Inspection Report

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

Glengarriff House Nursing Home

8 King Street, Market Rasen, LN8 3BB

Tel: 01673844091

Date of Inspections: 06 January 2014
02 January 2014

Date of Publication: January 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
Safeguarding people who use services from abuse	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✗ Action needed

Details about this location

Registered Provider	Prime Life Limited
Registered Manager	Miss Kimberley McPherson
Overview of the service	Glengarriff House is situated in the centre of Market Rasen, Lincolnshire. The service is registered to provide accommodation and care for up to 18 adults with learning disabilities, however at present they can accommodate up to 15 people. Glengariff House compromises of the main house, which has accommodation for up to nine people and there are four further flats. There are two single and two double occupancy flats. The flats can be used to provide a service adapted according to the needs of people living in them at the time.
Type of service	Care home service with nursing
Regulated activities	Accommodation for persons who require nursing or personal care 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'.

	Page
Summary of this inspection:	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
What we have told the provider to do	5
More information about the provider	5
Our judgements for each standard inspected:	
Consent to care and treatment	6
Care and welfare of people who use services	8
Safeguarding people who use services from abuse	11
Supporting workers	13
Assessing and monitoring the quality of service provision	15
Information primarily for the provider:	
Action we have told the provider to take	17
About CQC Inspections	18
How we define our judgements	19
Glossary of terms we use in this report	21
Contact us	23

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 2 January 2014 and 6 January 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

The inspection was carried out over two days. Prior to our inspection we reviewed all the information we had received from the provider. During the inspection we spoke with six people who used the service and two relatives and asked them for their views. We also spoke with four support workers, a nurse, the registered manager and a company director. We also had a discussion with a member of the provider's maintenance team. We looked at some of the records held in the service including the care files for three people. We observed the support people who used the service received from staff and carried out a tour of some of the accommodation. We were only able to visit one of the four flats.

We found people gave consent to their care and treatment and received care and support that met their needs. A person told us, "I do the things I want to, I go on the bus." Another person said, "I cook my own meals, I check to see if the food is not out of date and I clean my toilet."

We found people who used the service were kept safe and protected from harm. Staff knew how to respond to any allegation of abuse. We asked a person if they felt safe in the home and they replied, "I feel safe, the staff check on me."

We found the staff team were supported through training. We saw various staff communicate with a person using a mixture of speech and sign language during our visit. A person who used the service told us, "The staff are good."

We found further improvements were needed in how the provider assessed and monitored the quality of the service. A relative told us they felt more could be done to the upkeep of the building. A person who used the service told us, "I feel listened to."

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

What we have told the provider to do

We have asked the provider to send us a report by 08 February 2014, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

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 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 staff responded appropriately when people had the capacity to make decisions about their care and welfare. Some of the information in the care files we saw was in both written and pictorial form to help people who used the service be involved in planning their care. There was a section in some of the care plans where people who used the service could sign to show they had been involved in preparing and discussing these, and that they were in agreement with them. The manager said most people who used the service would not be able to do so, and one person who would be able to did not want to. The provider may find it useful to note there was no record made to show where someone did not want to sign their care plans.

A staff member told us people who used the service were as independent as they were able to be. The staff member said how one person who lived in one of the flats used to need assistance to go out into the local community, but was now able to do so independently. We saw the person return to the home during the inspection having been out on their own. Another person who used the service told us they lived independently in one of the flats. The person said they fell sometimes, but they would rather fall than lose their independence.

The manager told us one person had recently reorganised their care review as the time it had been arranged for did not suit them. The manager said the person had phoned up their social worker to rearrange it.

The nurse on duty told us they tried to promote people's independence. The nurse said some people assisted with cleaning their rooms and the communal areas of the main house. A staff member said another person was now able to dress themselves independently which they had not been able to do previously. A person who used the service told us, "I do the things I want to, I go on the bus."

Staff told us they had received training on the Mental Capacity Act (2005) and were able to describe the principles of this legislation. The Mental Capacity Act (2005) is legislation used to protect people who might not be able to make informed decisions on their own about the care they receive.

We saw there were mental capacity assessments completed which showed where the person did not have the capacity to make certain decisions for themselves. The mental capacity assessments described what the decision was that was to be made in the person's best interest. We saw decisions assessed included administering medication and to have a flu jab. The nurse told us they acted in people's best interest if they were unable to make a decision for themselves.

