Inspection Report

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

Beaumont Court

1-2 Beaumont Court, West Road, Prudhoe, NE42 6JT

Tel: 01661520013

Date of Inspection: 23 May 2014

Date of Publication: June 2014

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

Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Management of medicines	✓ Met this standard
Safety and suitability of premises	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	At Home in the Community Limited
Registered Manager	Mrs Karen Harrison
Overview of the service	Beaumont Court is a care home based in Prudhoe, Northumberland. It accommodates up to eight people with learning and physical disabilities who require support with personal care.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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 2014, 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 talked with commissioners of services.

What people told us and what we found

We considered all the evidence we had gathered under the regulations we inspected. We used the information to answer the five questions we always ask;

- Is the service caring?
- Is the service responsive?
- Is the service safe?
- Is the service effective?
- Is the service well led?

This is a summary of what we found. The summary is based on our observations during the inspection, speaking with people who used the service, staff supporting them and from looking at records.

Is the service caring?

We saw that people were supported by kind and attentive staff who displayed patience and gave encouragement when supporting people, for example by assisting them with personal care. Our observations confirmed that staff promoted independence whilst ensuring that they offered assistance to people when required. People told us that they were happy with the care and support they received from the service. One person said, "I like it, I am enjoying it" and "It's a grand place to live it is".

People's diverse needs had been recorded and care and support had been provided in accordance with people's wishes. Staff were fully aware of people's care and support needs.

People told us and staff confirmed they pursued activities within the community and this was evident during our inspection when people told us they had returned from gardening sessions and day centres. The provider promoted people's well-being.

Is the service responsive?

People's care needs and any potential risks that they may be exposed to were assessed before they received care and support from the provider. The provider had arrangements in place to review people's care records regularly and we saw that amendments were made to people's documentation as their needs changed, to ensure this remained accurate and any issues were promptly addressed.

Staff told us, and records showed that where people required input into their care from external healthcare professionals, such as dieticians or doctors, or where, for example, their weight or behaviours needed to be monitored, they received this care.

There was an effective complaints system in place and we found that people felt confident in raising concerns with staff or the manager.

Is the service safe?

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The registered manager confirmed that no people who lived at the home at the time of our inspection were subject to a DoLS. We discussed with the manager the recent Supreme Court judgement handed down on March 2014 in the case of 'P v Cheshire West and Chester Council and another' and 'P and Q v Surrey County Council', about what constitutes a deprivation of liberty. The manager confirmed their understanding of DoLS and mental capacity. The manager told us that they were currently in discussions with their local safeguarding team in light of this judgement, for further advice on their responsibilities and the arrangements they now need to put in place, for people in their care.

People's care needs had been assessed and their care records showed that risk assessments were in place to reduce the chances of them coming to any harm, whilst living their lives as independently and fully as possible. Where necessary, the provider had drafted a personal emergency evacuation plan (PEEP) for people who lived at the home, to ensure that staff had instruction on how to evacuate them from the building, for example, in the event of a fire or a flood.

We reviewed the safeguarding policy and procedures in place to address and manage incidences of a safeguarding nature. We found that these arrangements were both appropriate and safe. Staff and management were able to give us examples of different types of harm and abuse, and they confirmed how they would report and progress any safeguarding matters brought to their attention.

We reviewed the arrangements in place for the management of medicines including how medicines were stored, administered and disposed of when no longer required. We found that these arrangements were both appropriate and safe. Staff were trained in the safe handling and administration of medication.

We found that entry into the building was secure. People were cared for in a safe, clean and hygienic environment. There were enough staff on duty to meet the needs of the people who lived at the home and a member of the management team was available on call for support and in the event of an emergency. Health and safety checks, maintenance and checks on the utility supplies within the home were carried regularly.

Is the service effective?

People told us they were happy with the staff who cared for them and they met their needs. One person said, "The staff are nice." Another person told us, "I am enjoying it, they are good the staff." It was evident from speaking with staff and through our own observations that staff had a good knowledge of the people they cared for and their needs.

People's needs were taken into account with pictorial information available to them and adaptations made to the environment to enable them to move around the home safely and independently.

Is the service well-led?

The service worked well with other agencies and services to make sure people received their care in a joined up way. Our observations on the day of our inspection highlighted and records showed, that the provider worked in conjunction with, for example, social workers and doctors to get people's care right.

