Inspection Report

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

Friars Hall Nursing Home

Friars Road, Hadleigh, Ipswich, IP7 6DF

Tel: 01473822159

Date of Inspections: 24 September 2012
21 September 2012

Date of Publication: October 2012

We inspected the following standards to check that action had been taken to meet them. 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
Cleanliness and infection control	✗ Action needed
Management of medicines	✗ Action needed
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard
Notification of other incidents	✗ Action needed
Records	✗ Action needed

Details about this location

Registered Provider	Mrs Lalitha Samuel
Registered Managers	Mrs. Sally Ruggier Mrs. Maureen Wear
Overview of the service	Friars Hall Nursing Home provides accommodation and support to older people and those with physical disabilities and dementia. The service is registered to provide the regulated activities of Accommodation for people who require nursing or personal care, Treatment, disease or injury and diagnostics and screening procedures. The home can accommodate a maximum of 54 people.
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:	
Respecting and involving people who use services	6
Care and welfare of people who use services	7
Safeguarding people who use services from abuse	8
Cleanliness and infection control	9
Management of medicines	11
Supporting workers	13
Assessing and monitoring the quality of service provision	14
Notification of other incidents	15
Records	16
Information primarily for the provider:	
Action we have told the provider to take	17
About CQC Inspections	19
How we define our judgements	20
Glossary of terms we use in this report	22
Contact us	24

Summary of this inspection

Why we carried out this inspection

We carried out this inspection to check whether Friars Hall Nursing Home had taken action to meet the following essential standards:

- Respecting and involving people who use services
- Care and welfare of people who use services
- Safeguarding people who use services from abuse
- Cleanliness and infection control
- Management of medicines
- Supporting workers
- Assessing and monitoring the quality of service provision
- Notification of other incidents
- Records

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, reviewed information sent to us by other organisations, carried out a visit on 21 September 2012 and 24 September 2012 and observed how people were being cared for. We checked how people were cared for at each stage of their treatment and care, talked with people who use the service, talked with staff and talked with stakeholders.

What people told us and what we found

Our inspection of 24 April 2012 found that the provider was not meeting one or more essential standards in relation to maintaining people's dignity, ensuring people experienced care, treatment and support that met their needs and ensuring that allegations of abuse would be appropriately reported and responded to. The provider wrote to us on 25 May 2012 and told us what actions they were taking to become compliant with these standards.

We made two visits to the service, because the registered manager was unavailable on the first day of our inspection. We found that the provider had made the improvements we had asked them to make; however we identified further areas of concern in relation to cleanliness and infection control, out of date policies and procedures and failing to notify the Commission of events that affected the welfare, health and safety of people using the service.

People spoken with told us that they were happy with the service they received and that the staff were polite and treated them well.

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 30 October 2012, 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

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 privacy, dignity and independence were respected.

Reasons for our judgement

Our inspection of 24 April 2012 found that people's mealtime experiences needed improving to ensure they were not having to wait along time for their meal to be served. We also observed that some staff did not treat people with dignity and respect whilst supporting them to eat their meal. The provider wrote to us on 25 May 2012 and told us that they had improved the dining room arrangements and staff allocations to reduce the waiting time for people to receive their meal. We observed the midday meal during our inspection and found the required improvements had been made improving the meal time experience for people using the service.

The manager told us since our last visit five staff had been appointed as dignity champions to take a lead on educating staff and promoting dignity within the service. We saw that a 'Dignity Board' had been developed, with photographs of the dignity champions, explaining their role to challenge staff in the home with regards to dignity and respecting people using the service. Our observations of the interaction between staff and people using the service had improved. This showed that people's dignity was respected.

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

Our inspection of 24 April 2012 found that people who use the service were not protected against the risks of receiving care that was inappropriate or unsafe. This was because where people had been identified at risk of developing pressure areas or had existing pressure sores; we found that the recording on the positional charts did not reflect people were being re positioned in accordance with their care plan. Additionally, food and fluid charts for people on bed rest, and those susceptible to pressure areas and urinary infections were not being properly recorded and monitored by staff, especially in relation to fluid intake.