The manager told us one person had recently had some medical treatment. The manager said this was carried out following a mental capacity assessment and a best interest decision at the hospital. The manager said the person's relative was kept fully informed and was in agreement with this.

There were mental capacity assessments completed where a person was unable to sign their care plans and these identified who would sign the care plan on the person's behalf. We saw the manager had signed one person's care file as the person was unable to do so themselves. There was a mental capacity assessment completed to determine this was the case and that in the person's best interest the manager would sign these on their behalf.

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.

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

Reasons for our judgement

Care plans described how staff should respond to people's identified needs. We looked at three care files for people who used the service which contained a lot of useful information, such as a description of the person's routines throughout the day. There was also a lot of other information which made the files heavy, and difficult to quickly access specific information. The provider may wish to note that some of the information in the care files would not be needed on a day to day basis, so it could be held separately, which would make the file with the information needed on a regular basis more accessible for staff to use.

A staff member told us they did not very often refer to the care plans as they were not easy to look at and they, "Did not find them helpful." Another staff member told us the layout of the care files had changed which made them easier to use, but said, "They still take a fair bit of rummaging through, they could be made easier." A nurse said, "They are huge, we have to rifle through them to find anything. They try to get everything in there." The manager told us the files would be easier to maintain and keep accurate if they were smaller. The director told us on the second day of our inspection they had considered our comments about the care files and were going to discuss these at the next home managers' meeting.

The provider may find it useful to note we found staff responded to people's needs but risk assessments were not always kept up to date or accurate. There was a note by the kettle in flat two advising staff to empty this after every use as one of the people who used the service might misuse this. We asked if there was a risk assessment for this and the manager told us this was a new issue that had arisen over the last two days, and a staff member had put the notice up until a risk assessment was prepared. The manager prepared a risk assessment for this and put it in the person's file.

We saw a risk assessment completed which detailed how to inflate an air flow mattress on one person's bed. The description in the risk assessment did not relate to the air flow pump used. The nurse prepared a new risk assessment for the air flow mattress. An assessment of a person's tissue viability had changed but there was no explanation for this. The nurse on duty said she would review this and ensure it was completed correctly.

There was a health action plan in the care files we saw. We saw one person had been referred to a dietician for further advice about their eating six months previously. The manager told us they had been told there would be a long wait for the service. The director said that the referral had been for advice rather than a particular problem. A staff member told us people had routine health checks.

We carried out a period of observation in the communal room of flat two. We noted the noise from the tumble dryer dominated the sound in the room which meant the television or radio could not be heard properly. The director and manager told us they would stop using the tumble dryer in the flat and review the laundry arrangements. Staff agreed the sound of the tumble dryer was disruptive and could be annoying. The tumble dryer had been removed when we visited on the second day.

During the observation in flat two a staff member called the nurse on duty to come to the flat as they had found a tablet on the chair a person had been sat in. This was appropriately disposed of by the nurse and a record made of this.

Another person took the tea bags when a staff member was making a cup of tea and began to eat them. The nurse was called who tried to encourage the person to take them out of their mouth but was unable to do so. The nurse said that was the first time in over a year the person had done that. We saw this behaviour was included in a risk assessment in the person's care file. We looked to see if this incident had been recorded on our second visit and we found it had not. The manager spoke with the staff present at the incident and reminded them this should have been done. The manager also made arrangements to remind all staff of what events and happenings should be recorded.

Staff provided effective care. A relative said since the new manager took up post care issues were followed through better. The relative said, "If there are any health concerns they are on it, people's wellbeing is more up to speed." Another relative said they thought people were happier now the new manager was here. The relative said, "I think they know [NAME] and his little quirks, like they do the rest of them."

We observed people have their lunch in the main house. We saw staff respond appropriately to people's requests. One person asked for their potatoes to be warmed up as they had gone cold, and also asked for some more gravy which a staff member arranged for them. A person who used the service told us, "They make a nice dinner."

A relative told us their relation's food was always served up in the way required to prevent them from choking. A staff member always assisted them to eat their meal. The nurse told us the person had recently been seen by the speech and language therapy (known as SALT who specialise in providing advice and guidance for eating and swallowing problems.)

The manager said one person who lived in one of the flats liked to attend any appointments independently as their independence was very important to them. The manager said they made arrangements for any relevant information to be passed onto staff, with the person's agreement.

