Inspection Report

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

James House

Little Hill, Exeter Road, Chudleigh, Newton Abbot, TQ13 0DD

Tel: 01626855000

Date of Inspection: 23 May 2013

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

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard
Records	✓ Met this standard

Details about this location

Registered Provider	Four Seasons (Granby One) Limited
Overview of the service	James House is a small independent hospital for men who may have a learning disability and/or mental health needs. It is registered to provide accommodation and support to a maximum of 13 people.
Type of service	Hospital services for people with mental health needs, learning disabilities and problems with substance misuse
Regulated activities	Assessment or medical treatment for persons detained under the Mental Health Act 1983 Diagnostic and screening procedures Treatment of disease, disorder or injury

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 23 May 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 were accompanied by a Mental Health Act commissioner who met with patients who are detained or receiving supervised community treatment under the Mental Health Act 1983.

We talked with the Registered Manager and the Provider.

What people told us and what we found

We the Care Quality Commission (CQC) completed a planned inspection of James House. We also followed up on concerns from our inspection of 14 and 17 December 2012. Concerns on our last inspection were that patients had not received sufficient information about their rights. Care records had not been up to date. Information about entry and exit for informal patients was not clear and quality assurance systems were not sufficient. At this inspection we found that the hospital had made improvements.

We talked with five patients. All five told us they were involved in the planning of their care and treatment. They confirmed they had been given information on their rights.

Staff had a good understanding of people's needs. Patient's told us that the staff had met their needs as agreed in their care plans. One patient said "They're really good here. The staff and supportive and they listen to me".

The hospital is a locked unit. Informal patients confirmed that they were able to leave the building whenever they wished.

Patients told us that they felt safe. Staff were knowledgeable about different types of abuse and how to raise concerns if they had any.

Staff told us that they felt supported. We saw that staff had been appropriately recruited.

Records relating to patients care and treatment were in date and accurate.

We found that the hospital had made improvements to their quality assurance systems.

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

More information about the provider

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

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

Our judgements for each standard inspected

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

At our last inspection of 14 and 17 December 2012 we had concerns because information on patient's rights was not always clear or available to them. There was no specific or visible information available to assist patients about how to access an Independent Mental Health Act Advocate (IMHA). At this inspection we found that the hospital had made improvements.

On the day of our visit there were 10 patients, seven of whom were detained under the Mental Health Act 1983 as ammended by the Mental Health Act 2007. We talked with five patients. All five patients told us they were involved in the planning of their care and treatment. They confirmed that they had been given information on their rights. One patient said "They're really good here. The staff and supportive and they listen to me". We saw from records that staff had documented when they had informed patients of their rights.

Information about the hospital and issues relating to the Mental Health Act and people's rights was given to patients when they were admitted to the hospital. We saw from records that people received regular one to one meetings with a member of staff where their rights had been discussed. Patient's views had been clearly recorded.

Patients we talked with said that they had been involved in putting together their care plan information. Care plans that we saw were individual and unique to each person. They included specific wishes relating to personal goals and outcomes such as shopping, budgeting, personal care, eating and drinking and going out into the community. Four patients we talked with told us that they had a copy of their care plans and one person said they did not wish to have a copy. They went on to say that they discussed their care plan with staff at one to one meetings.

We could see from records that patients were given the opportunity to attend their care plan review meetings. We saw there was a form for patients to complete if they chose not to attend their review but wished to raise any issues. It was evident within records or

through discussion with patients that these forms had been offered to patients when they chose not to attend their review. This meant that patient's views were considered when care arrangements were reviewed.

Care plans we looked at were concise and specific to peoples identified needs and included the views of patients about how they wanted their needs met. For example one person had written how they planned to achieve their goals.

We saw evidence of patient's involvement in the local community. We saw that some patients attended a further education college and others had part time employment. We saw that the hospital had a number of activities available to patients that individual staff members coordinated. We saw from meetings minutes and patients told us that they were involved in deciding what activities should be provided and when. Patients described to us what activities they enjoyed doing and that staff had provided these activities when requested. One person said "We choose what we want to do and they (the staff) help us do it".

We observed that staff talked with patients in a respectful and dignified manner. We saw that patient's rooms were personalised with pictures and personal ornaments. This meant that people's individuality and personal choice was respected. We saw that patients had access to their rooms if they wanted some privacy. All five people we talked with confirmed this.

