

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

## Prime Time Recruitment - Walsall

Tameway Tower, 48 Bridge Street, Walsall, WS1  
1JZ

Tel: 01922627430

Date of Inspection: 23 April 2014

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2014

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

<b>Respecting and involving people who use services</b>	✓ Met this standard
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<b>Care and welfare of people who use services</b>	✓ Met this standard
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<b>Staffing</b>	✓ Met this standard
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<b>Assessing and monitoring the quality of service provision</b>	✓ Met this standard
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<b>Records</b>	✓ Met this standard
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## Details about this location

Registered Provider	Prime Time Recruitment Limited
Registered Manager	Ms Samantha Lester
Overview of the service	Prime Time Recruitment - Walsall provides personal care to people living in their own homes.
Type of service	Domiciliary care service
Regulated activity	Personal care

## 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'.*

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## Summary of this inspection

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### Why we carried out this inspection

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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.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 23 April 2014, checked how people were cared for at each stage of their treatment and care and talked with people who use the service. We talked with carers and / or family members and talked with staff.

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### What people told us and what we found

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We completed this scheduled inspection to gather evidence against the outcomes we inspected to help answer our five key questions; Is the service caring? Is the service responsive? Is the service safe? Is the service effective? Is the service well led? After the inspection we gathered information from people who used the service, their relatives and staff who worked at the service by telephoning them.

We completed an inspection previously on 29 October 2013, where we found the provider was non-compliant with outcome 4: Care and welfare; outcome 13: Staffing and outcome 16: Assessing and monitoring the quality of service provision.

We found that improvements were needed. After the inspection, the provider sent us an action plan. This told us the action the provider would take and by what date.

At this inspection we checked whether required improvements had been made to issues identified at the last inspection. We completed a scheduled inspection and looked at other essential standards of care.

We found that the provider was compliant. Care and treatment was planned and delivered in a way intended to ensure people's safety and welfare. Staffing arrangements were in place to ensure that staff had the knowledge and skills to meet the needs of the children/young people whom they supported. The quality assurance system ensured that suitable arrangements were in place to provide assurance that children and young people received safe and appropriate care and support.

Below is a summary of what we found at this inspection. The summary is based on our observations during the inspection, speaking with people who used the service and their relatives, the staff supporting them and from looking at records. If you want to see the evidence supporting our summary please read our full report.

Is the service safe?

We found that up-to-date care plans and risk assessments were in place and staff understood how to support people safely. People we spoke with told us staff were competent and supported them in line with their needs.

People told us that they felt their rights and dignity were respected. They told us they were able to choose the staff they wanted to support them.

Systems were in place to make sure that the registered manager and staff learned from events such as accidents and incidents, complaints, concerns and investigations. This reduces the risks to people and helps the service to continually improve.

Risk management plans were up-to-date and staff said they received updates when people's needs changed. People were not put at unnecessary risk but also had access to choice and remained in control of decisions about their care and lives.

The registered manager completed the staff rotas, they told us and we saw they took people's care needs into account when making decisions about the numbers, qualifications, skills and experience required. This helped to ensure that people's needs are always met.

Policies and procedures were in place to make sure that unsafe practice was identified and people were protected.

We found that policies and procedures in relation to the Mental Capacity Act and Deprivation of Liberty Safeguards were in place. At the time of our inspection no applications had been made. This meant that people would be safeguarded as required.

Is the service effective?

People's health and care needs were assessed with them and their families where required. People, their families and professionals were involved in making decisions about their plans of care. We saw that people's complex healthcare needs had been identified, with support networks in place to manage their needs appropriately. Parents and people who used the service told us that their care plans were up to date and reflected their current needs.

Is the service caring?

We spoke with the registered manager. They told us that six people used the service at the time of our inspection. They told us the majority of people were children or young adults. They told us that most people who used the service could not verbally communicate their needs to us.