An effective quality assurance system was in place which helped to ensure that people received a good quality service at all times, by monitoring care and addressing shortfalls promptly. The provider monitored care delivery by staff and gathered the views of people and their relatives about the service they received.

Staff told us they were clear about their roles and responsibilities. The provider had a range of policies and procedures in place which gave direction and instruction to staff. Staff meetings were held monthly and a number of health and safety checks were carried out regularly. In addition, accidents, incidents and safeguarding matters were monitored regularly, to ensure care delivery was appropriate.

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

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.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

We looked at the care records for three people who lived at the home and found they contained detailed information about the individual they related to. People's needs had been assessed using a needs analysis tool developed by the provider. There were support plans in place with very detailed information about how each person's care and support should be delivered in order to meet their individual needs. Assessments of risk had also been undertaken using a risk analysis matrix tool, and where relevant, risk assessments were in place linked to people's needs. For example, people had support plans and risk assessments related to their health, eating and drinking and finances. Each person's care records had been recently reviewed and updated with a future review date set. This showed that people's needs were assessed, the delivery of their care and support was planned, and support packages that were in place were monitored regularly and amended when required.

We observed the delivery of care and saw that staff interacted with people in a professional, polite, respectful and caring manner. People looked well cared for and we found that staff adhered to guidance written in people's care plans. For instance, we observed people ate independently and were prompted by staff where necessary to perform certain tasks or activities. We spoke with staff and found that they were very knowledgeable about people's needs. We saw that staff spoke with people whilst delivering care and explained what they were going to do, before doing it. We found that people's needs were met and their welfare and safety protected.

People told us they were happy with the standards of care that they received. One person said, "I like it here. I go to plenty of cafes and I go out on Tuesdays and Wednesdays. The staff are alright." People told us that they regularly pursued a variety of activities within the local community, such as attending day centres, cookery classes and gardening. We noted that three out of seven people who lived at the home pursued activities within the community on the day of our visit. This showed that the provider promoted people's well-being.

Records showed that where people required monitoring in relation to specific health conditions, for instance, via measuring their weight, behavioural trends or sleep patterns, this was done appropriately. This meant that staff were kept informed of people's care needs and progress on a regular basis, and the provider could identify any potential issues that may need to be addressed and seek input from other healthcare professionals where necessary.

We found that people who required specialist input into their care had received this support and we saw that this was appropriately recorded in their care records. For example, we saw input into people's care from dieticians and specialist behavioural teams. In addition, we found that specialist care was delivered by external healthcare professionals such as doctors, dentists and opticians on a regular basis. This demonstrated the provider ensured people's general healthcare needs were met.

We found the provider had considered people's care needs and the risks that may arise in the event of an emergency. People's care records showed that personal emergency evacuation plans (PEEP's) were in place for those people who would need assistance to leave the building (if required), if there was, for instance, a fire or a flood.

We discussed the Mental Capacity Act 2005 deprivation of liberty safeguards (DoLS) with the manager, who told us that no people living at the home at the time of our inspection were subject to a DoLS. We discussed the recent supreme court judgement handed down on March 2014 in the case of 'P v Cheshire West and Chester Council and another' and 'P and Q v Surrey County Council', about what constitutes a deprivation of liberty. The manager told us that in light of this, they had been in contact with their local authority safeguarding team for further advice on their responsibilities and the arrangements they now need to put in place for people in their care. They confirmed that they will be submitting applications for DoLs assessments to be undertaken by the local authority for all people living at the home, as soon as practically possible.

Safeguarding people who use services from abuse ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

All of the people we spoke with said they liked the staff who worked with them and they felt safe. Some of their comments included; "I feel safe"; "They (staff) have never hurt me"; and "The staff are nice, they don't shout". One person said, "They are good the staff and I feel safe here." We found that people felt safe and secure.

We spoke with three members of staff about safeguarding vulnerable adults. They were able to tell us about different types of abuse, the signs of abuse, and what actions they would take if they witnessed or suspected abuse. We saw that policies and procedures were in place with guidelines for staff to follow if they suspected any vulnerable person was at risk of harm or abuse. All staff said they would report any incidences of suspected harm or abuse to the manager without hesitation and if no action was taken, they would refer the matter to somebody in a higher position within the organisation, or externally if need be. We found staff had knowledge related to safeguarding which they used to help protect people from abuse and they recognised their own personal responsibilities to safeguard people.