At the time of our inspection seven of the ten patients at the hospital were detained under the Mental Health Act 2007. There were three informal patients being supported within the hospital. The main door into the unit was locked as well as several other doors leading into and around the communal areas. Patients had keys to their bedrooms and could access some areas of the unit including the main sitting room and dining area independently. Access to some areas of the hospital were subject to individual risk assessments.

Informal patients confirmed that they had keys to all parts of the unit and were able to ask staff to unlock the front door when they needed to leave. Informal patients told us that the front door was unlocked by staff whenever they asked. Signs were on show that advised informal patients of their rights to leave the building.

Patients we talked with said they could go to bed and get up when they wanted. One patient said "I go to bed and get up when I am ready".

Patients we talked with and staff said meal times were flexible dependent on personal choice and individual arrangements.

We found that people had access to an advocacy service and confirmed that they had an advocate however they were not sure if they were an Independent Mental Health Advocate (IMHA). We were told that the organisation has a new arrangement with Rethink for independent mental health advocacy. The deputy manager showed us information available to assist patients about how to access an IMHA. The Mental Health Act commissioner called the numbers on the IMHA information leaflet. The MHA commissioner found that one was unobtainable and the other was on an answer phone at that time. The provider may like to note that some patients might find this discouraging and may not pursue a self-referral as a result.

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

At our last inspection of 14 and 17 December 2012 we had concerns because care plans had not been updated and were up to a year out of date. Care plans did not reflect the level of care being provided to people. Changes in care reviews were not recorded in care plans and documents regarding leave had not been fully completed. At this inspection we found that the hospital had made improvements.

All five patients we talked with told us that their care needs had been met by the staff. We saw patients being supported by staff and observed positive interactions that occurred. We observed that patients moved freely around the communal parts of the hospital and had a good rapport with staff. Staff we talked with were able to tell us about individual patient's needs and how they preferred to be supported.

We looked at six care plans. We saw that written information reflected what we had seen and been told. Some care plans had been written from the individual's point of view and clearly conveyed patients views and preferences. Others did not provide such clear information about patient's wishes and preferences. However when we checked with one person about their care plan, they told us that they did not wish to be involved with it. This meant that staff had to complete a care plan as best they could which was based on their one to one sessions and assessments of the patient. All of the care plans that we looked at had been reviewed and updated within the last two months.
We saw through records and by talking with patients that reviews took place on a regular basis. We saw that this information was used to update a patient's plan of care and treatment programme.

We saw examples of assessments, which were comprehensive and had been completed by senior staff. We saw that the assessment process enabled the provider to determine whether they were able to meet the needs of people safely and effectively.

We found that patient's healthcare needs were being met. Patient's files contained plans specific to their healthcare needs. One care plan that we looked at described from the individual's point of view how they wanted to be supported to keep healthy. Registered nursing staff formed part of the staff team and records showed that they attended monthly reviews and discussed any specific health issues. Patients were supported to access local

healthcare services such as the GP and dentist.

We saw care plans and risk assessments in place for patients who may self harm. These were detailed and provided staff with detailed information about possible triggers and the action they needed to take if an incident of self harm occurred.

Staff we spoke to had a good understanding about patient's needs. We saw care plans of patients who we had been told may display challenging behaviours. We saw that written guidelines were in place for staff that described the triggers, types of behaviours and de-escalation techniques in the event of behaviours occurring. One file we looked at included a statement by the patient where they were asked how their behaviour should be managed if they became aggressive or violent. The document we looked at had been completed by the individual and included their wishes and feelings as well as their views relating to the use of restraint.

We talked with staff about the arrangements regarding leave from the hospital. We were told that patients were able to go out most days and as agreed within their treatment plan. Informal patients confirmed that they were able to leave the hospital at any time either independently or with support from staff. There were systems in place for recording actual leave taken and the outcomes of leave. We saw that risk assessments were undertaken prior to patients going out. Staff we talked with said that before patients took leave they would consider the patient's mood and behaviour and whether they would be safe to participate in community activities. Staff said that any changes would be communicated with the patient and documented within their records.