The provider wrote to us on 25 May 2012 and told us that meetings had been held with staff to discuss the importance of accurately completing people's records. A new system had been put in place whereby staff were designated to specific rooms and were responsible for ensuring that the health charts of the people occupying these rooms were accurately completed. We reviewed the care records of four people using the service and found that recording had improved. This meant that people were experiencing care, treatment and support that met their needs.

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 all reasonable steps to ensure that allegations of abuse would be appropriately reported and responded to.

Reasons for our judgement

At our inspection of 24 April 2012 we found that the provider had not taken all reasonable steps to ensure that allegations of abuse would be appropriately reported and responded to. This was because staff were not clear about how they would report incidents and allegations of abuse to the local authority. The local authority take a lead where there are concerns about any vulnerable person's safety and it is important that services know how to contact them if they have concerns.

The provider wrote to us on the 25 May 2012 telling us that a senior safeguarding practitioner from the local authority had delivered training to all staff in the service. This had included how to report incidents to the local authority. Staff told us that they had been provided with labels with the contact details for the local authority safeguarding team. A review of the training records confirmed that 40 of the 44 staff had received this training. Additionally, all five nurses employed at the service have completed the adult safeguarding managers study day at a local college for further education. This means staff have been provided with training and information so that they know how to respond appropriately to any allegation of abuse.

Cleanliness and infection control ✖ Action needed

People should be cared for in a clean environment and protected from the risk of infection

Our judgement

The provider was not meeting this standard.

People were not being protected from the risk of infection because there was no appropriate guidance in place for staff to follow to help prevent and control infections.

We have judged that this has a moderate 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

Our inspection of this standard was included as part of our routine inspection programme because of information shared with us from other stakeholders associated with this service.

On 23 July 2012 we were notified by Mid Suffolk and Babergh District Council about an infectious incident that had occurred in the service. The provider had acted promptly by arranging for all people using the service and staff to be vaccinated. We also received two 'anonymous' concerns via the CQC website, 'Your Experience form' raising issues about staff not using protective equipment, such as gloves when attending to people's personal hygiene.

We found that systems were in place reduce the risk and spread of infection. The registered manager informed us that they had set up regular audits to monitor and assess staff practice to further reduce the risk of the spread of infection. We saw that the self assessment tool 'essential steps to safe, clean care' developed by the Department of Health (DOH) had been completed and regular hand washing audits were taking place.

However, although hand washing facilities were available in bathrooms and sluice rooms we found that antibacterial hand wash and alcohol gel was being decanted into refillable plastic bottle. These did not contain clear labels of the content of the bottle or the Control of Substances Hazardous to Health (COSHH) instructions. We also found that these bottles were dirty. This use of reusable bottles defeated the object of cleaning hands and presented a contamination issue which did not protect people from the risk of infection.

During the second day of our inspection the head of housekeeping arranged for the maintenance person to replace the antibacterial hand wash and alcohol gel's and had cradles fitted to the walls in the bathrooms and sluice rooms to house and minimise handling of the containers. The housekeeper assured us that new bottles would be used each time, instead of refilling these.

The service had sluice rooms on each floor. We found commode pots and urines bottles

on the floor by the side of the sterilisation units. It was not clear if these had been cleaned. When we asked staff they told us these were clean. The provider may wish to note that we did not see drying racks on walls to ensure air can circulate and that pots and urines bottles are dried properly and kept off of the floor to ensure cleanliness is maintained.

Although, we saw staff using personal protective equipment, such as gloves and aprons, we found that gloves in particular were not readily available in areas where staff needed these when providing personal care or waste management.