Each member of staff we spoke with told us they had completed training on safeguarding vulnerable adults within the last few years. The provider may find it useful to note that staff could not recall exactly how long ago they had done this training, and some of their safeguarding training certificates were not available to confirm this.

The manager confirmed that all safeguarding referrals were processed in the provider's head office and she raised an alert with the local authority safeguarding team (verbally, initially), when a safeguarding matter was brought to her attention by staff. This team holds responsibility for investigating incidences of harm or abuse against vulnerable adults or children. The manager informed us that five safeguarding referrals had been made to the local authority safeguarding team within the last year. We saw records were retained related to each of these safeguarding matters. These detailed the nature of the incident, who within the local authority the matter was reported to, any actions taken and the outcome of any investigations. We found the internal procedures that were in place to report, monitor and record safeguarding incidents that occurred within the service were appropriate and we were satisfied the provider had suitable arrangements in place to

protect people from harm or abuse.

Management of medicines ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

We looked at how the provider managed medicines and found that appropriate arrangements were in place.

We asked people about the administration of their medication. People told us that staff always gave them their medication. One person told us, "The staff give me tablets. I get them and they watch me."

We saw that the storage of medicines was appropriate and access to medication supplies was restricted to staff who were trained to handle medicines safely. Each person's medication was labelled individually for their sole consumption. We checked a random sample of medication and found that it was within its expiry date and stored in the correctly labelled containers. Records showed the temperature of the room in which medication was stored was monitored daily, to ensure that medication remained safe for use and that its storage was in line with manufacturer's instructions. We found that the provider stored medication appropriately and safely.

We looked at a sample of medication administration records (MARs) and saw that, on the whole, these were complete and up to date. A system was in place where two staff with responsibility for administering medication both signed each entry on the MAR sheet, one as the administrator and one as a witness, to confirm that people had been given their medication at the allotted times. The provider may find it useful to note that there were a small number of gaps in some of the MAR sheets that we viewed where staff had forgotten to sign to confirm they had administered a particular dose of medication. We discussed this with the manager who told us that these oversights had already been identified by management. Minutes from a recent staff meeting showed that staff had been reminded of the importance of signing MAR sheets when administering medication to people, and of concentrating and following procedures correctly.

We cross-referenced a sample of people's individual monitored dosage systems with their corresponding MAR sheets and saw that all medication was accounted for and administered in sequence. We audited a sample of medications and found that the remaining stocks were correct, in line with the amount of medication that had originally been received and administered to date.

We saw that during periods when people were enjoying time staying away from the home with family, this was clearly marked on their MAR sheets (using a coding system). A record book was also in place which detailed the type and amount of medicines removed from the home for administration to people during periods of absence, and any that were subsequently returned. These were recorded and signed for by the receiving care giver (either a relative when outgoing or a staff member when incoming). This showed that the provider accounted for medication that was transferred between different care givers as and when appropriate to do so and each party accepted responsibility for the safe keeping and administration of these medicines to people whilst in their care.

We looked at arrangements in place for the disposal of medication that was no longer required. The provider kept an up to date record of medication returned to the pharmacy for disposal, identifying the name, quantity and strength of medication concerned. Staff told us, and records showed that a signature was obtained from the pharmacy to evidence they had accepted these medicines for disposal. This demonstrated the provider disposed of medication safely and appropriately, when it was either unused or no longer required. The provider may find it useful to note that the record book in which disposed medicines were recorded was not easy to follow and although all the relevant information was available within this book, it was disjointed.

We noted the provider had a detailed medication policy and procedures in place to provide staff with guidance and instructions on the management of medicines within the service. This included, for example, procedures for handling medication, consent and medication and how to deal with medication errors. We reviewed certificates which evidenced that staff had received training in the safe handling of medication within the last two years. Documentary evidence also showed that medication competency assessments on staff and checks on medication stocks and administration practices were carried out regularly.

Safety and suitability of premises ✓ Met this standard

People should be cared for in safe and accessible surroundings that support their health and welfare

Our judgement

The provider was meeting this standard.

People who used the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

Reasons for our judgement

We looked around the premises of the home to ensure it was safe, suitably maintained and fit for purpose. We found that people, staff and visitors were protected against the risks of unsafe or unsuitable premises.