A person who lived in one of the flats told us, "I cook my own meals, I check to see if the food is not out of date and I clean my toilet." The person also told us, "I change my bedding every Monday." The manager said they had created a plan together about the person's cleaning routine. The person told us, "Staff help me, I am happy with their help."

People had opportunities to go on trips out in the local community and take part in organised activities within the home. During the second day of our visit we saw one person ask to go for a walk to feed the ducks, and some people had gone on a shopping trip which included having lunch out. One person told us, "I like having lunch out." Another person also told us, "I go to college three days a week." The person also told us, "I go to bingo tomorrow night."

We saw people in the main house relate well with staff and join in various group and individual activities. These included karaoke, three dimensional drawing and crafts. We also saw a staff member repair one person's handbag. A person who used the service told us, "I enjoy singing and drawing."

Safeguarding people who use services from abuse ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

Staff knew how to respond to any allegation of abuse. Staff told us they had completed the provider's safeguarding training and they were aware of the types of abuse people could face. A staff member told us they were, "Always safeguarding" people who used the service and would pass any concerns they had onto the manager. Staff were aware of the role of the local authority safeguarding team and that they should be informed of any allegations of abuse. Staff knew about the provider's whistleblowing procedure and said they felt people were kept safe.

A person who used the service told us, "I feel safe here." The nurse told us how the person had been very anxious when they first moved to the home, but had settled because they felt safe and knew the boundaries. Another person who used the service told us, "I am safe living in the flat, I like living there." The person also told us, "I feel safe, the staff check on me."

People who used the service were protected against the risk of unlawful or excessive control or restraint because the provider had made suitable arrangements. Staff said they had received training in Non-Abusive Psychological and Physical Intervention (known as NAPPI) which included some restraint techniques. A staff member told us they rarely needed to use the physical intervention part of this training and found the psychological approach was usually sufficient to manage situations that occurred.

A staff member said they made a number of records if any physical restraint was used. The manager said restraint was rarely used as people usually responded to other preventive measures used by staff. The manager had notified us, and the local authority safeguarding team, after a recent incident where a person needed to be physically restrained. A relative told us they had seen, "Four staff helping one person who was having a fit. I thought how well they handled that."

We looked at a sample of antecedent, behaviour and consequences charts (known as ABC charts) completed when there had been any type of incident take place. The provider may find it useful to note there was no system to review the ABC charts to see how the

incident had been handled and if any alternative strategy could have been used.

The nurse told us people recognised if they were getting agitated and would ask for some PRN medication (the term used for medication given as needed) to help them. The nurse said they knew people's differing ways of communicating when they felt unsettled. One person told us they had become agitated that morning and was given some medication to help them calm down. The person told us, "I wanted it."

Supporting workers ✓ Met this standard

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

Staff received effective support to enable them to carry out their duties. On the first day of our inspection there was a bank staff member working in flat two with another member of staff in preparation for working the shift on their own the following day. On our second visit the staff member told us the shift had gone well.

The bank staff member told us they had an induction when they started working at the home and said, "Everyone who works here couldn't be more helpful." The staff member also said they had been given an induction booklet which one of the nurses had given them some support to complete. We saw another induction booklet completed by a recently appointed staff member.

We saw the staff training matrix which showed staff received regular training. A staff member said they had the training they needed and said they, "Definitely get the support and supervision they needed." A person who used the service told us, "The staff are good."

The manager told us there was some extensive training for managing challenging behaviour planned over three days for all staff in the near future. The manager said they were waiting for the dates to be confirmed for this.

The manager said they had been holding group supervision sessions as this had created discussion amongst staff, and said they had responded better to these than individual sessions. The manager showed us records of recent discussions held on safeguarding and equality and diversity. The manager also showed us supervision notes made when the correct procedures for administering medication had not been followed.

The home was well led. Staff said they were an effective staff team which was well managed, and had a good understanding of people's needs. Staff said the manager organised regular staff meetings and they were due one shortly. Staff said they felt they received good support and told us the manager provided strong and effective leadership. A relative said the manager provided, "Direction from the top."

The manager had been in post for about a year. The relative told us there had been a big improvement in the running of the home, and the attitude and awareness of staff since the manager took up post. Another relative said they felt the home was now, "More settled." The relative said they thought the staff team were more responsive and got on with things quicker. They said their relation, "Had not had the same number of falls or injuries."

A staff member told us, "A lot more things get done than before. The manager makes sure we are doing what we should be doing. We get good leadership." The nurse said the manager was, "Very approachable and sorts things out." The director told us, "I am very pleased with Kim's input, she provides the leadership that was needed."

