with staff.

### What people told us and what we found

Our inspection team was made up of one inspector. During the inspection we asked five questions; Is the service safe? Is the service effective? Is the service caring? Is the service responsive? Is the service well led?

On the day of the inspection we met all four people who were living in the service. We talked with two people about their experience of care at 61 Kings Road and we spoke with the relatives of one person. We talked with three staff during the inspection, spoke with the manager of the service by telephone following the inspection and we looked at records. Below is a summary of what we found. If you want to see the evidence supporting our summary please read the full report.

Is the service safe?

People were treated with respect and dignity by the staff and people we spoke with told us that they felt safe. Staff had received training in safeguarding and understood how to safeguard the people they supported. Systems were in place to make sure that managers and staff learnt from events such as accidents and incidents. This reduced the risk to people and helped the service to continually improve. The service had policies and procedures in place for assessment of people under the Mental Capacity Act. On the day of the inspection all the people who lived at 61 Kings Road were assessed as having capacity.

People were cared for in a service that was safe, clean and hygienic. The building was well maintained and any issues were reported promptly. Risk assessments were in place in individual support plans in relation to activities of daily living. Staffing levels were appropriate to meet the needs of the service and were reviewed and adjusted to address any changing needs and to accommodate activities.

Is the service effective?

People told us that they were happy with the care they received and relatives we spoke with said that they believed their relative's needs were met. It was clear from what we saw and from speaking with staff that they understood people's care and support needs and they knew them well. People's health and care needs were assessed with them and they were involved in writing their plans of care. Staff spoke with pride about the progress that individual people had made whilst they had been living at 61 Kings Road. Relatives we spoke with were able to describe specific benefits to the health and wellbeing of their relatives and the impact that this had had on their daily life. One person told us. "[The person] has always been encouraged to do anything [they] wanted to do and [the person] has grown in confidence."

Staff had received training to meet the needs of the people living in the home. They received regular supervision, annual appraisals and took part in regular staff meetings.

Is the service caring?

People were supported by kind and attentive staff. We saw that staff were patient and gave encouragement when supporting people. We saw that people were able to do things at their own pace and were supported to be as independent as possible. People who used the service were invited to complete an annual survey. Where shortfalls or concerns were raised, these were addressed. People's preferences, interests, aspirations and diverse needs had been recorded and care and support had been provided in accordance with their wishes.

Is the service responsive?

People were regularly involved in a range of activities inside and outside the service. The home supported people to take part in activities within the local community which included spending planned days at the Arts and Crafts Centre run by the provider. We saw that they visited local places of interest, went swimming, visited the climbing wall and took part in shopping for the home. People knew how to make a complaint if they were unhappy as this was explained to them and documented by the service.

Is the service well-led?

The service worked well with other agencies and services to ensure that people received their care in a joined up way. The service had a quality assurance system which included planned audits. People who lived in the service were asked for their views and we saw that there were regular house meetings where people could discuss any concerns and plans for the future. Relatives we spoke with told us that they were well informed about any changes and could talk with staff and discuss any concerns they had. Any identified shortfalls were addressed promptly and as a result the service was constantly improving.

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

**Consent to care and treatment** ✓ Met this standard

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

### Our judgement

The provider was meeting this standard.

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

### Reasons for our judgement

We found that people who lived at 61 Kings Road had been involved in the planning of their care, were supported to make decisions and were assessed as having capacity to make decisions about all aspects of their life and were able to give their consent. Staff understood the importance of asking people for consent and had undertaken training in the Mental Capacity Act.

Throughout the inspection we observed staff asking people what they would prefer and acting in accordance with their wishes. On the day of our visit, two people stayed in the house for part of the day. One person was supported to clean their bedroom and make their lunch using a recipe book which had been specially designed in large print for people with a visual impairment. After lunch they accompanied a staff member to the local supermarket to do the food shopping for the house and buy some personal items. Another person chose to go to the Arts and Crafts Centre for the afternoon which was run by the provider and was accompanied by a staff member in a taxi. We observed staff communicating using an individual form of sign language with one person to understand their choices. This meant that staff were acting in accordance with the wishes of people who lived in the service.