We spoke with one person who used the service and three parents of people who used the service. We asked them for their opinions about the staff who supported them. Feedback from people was very positive, for example one person who used the service told us: "I am happy with the service. I choose my carers and the activities I want to do". One parent told us: "This is a company that actually listens to people. They fulfil all care requirements and give us a choice of carers".

We saw that people's preferences, interests and diverse needs had been recorded and care and support had been provided in accordance with people's wishes. One parent told us: "We have a variety of carers and they all respect our culture".

Is the service responsive?

People knew how to make a complaint if they were unhappy. Everybody we spoke to said that had not needed to make a complaint. They told us that minor issues were dealt with appropriately by the provider. We looked at examples of investigations which had been completed in line with the complaints policy. People could be assured that complaints are investigated and action taken as necessary by the provider.

The registered manager told us that people who used the service and their relatives were sent regular questionnaires to complete on the quality of the service and the staff who supported them. This was confirmed in the questionnaires that we looked at. All of the completed questionnaires had provided positive feedback to the provider about the quality of the service and staff performance.

The service worked well with other healthcare professionals and external agencies. We found that the provider had worked in a co-ordinated way with other external healthcare professionals to ensure that people's complex health care needs were met.

Is the service well-led?

The service had a quality assurance system, and records showed that identified problems and opportunities to change things for the better were addressed promptly. As a result the quality of the service was continuously improving.

Staff told us they were clear about their roles and responsibilities. Staff had a good understanding of the ethos of the service. This helped to ensure that people received a good quality service at all times.

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

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## **More information about the provider**

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

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

## Our judgements for each standard inspected

**Respecting and involving people who use services** ✓ 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**

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### Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

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### Reasons for our judgement

We spoke with staff about how they supported people who used the service to promote their independence, privacy and dignity. One member of staff told us: "I work with someone who is very shy when it comes to personal care. I always leave the room when they ask me to, as their relative helps them with this".

Another member of staff told us: "X tells us what they want. If they want their own space, we leave them alone and observe from a distance. We ensure they have a blanket to cover them when being supported with personal care". This meant that people's privacy and dignity were respected.

Everybody we spoke with who used the service told us that staff were well mannered and respectful towards them.

One parent told us: "All of the carers respect our culture. They prepare halal meat and they are respectful when we need to say our prayers. They have given us a choice of carers which has made a real difference".

We looked at the provider's compliments book on the day of our inspection. One of the comments completed by a parent of someone who used the service read: "The carers are like family. We trust care staff on their own with [our relative], which has helped the family a lot".

The registered manager told us that staff completed dignity awareness training as part of their induction to the role. They told us that staff could not start work until they had completed this training.

One person who used the service told us: "Staff respect me. I make choices about what I

want to do".

Parents of people who used the service told us that they and the person took part in reviews about their care. This meant that people expressed their views and were involved in making decisions about their care and treatment.

The registered manager told us that people who used the service could access advocacy services when needed. This meant that people's diversity, values and human rights were respected.

We were told that people who used the service were given a copy of the service user guide. This was confirmed in the conversations we had with people who used the service. This provided information to people on service facilities, guidance on how to make complaints and signposting to other local services. This meant that people who used the service were given appropriate information and support regarding their care and treatment.



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

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**Our judgement**

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The provider was meeting this standard.

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

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**Reasons for our judgement**

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At a previous inspection in October 2013, we found that care and treatment was not consistently planned and delivered in a way to ensure children's/ and young people's safety and welfare.

At this inspection, through a process called 'pathway tracking' we followed the care of three children/ young people who used the service. We looked at their care records; and spoke with them (where they were able) and their parents about the care provided. Pathway tracking helped us to understand the outcomes and experiences of selected children/ young people. The information we gathered helped us to make a judgement about whether the service was meeting the essential standards of quality and safety.