We spoke to one patient who said that they sometimes had to wait to go out on leave as staff were not always available. One person gave an example of when their leave had been cancelled due to staff shortages. The patient told us that this does not happen often and when it has happened the staff explain why. We saw from records that some people had leave conditions which meant that they could only go out when escorted by 'known staff' and others required two staff. The deputy manager told us that the hospital had used more agency staff recently. However they explained that a number of newly appointed permanent staff were due to commence working in June 2013.

We saw evidence of how one patient had achieved their goals and was now ready for discharge from the hospital. Records showed how the person had increased in confidence and gained independence. The person told us they thought their admission to the hospital and support provided by staff enabled them to "get better".

The hospital had a fire evacuation plan in place and patients had personal evacuation plans. Records confirmed fire drills were undertaken and regular tests of the fire alarms. The staff were able to tell us what they would do in an emergency which included an explanation of evacuation points and how certain patients would be supported to exit the building safely.

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 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.

Reasons for our judgement

At our last inspection of 14 and 17 December 2012 we had concerns because the hospitals safeguarding policy was inaccurate and out of date. Some incident forms had not been fully completed. It was not clear if some care measures in place had been agreed at multidisciplinary meetings and mental capacity assessments had not been completed for some people in relation to their finances. At this inspection we found that the hospital had made improvements.

We found that the hospital had updated their policy on the safeguarding of vulnerable adults. This policy contained current information about safeguarding procedures and informed staff about safeguarding and what they should do if they need to raise a concern. The hospital had a flow chart of information in place which clearly described the action staff needed to take if an incident occurred in the hospital. This included relevant contact details for the organisation and local authority safeguarding teams. Staff confirmed that they were aware of this and knew where to access it. Staff told us that they had copies of the safeguarding procedures and that they were made aware of any changes to this information.

Training records confirmed that staff received appropriate and regular training in relation to the safeguarding of vulnerable adults. Training had been provided within the last twelve months. We talked with four members of staff who were able to describe the action they would take if they suspected abuse. They were aware of the different types of abuse. All of the staff we talked with said that there was an open culture in the hospital and that staff were encouraged to question and report any incidents of poor practice. We saw that the hospital had a whistle blowing policy in place.

We looked at care plans which described specific support measures people needed to keep safe. We observed that staff talked to patients about possible risks and how to keep safe when in the community. We saw that staff were approachable and receptive to patients. For example, one person enquired about an activity they were due to commence and the member of staff offered the person reassurance, guidance and support.

We looked at a range of documentation and information relating to incidents and accidents

in the hospital. This included serious untoward incident reports (SUI) statutory notifications, incident reports, daily care records, support plans and risk assessments. We also spoke to staff about incidents and incident reporting within the hospital. We found that incident reports were completed by staff and signed off by the management. We could see where incidents occurred that appropriate action was taken by the hospital. Staff were knowledgeable about how and when to report and record incidents or accidents.

We discussed notifications that had been sent to the Care Quality Commission in relation to issues of concern or incidents that had occurred in the home. The management were clear about reporting procedures and the hospital kept clear records of any investigations and actions undertaken.

Through examination of records, discussion with staff and patients we did not find any evidence that patients were being deprived of their liberties. All five patients who we talked with told us that they felt safe at hospital.

Through discussion it was evident that some patients were being supported to manage their personal finances. Care plans we looked at had clear information that related to this support and described how this support had been agreed and how the patient wanted the support to be delivered. The service had policies and procedures in place regarding the safe handling of patients finances.

We saw that the hospital had considered mental capacity in relation to patient's finances. We saw that patients had consented to the arrangements in place. This showed that where patients were supported with their finances they were supported in a way that involved them and that considered consent and best interests.

Records confirmed that systems were in place to ensure that patient's personal finances were kept safe and protected. This included records of each transaction, a secure tag system for any money held by the hospital and facilities for patients to keep their money locked away either within their own rooms or the hospital office.

Requirements relating to workers ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

All the people we talked with were positive about the staff. One person said "They (the staff) are very kind and supportive".

There were effective recruitment and selection processes in place. Staff told us that the recruitment experience was positive. They told us that they felt supported and welcomed from the start of employment.

We looked at a sample of staff personal files who were employed by the organisation. The staff files contained a Criminal Records Bureau (CRB) check (Now called a DBS check-Disclosure and Barring Service). As part of this process proof of identity was required.