We looked at four individual support plans and saw that there were details of people's life history and their preferences about the way they wanted to be supported. All decisions had been discussed by staff with each person and were recorded and signed. We saw that each person had signed a 'Consent to Care' form which was located in their personal file. All the people living at 61 Kings Road had been assessed as having capacity to make decisions about all aspects of their care and this assessment was reviewed on an annual basis. Where it was assessed that a person lacked the capacity to make a decision about any part of their care or support this was recorded in their file according to the policy and procedure of the service. Staff explained that this had been the case on one occasion for one person which had involved the need for urgent dental treatment. This meant that staff

understood the requirement to obtain consent and where it had been assessed that a person lacked capacity, the manager had acted in accordance with legal requirements.

We saw that people's likes and dislikes were recorded and when we spoke with one person they told us about the choices that they had for meals and leisure activities. We saw that people who attended the Arts and Craft Centre had a programme of activities for each day which had been discussed and agreed with them. We saw notes from the house meetings which were held on a monthly basis and saw that these included a wide range of different issues which were discussed and where people were asked for their views about what they wanted to do. We saw that summer holidays had been discussed and people living in the service had decided to have a week of different days out rather than to go away overnight. Plans for the redecoration of people's rooms had been discussed and we were told that each person had chosen the colour scheme and were in the process of selecting new furniture. This meant that people who lived in the service were involved in discussions about different aspects of their life and gave their consent to the way in which support was 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.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

## Reasons for our judgement

During our visit, we spent time in the communal areas of the home observing the interactions between staff and people who lived there. We found the home to be welcoming and clean. People appeared to be relaxed and confident with staff.

We found that people looked clean and well cared for and we observed that staff provided support for people whilst encouraging them to be as independent as possible. When we spoke with one person who lived in the home, they told us that they were happy living at 61, Kings Road that they liked the staff and they felt safe. They said, "Yeah, yeah, it's alright." We spoke with one relative who told us that staff went out of their way to provide support for people living in the service and commented on the progress their relative had made in terms of their physical health, mental wellbeing and confidence. They told us, "[The person] had grown in confidence. [The person] has always been encouraged to do anything [they] wanted to do." This meant that staff supported people to develop and maintain their skills in order to improve their physical and mental wellbeing.

We looked at four individual support plans to see how people's care was planned, coordinated and reviewed. These plans guided staff in how to support people in the way that they preferred. There were risk assessments in place for all activities of daily living including practical, emotional and social support. We observed that plans were reviewed on a monthly basis with key workers. (These are staff who have a specific responsibility for one person and meet with them to discuss progress and any issues). We saw that plans were signed by people who used the service and were up to date. Plans were in place to support people to manage their personal hygiene, money, diet and activities. We saw that each person had specific goals which focussed on different aspects of their health and wellbeing. These were discussed with staff and progress recorded on a monthly basis. This meant that people were involved in discussions about their progress and achievements.

Throughout the visit we saw staff talking patiently and kindly with people to remind them of the plans that had been agreed and support them in following these. We noted that staff responded immediately and with sensitivity to requests for information, explanation and

support. We saw that staff monitored the behaviour of people and aimed to ensure that they and other people who lived in the service were safe. This meant that care needs were regularly assessed and reviewed to ensure that individual needs were met.

We observed that people had access to the support from a range of health care professionals. Information about their specific involvement was included in the support plans. This ensured that people's health care needs were met appropriately by trained professionals. These included colleagues from the community learning disability team, visual impairment specialists and mental health staff. On the day of the inspection, one person was supported to attend the general practitioner (GP). This meant that staff worked with other health practitioners to ensure that people who lived in the service were able to access the most appropriate support.

We saw that staff kept records of the care provided for each person. This ensured that any changes throughout the day were communicated to staff coming on to different shifts. This meant that there was continuity of care provided for people who lived in the service and staff were aware of any changes to the support and care required.

We saw that there was a planned programme of activities for each person which was based on their preferences and detailed in their care plan but we were told that this was flexible and people could change their mind at any time. People were supported to be independent with support from staff. This meant that staff provided planned support which was agreed in advance with the individual and enabled people to be as independent as possible whilst remaining safe.

We talked with three staff members about their support role. Two staff were permanently based in the service and one person worked as a relief member of staff throughout several homes managed by the provider. Staff explained that they had people for whom they were specifically responsible. This meant that they were that person's 'key worker'. They told us that this involved getting to know the person, understanding their needs and preferences and providing additional support. The key worker was responsible for a monthly review of the care plan and they discussed progress with specific goals. Any changes were recorded after being discussed with the person, agreed and signed by them. This meant that whilst all staff provided day to day support for all people, individually people had a key worker who was specifically assigned to them.

