

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

## Summerland Support

307 Babbacombe Road, Torquay, TQ1 3TB

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Date of Inspections: 23 July 2013  
22 July 2013

Date of Publication: October  
2013

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

<b>Consent to care and treatment</b>	✓ Met this standard
<b>Care and welfare of people who use services</b>	✓ Met this standard
<b>Safeguarding people who use services from abuse</b>	✓ Met this standard
<b>Supporting workers</b>	✓ Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓ Met this standard
<b>Records</b>	✓ Met this standard

## Details about this location

Registered Provider	Summerland Support Limited
Registered Manager	Ms. Emma Louise Chappell
Overview of the service	Summerland Support Limited provides support to people with learning disabilities. The support is provided almost entirely to people who live as tenants in five houses owned by Summerland Support Limited, under a Supported Living scheme. Personal care without a tenancy agreement can be provided.
Type of services	Domiciliary care service Supported living service
Regulated activity	Personal care

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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 22 July 2013 and 23 July 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with staff and reviewed information given to us by the provider.

We talked with the Registered Manager.

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### What people told us and what we found

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We the Care Quality Commission (CQC) inspected this service as part of a scheduled inspection. We also followed up on concerns we had found on a previous inspection on the 3 and 5 October 2012.

People told us they felt involved in decisions made with them. Some people, who needed more support, had decisions made on their behalf. Staff used the principles of the Mental Capacity Act 2005 and completed capacity assessments when supporting people who could not make informed decisions.

We observed positive interactions between people and staff. Staff were patient, kind and compassionate in the interactions we saw. One person said "Staff take care of me". Another said "They try their hardest to keep me happy. I have been much happier since I moved here".

People had access to health care professionals to help meet their health needs. Care plans related to the development of skills and achievement of goals. People confirmed that they had set their own goals. Two people talked us through their goals.

The provider had taken steps to protect people from abuse. Staff received training in safeguarding. People told us that they felt safe.

Staff received regular supervision and an annual appraisal. Staff told us that they felt supported. One member of staff said "Things are so much better since the new manager started".

There were systems for identifying risk and assessing quality. The manager sent us a service development plan. Records were stored securely.

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

### 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

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### 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.

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### Reasons for our judgement

We talked with five people who received a service from Summerland Support. All five people told us that they had felt involved with decisions made about their care and treatment. People had signed their care plans which indicated that their consent had been obtained for the care and support being provided. People confirmed that they had signed the care plans. One person said "I chose my goals and they (the staff) have done their best to support me with them". Another person said "I can do more for myself now".

We talked with four care staff. All four care staff were able to explain how they obtained people's consent. Staff were knowledgeable about the principles of the Mental Capacity Act 2005 (MCA). For example staff gave us examples of how they obtained people's consent which included verbal consent and written consent. Verbal consent involved informing people of the support staff wanted to give and obtaining verbal consent to do so. Written consent included people signing care plans and consent forms.

The manager explained to us what process they would follow if they felt that a person did not have the capacity to consent to care and treatment. We saw that the manager had made referrals for best interest assessments for people in relation to consent about their finances. This meant that decisions were made in people's best interests in accordance with the MCA. We saw that mental capacity assessments had been completed and where people had been identified as not have the capacity to make informed decisions about their finances, professionals had been appointed to legally manage people's finances on their behalf.

We saw that staff had been involved in multi-disciplinary meetings to determine if a person had the capacity to make decisions regarding their finances. From care records we saw that staff had followed the correct procedure when assessing a person for capacity to make decisions.

We saw from the assessments in place that staff had undertaken this process and had

determined whether the person could understand the information relevant to the decision, whether they could retain that information and how they weighed it up as part of the decision making process. We saw that people had been given every opportunity to communicate their decision by appropriate means of communication that was suitable to their needs or abilities.

One member of care staff told us "We always inform people of what we are doing and ask if it is OK if we support them". Another member of staff said "We only make decisions for people based on what they want and what is in their plans".

During our observations we saw that staff asked people for their consent when wishing to support them with a task. Staff asked people who used the service for their consent before they showed us their care records. We saw from records and people told us that staff acted in accordance with their wishes and provided care or support that was given with their consent. When we asked people if staff sought their consent before they provided support or care one person told us "They (the staff) always ask me". The person went on to say "They do what they can to help me".

We saw that the staff acted in the best interests of the people who received support from the service. For example people had care plans and risk assessments which identified the needs of and risks to people when undertaking tasks or when going out. We saw that staff worked with people in a way that focused on people's choice and preference.

The records we saw showed us that people had opportunities to take control of their daily tasks in an organised and structured way. We saw in the care plans that people met regularly with staff, to set goals and monitor the support they needed. The people we talked with confirmed this. People told us that they set their own goals.