At our inspection in October 2013, we saw that care plans were individualised and mostly reflected the needs of the child/ or young person. We found that more information was required to ensure that care was provided in a consistent manner to meet the child's/ or young person's needs. One care plan identified that a child would require their continence pads to be changed. There was no information to guide staff about how the person's skin should be cleaned and protected from soreness.

At this inspection we found that detailed guidance was in the person's care plan to enable staff to support the person to ensure their skin was appropriately cleaned and protected from soreness. We saw that people's care and treatment reflected relevant research and guidance. Where necessary we saw that staff who worked with people with complex health needs received specialist training in those areas. One member of staff we spoke with said: "I've had lots of training. I support someone to take morphine and have been signed off as competent by a specialist pain team".

At our inspection in October 2013, we found that a second care plan did not sufficiently detail the support given by the provider and other health professions. For example in one child/ young person's care plan it was unclear what support staff gave in relation to specialist feeding. A lack of detailed information about people's needs, how they should be met and by whom may put children/ and young people at risk of harm.

At this inspection we saw that guidance was in place in the person's care plan to enable staff to support them with their specialist feeding requirements. We saw that staff had completed training to enable them to confidently support people in line with their needs. This was confirmed in the training records we looked at.

At our inspection in October 2013, we saw that some children/ and young people required staff to prepare and assist them with their food and drinks. We saw that two young people had intolerance to some foods, which if eaten may have adversely affected their health or wellbeing. No information was available to guide staff what the young person was able to eat and drink. However another young person's care records gave detailed information about all foods they were able to eat and enjoyed. The lack of detailed information about which food and fluids the young person could safely eat and drink meant that their health and wellbeing may not be protected.

At this inspection we found detailed information on what suitable food types people could eat in their care plans. This supported staff to help people eat safely to ensure their health and wellbeing was protected.

Care records we looked at our inspection in October 2013 for two children detailed that they had behaviour that may challenge. We saw that their care records did not provide sufficient information about the nature of this behaviour or actions that staff should take to de-escalate it. This meant that the staff may not manage this behaviour consistently and the child, young person or other people who came into contact with them may be at risk of harm.

At this inspection we found that behaviour plans for these children had been updated. They now included triggers to the children's behaviours, and strategies to enable staff to de-escalate the children's behaviours to reduce the risks to the children and other people. We saw records which confirmed that staff had attended training in managing behaviours that challenged, where they supported people with those needs.

At our inspection in October in 2013, we noted that the service provided care to some very young children. We saw that one of the support needs that care staff provided was interaction and play with the child. We saw in one child's care plan it was recorded that they enjoyed outside play but generally there was no information about things the child liked to do. This meant that staff did not have the information needed to deliver the support the child required.

At this inspection we found that the children's care plans recorded details of the types of outside play and activities the children and young people liked to take part in. We saw that activities that people enjoyed had been recorded in their care plans.

One person who used the service told us: "I go out when I want to. I make choices about where I want to go. I have been to concerts, a safari park and Blackpool".

Another parent told us: "Staff supported [my relative] to go to a family wedding".

At this inspection we found that the care records we looked at had risk assessments that identified risks to people's safety. The risk assessments contained details of actions to be taken by staff to minimise risks to people. We were told and saw that risk assessments were reviewed at least every three months and when people's needs changed. Parents of people who used the service told us that their care plans were up to date and reflected

their current needs. This meant that plans of care contained up-to-date information on people's care needs to ensure that people received appropriate and safe care.

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

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## **Our judgement**

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The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

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## **Reasons for our judgement**

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At a previous inspection in October 2013, we found that staffing arrangements in place were not suitable to ensure that all staff had the knowledge and skills to meet the needs of the children/ young people whom they supported.