Staff responded to training they received by improving the way they worked. Staff said they had regular training opportunities and recent training had included first aid and Makaton sign language. We saw various staff communicate with a person using a mixture of speech and sign language during our visit. The nurse helped us ask the person some questions using Maketon.

Assessing and monitoring the quality of service provision ✖ Action needed

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 not meeting this standard.

The provider did not have effective systems in place to identify, assess and manage risks to the health, safety and welfare of people using the service and others.

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

The director told us when the manager took up post a year ago there had not been the systems in place to effectively monitor the services provided. The manager described a number of improvements they had made within the service, but added, "It is not the finished article yet." The manager said one area of improvement was the cleanliness of the building and showed us the cleaning schedules they had implemented for this.

We found flat two did not have the same level of oversight carried out as the main house, which meant things were dealt with on a more ad hoc basis. We saw when printed forms had been completed entries were added on the bottom rather than obtaining new forms to complete. This made it more difficult to follow the information on these forms. It had also led to some forms not been completed properly. For example the nutritional intake form had not been completed for three days prior to our inspection. On our second visit the nurse had put new forms into place.

On the first visit of this inspection we asked the staff member on duty in flat two what snacks were available for people. We were told that the snacks had run out and the staff member went to collect some. The staff member said they tended to "top up" from the main house kitchen when they had a break, rather than have a system for ensuring a supply of light snacks the people liked were readily available at all times. On our second visit there was a supply of snacks available.

At the last inspection we drew the provider's attention to the standard of décor in some of the bathrooms and we were told there were plans for these to be refurbished. We saw these had been refurbished, however the bathroom in flat two was still not of an acceptable standard as there was mould around the toilet and a rusting radiator cover. The manager told us they had made attempts to rectify the faults in this bathroom but some of the problems had not been resolved. A staff member said the bathroom in flat two had been worked upon, but this had not resolved all the problems.

The director said they would arrange for the radiator to be replaced as this could be an infection risk and would confirm to us when this had been done. The maintenance team member told us how they would rectify the damp problem and arranged to paint the radiator cover that day until a new one was delivered.

The laundry was small and had the cleaning trolley stored there when not in use. The provider may find it useful to note this meant there was no space to operate safe laundry practices of having a clean and dirty side. Staff told us the laundry did not operate effectively and there could be a build-up of washing left in the tumble dryer. The director said they would implement a "Short term fix" for the laundry and include this in some longer term planning they had for improving certain areas of the home.

The maintenance book recorded the date repairs were reported and showed they had been completed, but not the date they were done. This meant it was not possible to see how long any repair took to be completed. A staff member said they sometimes thought maintenance was not attended to quickly enough. We saw there were some broken ceiling tiles in flat two which no one seemed to be aware of. These had not been recorded in the maintenance book as needing repair on the first day of our visit but had been added by the second visit. A relative told us they felt more could be done to the upkeep of the building.

We saw there were several repairs reported in the maintenance book of broken toilet seats. The manager told us they had tried to use more robust toilet seats but these had still been broken. A relative said, "The toilet seats are often missing and not secure. The nurse told us it was, "Unbelievable the amount of times the toilet seats were fixed." The member of the maintenance team told us they had tightened two toilet seats that had become loose that day, and we saw one in another bathroom which also needed tightening. On the second visit the director told us they had arranged to meet with the head of the maintenance team to find a suitable and permanent solution to this problem.

A staff member said they sometimes had a residents' meeting on a Sunday, but added these were not very effective as one person tended to dominate these. The staff member said they thought things were better when the people who used the service could say what they wanted individually. A person who used the service told us, "I feel listened to."

The manager told us they had sent out some survey forms in September 2013 and planned to analyse these in January 2014 when they had been returned. The manager said they would create an action plan from the information they received.

A relative said they had been sent a survey from. The relative said it was a tick box answer, you can't answer things like that." Another relative said they had added some comments onto their survey form.

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
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	**Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010** **Assessing and monitoring the quality of service provision**
	How the regulation was not being met: The provider did not identify, assess and manage risks relating to the health, welfare and safety of people who used the service and others who may be at risk from the carrying on of the regulated activity. Regulation 10(1)(b)

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

The provider's report should be sent to us by 08 February 2014.

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.

Contact us

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

Copyright Copyright © (2011) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.