We saw that people had progressed to shopping, cooking and managing finances for themselves independently. Other people had worked on goals to manage their medication independently. People were encouraged to clean their own rooms and manage their own laundry. We saw that people had differing needs for support. The people we talked with told us that they felt involved, informed and that consent and agreement for all goals set had been obtained.

We saw that one person had received support from an Independent Mental Capacity Advocate (IMCA). This meant that people had access to independent services where support for making decisions was required. The provider might like to note that there was no information displayed about the IMCA service or how to contact them.

**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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In October 2012 we inspected this service and we had concerns at our last inspection. We asked the provider to take action because staff gave us inaccurate and conflicting information on how they met the care needs of some people who had long term health conditions. We found that records did not contain accurate information about care needs which put people at risk of receiving care that was unsafe and inappropriate. Care plans did not contain an in-depth analysis of people's conditions or diagnosis or information about people's goals or aspirations. We asked the provider to take action. During this inspection we found that the service had made improvements.

One person had a long term health condition. We found that this person's care records contained detailed information on their condition and how the condition was to be treated. We saw that the person received support from the staff to manage their health condition. The person told us staff supported and helped them to manage their health needs. We observed that staff supported this person to carry out blood tests, to record the results of these tests and to manage their medication safely. Staff had a good understanding of the risks associated with the health condition and a good understanding of what to do if this person became unwell.

We saw that the person had access to a specialist registered nurse, GP, optician and chiropodist. Records confirmed that this person had seen these professionals as part of managing their health condition. This information and dates of appointments were clearly recorded in the person's care records. The person's support plan contained relevant information about their medication and support from healthcare professionals. The person told us that they had received this specialist input with the support of the staff at Summerland Support.

Another record showed that one person could become angry and upset, presenting challenging behaviour. We talked with staff about what actions they took to support this person in relation to this. Staff we talked with demonstrated that they understood this person and how to prevent and manage this behaviour. We saw that this person had a behaviour management plan in place. This plan was put together by the person with the support of staff. The plan contained details of what made the person happy and what made the person unhappy. The plan offered guidance to staff on how they should help and



support the person when they become angry or upset. The person told us that the information recorded was accurate. We saw that strategies had been drawn up with the person on how to support them when they become angry or upset. This meant that this person's behaviour was managed in a consistent way. The person told us that they did not get angry or upset as often as they did before the plan was in place. This person said "They try their hardest to keep me happy. I have been much happier since I moved here".

Care plans contained an analysis of people's conditions or diagnosis and this was incorporated into the plan of care. Care plans contained information about people's goals and aspirations. For example one person hoped to be able to go on holiday with their family and measures had been put in place to support the person to do this. Another person had aspirations to earn more money and develop greater independence. We saw that staff supported people to develop skills and seek paid employment.

Care plans contained information that related to skill development. We saw that people had been supported to undertake tasks or activities independently. One person told us of how they were able to do more for themselves because of the support they had from the staff. We observed staff offer people supportive, positive and respectful encouragement with their development towards independence.

We saw that care plans and risk assessments had been reviewed. Staff told us that reviews were held once a year but would happen more frequently if there were any changes. The dates on documentation corresponded with this. People we spoke with told us that they received good care. They said they felt they could trust staff to support and help them. They told us they saw healthcare professionals such as the dentist and the doctor when needed. We saw evidence in records that staff had contacted a doctor when someone was to have their medication reviewed. We saw that one person had their dose of medication changed following a review and that this had been clearly documented.

When we asked people if staff accommodated their religious and cultural needs, every person we asked said yes. Staff told us that people would be supported to express their religious and cultural needs.

The service had arrangements in place in the event of an emergency. For example there was an evacuation plan in place in the event of a fire. People who used the service and staff knew what to do in the event of a fire. The service had regular fire and smoke alarm checks which had been recorded. There were also monthly evacuation drills. The service had a policy in place to instruct staff on the fire evacuation procedure. The provider might like to note that the procedure was generic and did not relate to the specific buildings that people lived in. This meant that staff would not be able to establish fire evacuation points in the building from the procedure. The procedure had been modified in June 2013.

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

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## **Our judgement**

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The provider was meeting this standard.

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

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## **Reasons for our judgement**

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In October 2012 we inspected this service and had concerns because there was no follow up from incidents that we saw had occurred. This included one incident that referred to putting punitive measures in place for a person who had become angry. There was no record of what this meant or how this had been followed up which indicated that staff did not know how to most effectively manage people's behaviours. We also had concerns about how people's money was managed. We asked the provider to take action. During this inspection we found that the service had taken action and had made improvements.