At our inspection in October 2013, we saw that other children/ young people had behaviour that may challenge, epilepsy and learning disabilities such as autism. Care records detailed that these children/ young people were at risk due to these needs. We saw that social workers had requested that only staff who had received training in autism and managing challenging behaviour should support one child. We saw that staff records confirmed that not all care staff who provided support to this child had received the required training to provide safe and effective care and support to them. The senior care coordinator told us that they were in the process of arranging training in epilepsy, autism and management of challenging behaviour for staff who supported children/ young people with these needs.

At this inspection we checked to see whether staff had received the required training in epilepsy, autism and management of challenging behaviour for staff who supported children/ young people with these needs. The training records we looked at confirmed that staff had received the required training since our last inspection.

One member of staff told us: "We get lots of training. I have had training in moving and handling and use of oxygen pumps".

One parent told us: "The staff are capable of looking after my child. They fulfil all [care] requirements".

Another parent told us: "Staff follow [my relative's] care plan to the letter. He is very good and very calm. I have been pleasantly surprised".

At our inspection in October 2013, we looked at the records of nine care staff. We saw some but not all staff received regular one to one meetings or a check of their practice. This included either direct observation of the care they provided, a face to face meeting or a telephone call. During one to one meetings staff discussed their training needs, conduct

and performance such as record keeping. The senior care coordinator told us that following a change of roles within the management team a new care coordinator had recently been appointed. We were told that a programme of one to one meetings and staff checks for all care staff had been identified.

At this inspection we saw records which confirmed that staff had received regular one to one meetings and observations of their care practice had been completed. This was confirmed by three members of staff that we spoke with.

At our inspection in October 2013, some staff we spoke with said that they had regular meetings as a staff team (staff who cared for a particular child/ young person). We saw records which evidenced that these meetings had taken place regularly. However other staff we spoke with told us that they did not have staff meetings. We asked for records of staff meetings that were held. We saw that although regular meetings did take place with one staff team (providing support to one young person), meetings for other staff were either infrequent or did not take place.

At this inspection we found that arrangements were in place to ensure that all staff attended regular meetings to get updates about people's care needs and care practice. This was confirmed in the meeting minutes and attendance lists we looked at. Staff we spoke with told us they attended regular meetings to update themselves on people's care needs and service requirements.

One member of staff told us: "I get supervision every three months and we have staff meetings".

Another member of staff told us: "The communication is good. I can call in and someone is at hand to answer any queries. We have team meetings and are spot checked at the person's home".

Another member of staff told us: "Communication has improved. The rotas are done four weeks in advance and we get text updates".

Another member of staff told us: "We have staff meetings. We are updated about changes to people's care needs". This meant that arrangements were in place to ensure that staff had the knowledge and skills to meet the needs of the children/young people whom they supported.

## 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

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### Our judgement

The provider was meeting this standard.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

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### Reasons for our judgement

At a previous inspection in October 2013, we found that suitable arrangements were not in place to provide assurance that children and young people received safe and appropriate care and support.

At our inspection in October 2013, the senior care coordinator told us that visit sheet records and medication records were brought into the office monthly to be checked by senior staff. We asked to see all the visit records and medication records for the four children/ and young people whose care records we looked at. The visit records which were made available to us were dated to the end of August 2013. No medication records were available for us to check. We were told that there had been a change of roles and the responsibility for checking visit and medication records was the responsibility of the care coordinator. We were told that some concerns about the completion of records had been identified. These records were not made available to us and neither did we see what actions staff had taken to address these omissions.

At this inspection we asked to see daily log record sheets and medication administration records (MAR). We also asked to see what action had been taken to address concerns about the completion of records at our last inspection. The registered manager told us that staff brought in MAR and daily logs to the office every week. They told us that all records were audited and issues were addressed with relevant staff. This was confirmed in the records that we looked at. We saw that audits had been completed and actions recorded. We saw that a new MAR sheet format had been adopted due to concerns identified as part of the audit process. The format of the MAR was clearer and had a code system to enable staff to record the correct action taken when administering medication to people who used the service.