We saw that as part of the organisations procedure staff were not able to commence employment without providing photographic evidence. Photographic identification included a passport or a driving licence. Staff confirmed that they had supplied photographic evidence when they commenced working for the hospital

Satisfactory evidence of conduct in previous employment was provided in the form of two references. An application form was used to provide details of the staff's employment history. Candidates were asked for details of qualifications on the application form/Curriculum Vitae (CV). We were told that documentary evidence of relevant qualifications was seen at interview. Candidates were also asked to provide information about their health in relation to their ability to carry out the role.

Records showed that a competence rating system was used to rate a candidate's response to interview questions. A minimum competence for appointment was set. We saw that all staff had exceeded the minimum competency level.

All the staff we talked with told us that they felt supported. One member of staff told us "The team get on really well here. It is a really good place to work".

We saw that the organisation had policies in place in relation to recruitment of new staff and requirements relating to workers. The policy gave information and guidance on how to recruit new staff and what steps to take when staff were no longer suitable or fit to be employed by the service. For example if staff compromised the safety of patients,

breached their terms of employment and were negligent they would be disciplined and potentially dismissed.

We spoke with three staff on duty. The staff told us that they felt they received the training they needed. We saw from records and staff told us they had received training in first aid, food hygiene, substance misuse, moving and handling, mental capacity act, mental health act and de-escalation techniques.

We saw that the hospital used an induction programme. We saw this had been completed by staff with support from senior staff. New staff were given support and shadowed more experienced staff.

Systems were in place to ensure the registered nurses maintained their professional registration. We saw that there was a record of staff Nursing and Midwifery Council (NMC) registration pin numbers kept in staff personal records.

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

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

At our last inspection of 14 and 17 December 2012 we had concerns because quality assurance systems were not sufficient. Care plans were over one year out of date and did not reflect current needs or interventions. Policies were out of date. At this inspection the hospital had made improvements.

The hospital was being overseen by a deputy manager. The deputy was being supported by one of the organisations area managers who we also met during the visit. The deputy and area manager said that a number of changes had taken place to improve the quality of the service provided, and that this included updates to policies and procedures and a review of staff training and staff competencies. We saw from records that policies had been reviewed and updated. We saw that staff training had been implemented and that staff competencies were monitored via supervision and appraisal.

The care plans that we looked had been updated and recently reviewed within the last two months. The files we looked at were organised and accessible. The staff we talked with were aware of patient's current and changing needs, and these changes were reflected in the care records. This meant that patient's needs were being met appropriately, consistently and safely.

We saw evidence of some internal review systems for audit, for example an audit of patient's personal finances, medication and regular health and safety checks of the environment. We were told that there was a compliance team at the company's headquarters that supported services to achieve compliance. We saw audits that had been completed in the last six months.

The area manager and deputy manager told us how they worked together to monitor and improve quality. The area manager was able to show us how the quality assurance systems related to this hospital. For example where issues had been identified with care plan documentation, this had been improved. The mental health act commissioner found that the hospital had made improvements from when we last inspected this hospital.

We were told that improvements since our last inspection included support and training to

the nursing team, improvements to the care planning process and competency assessments for the staff team. We saw from records that the hospital had made significant improvements in these areas. Staff told us that they felt supported and that they had received training.

We saw that incidents were recorded and were told that these were discussed within staff meetings and clinical meetings for the person concerned. The manager and the area manager had made improvements to the systems so that incident reports were signed of at the earliest opportunity. Staff told us that they were encouraged and supported to learn from any incidents that occurred. Learning about incidents took place and staff could identify how incidents may be prevented in the future.

The area manager said that she attended a regional meeting and that any information which related to other services within the organisation or specific issues for discussion were passed to her and cascaded down to the relevant service and staff teams.

The area manager told us that findings and changes taking place at other hospitals within the organisation were shared. This meant that this hospital could learn from issues identified and put best practice in place. However, the provider might like to note that there were no documents or meeting minutes in place that identified how learning had been shared and utilised to promote best practice.

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 patient's personal records including medical 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 patient's medical records were 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 medical records were kept at the hospital for the required period of time.

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 hospitals 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.

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

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