Staff told us they had received training in the protection of vulnerable adults. We saw records that confirmed this. Staff demonstrated a good understanding of the different types of abuse. They understood how to escalate any concerns and were confident that action would be taken by the manager to ensure people were protected from abuse. We saw from records that the manager had taken appropriate action in two incidents that occurred in the last six months. We saw that the manager had raised safeguarding alerts to the local safeguarding team, informed the CQC and in one case involved the police. Both incidents had been recorded and resolved.

People told us that they felt safe being supported by staff from Summerland Support. They described staff as "kind" and "caring". One person said "I get on well with everybody (the staff). They do their best to help us".

There had been an incident where a complaint had been made that a member of staff had shouted at a person who used the service. We saw that the incident had been handled internally by the manager. An incident form had been completed, witness statements had been taken and the manager had taken disciplinary action. The member of staff in question no longer worked at the service. The person who used the service had been given support and reassurance. The provider might like to note that this should have been raised as a safeguarding alert and CQC should have been notified.

We saw a record that related to an incident while out in the community. The record stated that one person had become upset whilst out shopping with a member of staff. We asked to see records about what actions had been taken in relation to the incident. We were

shown a member of staff's supervision records and an incident report form. The records showed that the incident had been recorded. However the follow up and plan to avoid future incidents were not recorded. There was no record that the cause of the incident had been explored or discussed with the member of staff. This meant that it was not evident that actions taken in response to people's behaviour were the most appropriate or that preventative measures had been understood and implemented. We saw that the person had a behaviour management plan in place however the manager was not able to confirm if the member of staff had referred to the plan before they took the person out.

We saw a record that staff had assessed one person who used the service as not having stranger awareness. We saw another record that related to this person that stated they went out on their own. We asked to see the management strategy in place to help protect this person from the risk of not having stranger awareness. We saw that there was a risk assessment in place. We saw that staff had developed a plan to help this person to develop stranger awareness skills. This involved regular one to one meetings with the person to discuss and explain the risks and give reminders to the person before they went out on their own. We saw that there were signs by the front door that provided people with information on stranger awareness. The person also carried a mobile phone and an alarm. They had been instructed on how and when to use these. We saw that staff were knowledgeable about the person and their risk plan for stranger awareness. Staff told us that they worked to promote the person's independence in the safest possible way.

We looked at audits that related to people's monies. The service had a comprehensive system for recording and storage of money. People's money was kept in a secure safe accessible to them and staff. We saw that people took money out whenever they liked. People told us that they could access their money when they wanted to access it. We saw that some people kept money on them while others preferred to have it locked away. The staff had a system for recording all incoming and outgoing money. Receipts were stored for records and people signed when they took their money out. We saw the audit showed staff had identified that one month there was a small discrepancy which indicated that one person had less money than they should have. We saw that this had been recorded and an incident form completed. The money turned up and was found by the person in their room. This showed that the systems in place protected people from financial abuse.

The service had a safeguarding policy in place. The policy identified different types of abuse and provided staff with guidance and information on how to recognise abuse. The provider may wish to note that the policy did not make it clear who should be contacted and when. There were no contact numbers for the local safeguarding team or the CQC.

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

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## **Our judgement**

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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.

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## **Reasons for our judgement**

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In October 2012 we inspected this service and we had. We asked the provider to take action to ensure that staff had the training and support they needed to meet people's needs. During this inspection we found that the provider had taken sufficient actions to address these concerns.

We saw from records and staff confirmed that they had completed mandatory training. This included training in medicines management, diabetes, health and safety, control of substances hazardous to health (COSHH), risk assessments, behaviour management, breakaway techniques, first aid, food hygiene, safeguarding vulnerable adults and the mental capacity act. The staff we talked with told us that training and been useful.

We saw records showed that staff had received induction training when they first joined this service. The staff we talked with confirmed that they had received an induction when they started working at the service. Each member of staff had an induction checklist which included training and competencies. We saw that staff worked for a three months on a probationary period and they had supervision with the manager every month to monitor their performance.

We looked at supervision records. Staff told us that they had regular supervision and annual appraisal. We saw from all of the staff records that we looked at that staff had received recent supervision and appraisal.

The manager told us "Part of the new training pack is to ask staff questions about how things they have learnt are applied to practice". Staff told us that the manager monitored their performance in relation to training through supervision. This meant that the manager monitored the effectiveness of training given to staff.

Staff told us that they felt supported by the manager. One member of staff said "Things have changed since the new manager started. Things are much better now and there is more support".