At our inspection in October 2013, we were also told that senior staff undertook spot checks to observe and check staff practice. Records we saw did not confirm that these checks were undertaken regularly. We were told by the senior care coordinator that this was currently being addressed with the appointment of a new care coordinator.

At this inspection we were told and saw records that regular spot checks were completed by senior staff to observe staff care delivery in people's homes. We saw copies of spot checks which showed us that staff were assessed on their performance by senior staff and people who used the service. This meant that staff performance was constantly monitored to ensure appropriate standards of care were met.

At our inspection in October 2013, we found that care records did not consistently identify the care children or young people needed or that care plans were reviewed as their needs had changed.

At this inspection records we checked confirmed that care plans were regularly reviewed and audited to ensure that staff had up-to-date information to meet people's needs. We saw that care plans were completed at least every three months or when people's needs changed. The plans of care we looked at contained up-to-date information on people's care needs. This meant that systems provided assurance that children and young people were adequately protected against the risk of receiving unsafe or appropriate care.

People who used the service were asked for their views about their care and treatment. We looked at questionnaires completed about specific staff and the quality of the service provided. We saw that people had confirmed that the service had received positive feedback in all cases. This meant that people who used the service were asked for their views about their care and treatment and issues would be acted on by the provider.

We saw evidence of a complaints policy to enable positive outcomes for people who used the service. We saw that complaints were logged and responded to appropriately. We saw that complaints were acknowledged in writing and that the provider acted in accordance with their policy to resolve them. The provider took account of complaints to improve the service.

We looked at the provider's compliments book on the day of our inspection. One of the comments completed by someone who used the service read: "I am more than happy with the carer".

Another comment from a person who used the service read: "Just a nice text to say you're doing a great job".

The registered manager showed us the system for recording when accidents and incidents occurred. The registered manager told us that no recent incidents had occurred. We saw there was a system in place to monitor and analyse incidents to ensure that appropriate actions taken.

We saw that the provider had a training matrix in place which identified when staff had completed training in mandatory subjects such as safeguarding, medication management and first aid. The provider sent us a copy of the training matrix the day after the inspection. This confirmed that staff had completed mandatory training courses. This meant that people were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.



## Records

✓ Met this standard

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

### Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

### Reasons for our judgement

We found that people who used the service had individual care records. We saw that records were accurate and appropriately completed.

We found that all records contained the necessary details of people's health issues and social care needs. We saw records were kept of people's medication, behavioural and other health needs. We saw that staff completed daily logs which recorded people's needs.

We looked at medication administration records (MAR) for two people who used the service. These records showed when people had been prescribed medication and what dose they had been given and by whom. We found that accurate MAR records had been maintained in the files we looked at.

We saw that records had been kept of people's medication, behavioural needs and fluid and food intake and output where required in line with people's individual health needs.

We found that care plans and risk assessments had been recorded and were up-to-date in the care files we looked at. This was intended to ensure people were protected from risks of unsafe or inappropriate care and treatment.

One member of staff told us: "We complete log sheets and ensure they are done on time every week".

Another member of staff told us: "We keep log sheets and an equipment log and update them regularly. Everything is kept well organised and is updated when it should be".

We saw there was a policy in place to ensure the provider handled people's records confidentially. The registered manager told us that records were kept securely in the office in a lockable cabinet, in a locked office and could be located promptly when needed.



## 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.

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**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.

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**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.

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**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

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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)

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### **(Registered) Provider**

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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'.

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### **Regulations**

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

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### **Responsive inspection**

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

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### **Routine inspection**

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

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### **Themed inspection**

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

## Contact us

Phone: 03000 616161

Email: [enquiries@ccq.org.uk](mailto:enquiries@ccq.org.uk)

Write to us at:  
Care Quality Commission  
Citygate  
Gallowgate  
Newcastle upon Tyne  
NE1 4PA

Website: [www.cqc.org.uk](http://www.cqc.org.uk)

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