The interior of the building was clean, comfortable and well maintained. The home was originally two houses converted into one and consisted of accommodation and living space over two floors, with access to the upper floors at each end of the building via stairs. People were accommodated in single occupancy rooms. We found that there were an adequate number of bathing and toileting facilities on each floor for the number of people who lived at the home. We saw there was a dining and lounge area on the ground floor at each end of the building. Handrails were available throughout the building in the corridors to assist people with mobility and to allow them to move around the home safely and independently. These were highlighted with brightly coloured tape in areas where one person with visual impairment used them, to ensure they could be seen. There were well maintained, private and secure gardens with patio areas and outdoor seating for people to utilise in good weather, at their leisure. We saw there was flat access to the garden from both lounge areas within the home and ramp access to both ends of the building from the car park area, to allow for ease of access for people with mobility issues.

Security measures were in place around the building where necessary, for example window restrictors were in place to avoid accidents. The building was accessed through a buzzer entry system and doors were fitted with alarms to alert staff if people tried to enter or exit the building undetected.

We found that the building and its environment did not place any restrictions on care delivery. Staff told us, and we saw that they were able to deliver care appropriately. We noted that the temperature of the building was warm on the day of our inspection and people appeared content and comfortable.

Maintenance repair procedures were in place where staff reported issues that needed to be addressed to the manager, who in turn reported it to the landlord of the building to address. On the day of our inspection the landlord's staff attended the home to repair a radiator fault.

Records showed that maintenance checks, health and safety checks, and checks on the safety of utility supplies within the building were conducted regularly and in line with best practice guidelines. These included for example, checks on electrical equipment, gas supplies and fire safety checks. Risk assessments were in place for the building as a whole, relating to, amongst other things security, hazards and hygiene. There was also a separate up-to-date fire risk assessment.

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 received and to identify, assess and manage risks to the health, safety and welfare of people who used the service and others.

Reasons for our judgement

The provider had effective systems in place that assessed and monitored the quality of care and support provided. There were policies and procedures in place which supported care delivery and gave direction to staff. For example, there were policies related to safeguarding, dignity and challenging behaviour. These policies covered, amongst other things, the procedures involved and the employee's roles and responsibilities. Staff said that management were very approachable and dealt with any issues raised effectively. They told us they felt comfortable in raising concerns either at staff meetings or in one to one supervision sessions. This demonstrated the manager and provider listened to concerns raised by staff and sought to resolve them.

Records confirmed that residents' meetings took place approximately bi-monthly. We saw that a variety of topics were discussed at these meetings and people were asked if they were happy living at Beaumont Court, if they had anything they wished to complain about and what their personal goals and aspirations were. It was evident that people were involved in the running of the service and could express their views freely. One person told us, "The staff sometimes ask if I am happy."

Staff showed us records of pictorial annual resident's surveys which people themselves had completed earlier this year, with support from staff. In addition, we saw surveys had been sent out recently to people's relatives' and staff, asking them to provide their views of the service. This showed that the provider monitored the care provision they delivered and sought the opinions of people, their relatives' and staff, in order to improve.

Staff told us that management asked for their feedback and they felt part of the service. Staff confirmed that they could express their opinions formally via supervisions or in staff meetings which took place on a monthly basis. One staff member told us, "I feel like I can say what I need to say." Minutes of these staff meetings showed that people's care needs and care delivery were regularly discussed along with other more general issues such as medication administration standards and health and safety matters. Records showed, and staff confirmed the provider conducted staff supervisions and observations of staff competencies related to care delivery. In addition, staff training requirements were also

monitored by the provider at their head office. This showed that the provider maintained the staff team's knowledge and skills in order to support appropriate care delivery.

We looked at audits carried out by the provider to monitor service provision. The provider may find it useful to note that although there was an annual health and safety audit in place and another short general audit which checked, for example, that the home was clean, these audits were not extensive enough. For instance, there were only one or two questions on medicines management and infection control in the general audit. The manager told us that no separate detailed audits related to these regulations were in place, to help identify any potential shortfalls.

We found that the provider had a structured complaints policy in place with step by step guidance on how a complaint would be handled and the timescales involved. Records were kept of accidents and incidents that occurred within the service and any matters of a safeguarding nature so that patterns and learning points could be identified.

We saw the provider carried out safety checks within the building and other checks related to fire prevention and the testing of equipment within the home. In addition, health and safety, fire and building risk assessments had been undertaken within the last year. Basic health and safety checks, for example on the condition of the furnishings in the building, were carried out weekly by people who lived at the home with support from staff. This showed the provider sought to maintain the health, welfare and safety of people, staff and visitors.

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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