The staff told us that they felt able to approach the manager if they had ideas or suggestions for developing or improving the service. The manager told us that the service

held staff meetings where discussion about service improvement and development would take place. We saw that the manager had a staff meeting planned for September 2013. Topics on the agenda included discussions about staff training and how staff applied training to practice.

We saw that the manager followed their disciplinary procedures if staff competencies were brought into question. For example we saw that one member of staff had made a minor error which they had not informed the manager of. The manager became aware of the concern after completing an audit. The member of staff was given a warning and placed under supervision while their competencies were reassessed. The member of staff had received supervision and a formal warning letter. The provider might like to note that there was no clearly documented or structured process to follow up on and measure the competencies of the member of staff over any set period of time. This meant that the mistake could potentially reoccur.

## 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

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The provider was meeting this standard.

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

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### Reasons for our judgement

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In October 2012 we inspected this service and we had concerns. We asked the provider to take action because systems were not in place, or not sufficiently well used or developed, to ensure that risks to people were identified and managed. We found at the last inspection that systems that related to quality assurance were not adequate. During this inspection we found that the service had taken action and had made improvements.

People we talked with told us that they were happy with the service they received. They said that the staff were good and understood them and how to meet their needs. People told us that if they wanted to make a complaint, or ask for something different that they felt able to do this.

We found that the service had made significant improvements to their system for auditing people's monies. The new system ensured that money was managed safely.

There was a system for providing staff supervision which had been consistently applied and was linked to staff competencies. Team meetings and supervision gave staff opportunities to provide feedback about the service and put forwards ideas for development or improvement.

There was a system for auditing care plans and risk assessments. We saw that there had been a significant improvement in the quality and content of care plans and risk assessments since our last inspection. For example the care plans now contained sufficient information to provide care in a way that enabled people to develop skills, make choices and have control of their lives. Risk assessments had been developed in conjunction with people who used the service and staff. This meant that both staff and people were fully aware of any risks and how best to reduce and where possible prevent them.

People told us that they were asked for their feedback at monthly house meetings. Records confirmed this. We saw that the service had completed questionnaires for people who used the service and they had been specially developed to support people with learning disabilities. The manager told us that questionnaires had been sent out to every

person who used the service in June 2013 and that they had all been returned. We saw that all of the completed questionnaires were positive about the service and the staff. Comments included "Staff take care of me". "I am happy how it is". "You can talk to them (the staff) and have a laugh with them" and "Been able to go out whenever I like".

We asked the manager if the service had a development plan. The manager sent us a copy of their development plan. We saw that the plan included development of the incident recording process and procedure, improvement in supervision and support for staff who have performance concerns, improvements in review and audit of support plans and risk assessments, improved audits and updating of policies. This showed where the service had made improvements since our inspection in October 2012 and how they planned to continue making further improvements.

Staff said that they had staff meetings on a monthly basis and that these were a good source of information sharing. They said they felt well supported and had sufficient information and training to do their job. Staff explained how the service had improved since the new manager had started. Staff were knowledgeable about the service and the people who used the service.

The manager had a training matrix in place which indicated when staff were due for refresher training. This meant that the manager was able to monitor the training of staff and ensure the staff training was maintained and kept up to date. The manager had introduced additional training which included promoting dignity and compassion in care, introducing person centred approaches and mental health matters.

We saw that the manager completed a monthly audit of incident forms which had last been completed in June 2013. The manager told us that she completed this audit to check for any trends or patterns. She told us that if there were any concerns identified then the staff would be informed and she would work towards reducing and where possible preventing incidents from reoccurring.



## 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's personal records including care records were accurate and fit for purpose. For example, we saw from our observations and by talking with staff, that the staff were knowledgeable about care plans and knew how to meet people's needs.

We saw that the information in people's care records was current and kept up to date. This meant that staff could refer to accurate records to obtain the most up to date information on how best to meet people's care and welfare needs.

We found that staff records and other records relevant to the management of the services were accurate and fit for purpose. For example we saw that staff files contained current supervision, appraisal and training documentation. We saw that staff files were well organised and easy to access.

The provider had a policy on document retention. We observed that the policy was adhered to, for example we saw that care records were kept at the service for the required period of time. Information on when and how to destroy care records safely was available to staff.

Records were kept securely and could be located promptly when needed. For example we saw that records were kept in secure cabinet in locked rooms. These rooms were kept locked when staff were not present. The records were quickly accessed by staff when required.

Staff understood their responsibilities in relation to the requirements of the Data Protection Act 1998. Staff were knowledgeable about their responsibilities with regards to confidentiality. Staff told us that they were aware of the homes policy and procedure on record keeping, data protection and confidentiality. Staff told us where they would access the policies for information and guidance.



## 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

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