We spent time with a member of staff in the laundry where we had significant concerns about the process of dealing with soiled linens. The practice of soaking garments that had been soiled which had not completed a full cycle in the sluicing machine was putting the member of staff and others at risk of an infectious diseases outbreak being transmitted around the home. Although, the laundry staff understood the need to separate clean and dirty laundry they were not wearing an apron or tabard, when dealing with dirty or soiled linens. Therefore there was a risk of them transmitting infection when taking clean laundry around the home. Although the head house keeper assured us that this was not the correct procedure for dealing with soiled garments, we found that the policies and procedures in place for infection control and laundry procedures were not robust. Neither did they relate to the latest guidance; Health and Social Care Act 2008, code of practice on the prevention and control of infections and related guidance.

Since the outbreak of the infectious disease the provider had taken practicable steps to ensure that staff had received training so that they were suitably educated in the principles and practice for the prevention and control of infection. All but three of the staff team had attended hand washing training. We also saw that new staff induction packs covered the importance of hand washing. Two nurses were in the process of completing infection control training at a local college. They had been designated to take a lead role on infection control in the home and to cascade training to staff. They had set up links with the infection control group from the Primary Care Trust (PCT) to keep up to date with best practice.

The provider may wish to note that the service did not have arrangements in place for regularly reviewing the immunisation status of care workers and providing vaccinations to staff as necessary. There was no occupational health policy and procedure or a risk based screening assessment for communicable diseases and infections in place to minimise the risks of infection being transmitted to other people living or working in the home. However we were assured by the provider that staff completed a 'Health Check' form as part of the recruitment process, which includes any vaccinations they have had and that these were held on their personnel files. The provider told us that all trained nurses and overseas staff were required to have Hepatitis A and B and tuberculosis vaccinations.

Management of medicines ✖ Action needed

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was not meeting this standard.

People were not protected against the risks associated with medicines because the provider did not have appropriate arrangements in place to ensure medicines were being safely administered.

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

Our inspection of this standard was included as part of our routine inspection programme because of information shared with us from other stakeholders associated with this service.

Appropriate arrangements were in place in relation to obtaining medicines. We saw that medicines were provided by a pharmacist in blister packs of the Monitored Dosage System (MDS) ready for use by nursing staff. These were stored securely in a temperature controlled treatment room. Medicines, such as antibiotics prescribed outside of the monthly medicines order were provided by a local pharmacy.

Medicines were kept safely. A review of the controlled drugs cabinet containing the medicines for five people against the controlled drugs register was found to be accurate.

Although there were appropriate arrangements in place in relation to the administration and recording of medicines a review of five people's Medication Administration Records (MAR) charts showed there were a number of missed signatures. The MAR charts did not corresponded to the used and remaining medications in the relevant MDS blister packs. The MAR charts had not been coded appropriately to show the reason why any medication had not been given. This meant that there was not an accurate and safe record of people's medication and that medicines were not being safely administered according to medical prescriptions.

This was discussed with the manager who showed us that they were undertaking regular monthly audits to monitor correct administration of medication. The audits involved checks of the MDS blister packs and MAR charts. The manager had identified where there were missed signatures and had documented supervision with the staff involved. Staff had been informed that this would be followed by written warning and disciplinary if they continued to make errors.

Medicines were not being safely administered. We observed a senior member of staff

administering the lunch time medication. On three separate occasion we observed them walking out of the room, leaving the medication trolley open, to administer medicines to people not in the dining room. We also observed that they gave a person their medication in a pot, which was left on the table in front of them. This person requested assistance from a member of staff as they needed to use the toilet. Their medication was left on the table. Another member of staff brought a different person to sit in the same place at the table and correctly identified that these tablets belonged to someone else, however they moved them to one side. There were five other people sitting at the table, left unaided for a short time. This meant that people were at risk of taking medicines that had not been prescribed specifically for them.

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.

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

Reasons for our judgement

At our inspection of 24 April 2012 we found that although the provider had enough staff on duty, not all staff had received up to date training to ensure they had the qualifications, skills and experience to meet people's needs.
The provider wrote to us on the 25 May 2012 telling us that they had improved the level of training. 50% of staff had completed food hygiene training with the remaining staff booked to compete this by December 2012. A member of staff had completed the local authority training for trainer's course which enabled them to provide manual handling training and refresher courses to all staff in the service.