**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.

People who used the service, staff and visitors were protected against the risks of unsafe or unsuitable premises. The provider had taken steps to provide care in an environment that was suitably designed and adequately maintained.

## Reasons for our judgement

We spent time looking round the building and found it to be clean, adequately maintained and suitable for the purpose of supporting the people who lived there. We discussed a programme of redecoration with a member of staff who told us that they were redecorating all the bedrooms and had involved all the people who lived in the service. They explained that this approach was less disruptive for people who found change and upheaval quite distressing. They explained that they could work around the person's activities, they were involved in discussion about the colour scheme, the purchase of new furniture and staff discussed with them the best time for the work to take place. On the day of the inspection, we looked at three rooms which had been redecorated and two people had chosen their new furniture. This meant that people were involved and the process was as least disruptive for them as possible.

We saw that communal areas were well decorated and we were told that this work had been undertaken over the last two years. The kitchen was clean and flooring, cupboards and appliances appeared to be in good order. When we looked at the kitchen, we saw that there was a gas hob. Staff we spoke with told us that people who lived in the service were supported to cook food but were never left alone in the kitchen.

We inspected the bathroom and the provider might like to note that we found that there was some damage to the wallpaper which was coming away from the wall in places and showed signs of mould. When we discussed this with staff, they told us that this had been reported to the maintenance team. When we looked at the records of requests for work to be undertaken, we saw that this had been reported by the manager. At the time of the inspection, there was no timescale for the work to be undertaken.

We saw that all the windows had been replaced in February 2014 and fitted with appropriate safety catches to ensure that they did not open too far. We saw records of the installation of the windows.

The home had two outside areas and we found that the back garden was well maintained with seating and a patch of grass. The provider might like to note that the garden at the

front of the building was untidy and in need of some maintenance. When we discussed this with staff, we were told that the maintenance team had cleared the garden in preparation for improvements to be made but at the time of the inspection, there was no timescale for this work to be completed. This did not have a major impact on people living in the service but it was unsafe for people with a visual impairment to walk on the uneven ground and so were unable to make use of the outdoor space.

We looked at details of approved contractors and found that the home had a list of companies who were contracted to provide regular servicing of the heating, electrical testing and fire inspections. We looked at records of the regular checks undertaken by staff including testing of water temperatures and fire alarms and found that these were up to date. The provider might like to note that one of the water temperature checks for October 2014 had already been completed and signed for. When we spoke with the manager, they told us that they would recheck the water temperature for October and the outcome would be recorded appropriately.

We saw that the floor coverings throughout the home were in good condition and soft furnishings and curtains were also clean, fresh and in good condition. People had communal facilities where they were able to sit to eat, watch television and relax but all people who lived in the service had individual rooms which were clean, well maintained and where they were able to relax. This meant that people had a choice of different places to spend their time throughout the building which were clean, safe and well maintained.

**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. Staff received appropriate professional development and from time to time were able to undertake further relevant qualifications.

## Reasons for our judgement

We talked with staff about the training and development that they had undertaken. We found that there was a planned programme of mandatory training and staff were supported to undertake relevant qualifying training.

Staff explained that they had regular supervision with the manager of the home and annual appraisals. On the day of the inspection, the registered manager was not on duty and we were unable to look at records of supervisions and appraisal as these were locked away. We spoke with the manager the day after the inspection and they confirmed that staff had regular meetings where they discussed their progress, training issues and career aspirations.

Staff told us that they had all attended specialist training provided by North Yorkshire County Council. The course was called 'Intensive interaction training' which they explained enabled them to better understand the needs of people living in the service and the most appropriate ways for them to provide support. Staff commented on the value of being able to discuss their learning with colleagues who had also undertaken the training and that they were able to provide a consistent approach to the care delivered for people living in the service. This meant that staff had access to mandatory training which was updated on a regular basis, qualifying training and occasional specialist training courses.