We reviewed the training records for the service which confirmed there had been an improvement in the level of training. This included manual handling, fire safety, infection control and safeguarding vulnerable adults. The training records also confirmed that staff received appropriate professional development. These included, certificates in equality and diversity, team leading, working in the health sector, working in mental health, safe use of medicines and end of life care.

Staff were able, from time to time, to obtain further qualifications. The training records showed that staff were encouraged to undertake National Vocational Qualifications (NVQ). NVQ's included Level's 4 and 5 in Management, Level's 3 and 4 Health and Social Care, Level 2 Housekeeping, Level 2 in Catering and Level 3 in Supervisory Management.

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 in place to identify, assess and manage risks to the health, safety and welfare of people using the service and others.

Reasons for our judgement

Our inspection of this standard was included as part of our routine inspection programme because we found that there was not a unified approach from the management of the service. The registered manager confirmed that they did not have regular heads of department meetings to discuss, assess and monitor the quality of the service. However, these would be held in the future to ensure that there was a unified approach for the provision of and monitoring different aspects of the service, such as maintenance, housekeeping and the laundry.

The manager told us that they did have auditing systems in place which they completed on a regular basis. These included Medication, Catering, Hand hygiene audit, Essential steps for infection control and a monthly home audit which included Care planning, spot checks on staff practice, wound care and dressings, completion of health charts and health and safety.

During this visit we found concerns relating to fire safety in the service. An armchair was seen blocking a fire exit and all cupboards, including the linen and airing cupboards with 'Fire door keep locked shut' notices. These doors were shut but not locked. These issues were raised with the manager, who informed us that a Fire officer is visiting the service on 10 October 2012 for a regional inspection.

Notification of other incidents ✖ Action needed

The service must tell us about important events that affect people's wellbeing, health and safety

Our judgement

The provider was not meeting this standard.

People using this service cannot be confident that important events that affect their welfare, health and safety are reported to the Care Quality Commission, so that where needed, action can be taken.

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

Our inspection of this standard was included as part of our routine inspection programme because during our inspection we identified the provider was not notifying the Commission of events that affected the health, welfare and safety of people using the service.

We looked at incident and accident records and identified three incidents of injuries to people using the service, which the provider should have notified the Commission about under Regulation 18 of the Care Quality Commission (Registration) Regulations 2001. Our records also show that the provider failed to notify us about the infectious disease incident that occurred at the service in July 2012. This means we were unable to monitor the service effectively and plan appropriate regulatory responses.

Records ✖ Action needed

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

Our judgement

The provider was not meeting this standard.

People were not protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were not being maintained.

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

Records relevant to the management of the service were not accurate and fit for purpose. We reviewed the policies and procedures relating to the service. We found that these had not been reviewed since September 2010. Some of the policies, such as the laundry and infection control policy did not relate to current legislation, such as the DOH code of practice for the prevention and control of infections. Neither did these provide staff with clear guidance on how to work in accordance with the policy. The lack of up to date policies and procedures means that correct guidance was not available and could lead to a risk of unsafe or inappropriate care and treatment.

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 12 HSCA 2008 (Regulated Activities) Regulations 2010** **Cleanliness and infection control**
	How the regulation was not being met: People were not being protected from the risk of infection because there was no appropriate guidance in place for staff to follow to help prevent and control infections.
Regulated activities	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	**Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010** **Management of medicines**
	How the regulation was not being met: People were not protected against the risks associated with medicines because the provider did not have appropriate arrangements in place to ensure medicines were being safely administered.

This section is primarily information for the provider

Regulated activities	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	**Regulation 18 CQC (Registration) Regulations 2009** **Notification of other incidents**
	How the regulation was not being met: People using this service cannot be confident that important events that affect their welfare, health and safety are reported to the Care Quality Commission, so that where needed, action can be taken.

Regulated activities	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	**Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010** **Records**
	How the regulation was not being met: People were not protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were not being maintained.

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 30 October 2012.

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 dentists and other services at least once every two years. 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 but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

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. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. 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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