We talked with a relief member of staff who was working at the service on the day of the inspection. They explained that they had undertaken all of the required training and were supported by staff to ensure that they were up to date with the current needs of people living there. They told us that they knew each person well which ensured that there was consistency in the way that care was delivered. Staff explained that the service had three volunteers who worked in the service and supported some people on a regular basis with activities. We were told that they also undertook mandatory training to ensure that they were skilled in providing support and understood the specific needs of people living in the service.

We looked at notes from monthly staff meetings and that the meetings included discussion

on a range of issues. The last meeting had been held on 3rd September 2014. There was a regular agenda which covered health and safety, safeguarding, training and any developments or significant changes to the care and support of people living in the service. Over the summer period, the manager and a support worker had both been on planned annual leave. We observed that there were early discussions within the staff group about how the work would be covered and managed and how support would be provided for staff from managers from other homes managed by the provider. Staff explained that during this time they had worked closely together and any relief staff used had been known to people living in the service in advance. We saw from notes of house meetings that people who lived at the service had been asked what they thought of the relief staff and the responses had been positive. This meant that the manager provided the necessary support for staff and people living in the service in a planned way which ensure that the staff and people living there were safe.

We saw that on the evening shift there was one member of staff on duty. We were told that this was usual practice and if staff had any concerns or there were issues with any of the people using the service, staff had access to on call support and also could call staff in a neighbouring home for support if required. This meant that staff were supported to provide care with on call support if necessary.

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

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

## Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

## Reasons for our judgement

During our inspection we found that there were a variety of mechanisms in place for assessing and monitoring the quality of service provision. These included surveys of the experience of people using the service, regular audits and incident reports. We found evidence of different ways in which the manager used feedback to respond to suggestions for improvements and implement changes.

We observed staff throughout the day responding to people, communicating in an open, friendly and supportive way. We looked at individual support plans and found that these were discussed and reviewed on a regular basis and people were involved in discussions about their care and support. We saw that the manager had audited all support plans on a monthly basis and staff had responded to identified actions.

One relative we spoke with told us of the development that they had seen in the emotional, mental and physical wellbeing of their family member. This meant that people were involved in discussions about their care and their progress was monitored and recorded. Relatives were kept informed of any changes and knew that they could talk with staff about any issues.

We saw that staffing levels were adjusted in response to the changing needs of people who lived in the service. Staffing was available to support people if planned activities were scheduled to take place outside the service or if people were unwell and required additional support. We found that there was a monitoring system to ensure that all staff were up to date with their mandatory training. This meant that staffing levels were managed appropriately and staff were trained to undertake their role.

We looked at the outcomes from the survey which was called. "What do you think?" and saw that people who used the service said that they understood who their key worker was, what they would do if they felt unsafe or if they had any concerns. We saw that the service engaged with a range of health care professionals on an on-going basis and also worked with people from the wider community in a planned and supported way including volunteers. We saw that there was a 'Day Services Review' for people who attended the

Arts and Crafts Centre. They were invited to review their progress and discuss what they enjoyed and what they would like to change.

We saw that regular audits were undertaken which included health and safety, first aid and fire safety. In addition to these we saw records of internal quality audits which were held on a regular basis and undertaken by managers from other services managed by the provider. We observed that the audits were undertaken in June 2014 and actions which had been identified had been addressed by the manager.

We saw that maintenance checks were undertaken and staff explained that there was a weekly walk around the building to identify any issues which required attention. We saw from records that these were reported to the maintenance team. At the time of the inspection, there was no regular cleaner employed by the service and so staff were cleaning the building. We saw records of the cleaning undertaken which meant that staff were minimising any risks of infection and the home was a clean and pleasant place for people to live.

## 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.<br>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.<br>We monitor the implementation of action plans in these reports and, if necessary, take further action.<br>We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete. |
| ✖ **Enforcement action taken** | If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people. |

## How we define our judgements (continued)

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

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

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

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

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

## Glossary of terms we use in this report

### Essential standard

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

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

### Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

## Glossary of terms we use in this report (continued)

### (Registered) Provider

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

### Regulations

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

### Responsive inspection

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

### Routine inspection

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

### Themed inspection

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

## Contact us

| | |
|---|---|
| Phone: | 03000 616161 |
| Email: | enquiries@cqc.org.uk |
| Write to us at: | Care Quality Commission<br>Citygate<br>Gallowgate<br>Newcastle upon Tyne<br>NE1 4PA |
| Website: | www.cqc.org.uk |

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