

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

Wren Hall Nursing Home

234 Nottingham Road, Selston, Nottingham,
NG16 6AB

Tel: 01773581203

Date of Inspection: 20 August 2014

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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
Safety and suitability of premises	✓	Met this standard
Safety, availability and suitability of equipment	✓	Met this standard
Staffing	✓	Met this standard
Assessing and monitoring the quality of service provision	✓	Met this standard

Details about this location

Registered Provider	Wren Hall Nursing Home Limited
Registered Manager	Ms Anita Astle
Overview of the service	Wren Hall Nursing Home is located in Selston in Nottinghamshire. The care home is registered to provide nursing and/or personal care for up to fifty three 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'.

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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 20 August 2014, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members and talked with staff.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

What people told us and what we found

During the inspection we spoke with three people who used the service and asked them about their experiences of living at the care home. We spoke with two relatives.

We also spoke with six staff, including the registered manager. We observed the care that was given to people. We looked at some of the records held in the service including the care records for three people.

During the inspection we gathered information to answer five key questions; is the service safe, effective, caring, responsive and well-led? Below is a summary of what we found. The summary describes what we observed, the records we looked at and what people who used the service, their relatives and the staff told us.

If you want to see the evidence that supports our summary please read the full report.

Is the service safe?

People who used the service told us they felt safe. Relatives we spoke with also told us they felt their family members were safe.

We used our SOFI (Short Observational Framework for Inspection) tool during the inspection. The SOFI tool allows us to spend time watching what is going on in a service and helps us to record how people spend their time, the type of support they get and whether they have positive experiences. We conducted a SOFI observation for 55 minutes in one of the lounges at lunchtime. We saw staff provided appropriate and safe support.

We looked at the care records for three people who used the service. We saw that care plans contained detailed information and were centred around people's individual needs.

People who used the service and relatives told us they had no concerns about the building. One relative said, "They're always making improvements." They also said they had no concerns about equipment.

People who used the service, relatives and staff all told us they felt there were enough staff. We found there were enough staff to meet people's needs.

The Care Quality Commission monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. We found that the service understood when it was appropriate to contact the local DoLS team to seek their involvement.

Is the service effective?

People who used the service told us they received the care they needed in a timely manner and they were happy with the care. One person said that the care was, "Very, very good." Relatives were very positive about the care and told us their family members received the support they needed.

Is the service caring?

People who used the service told us staff were caring. One person said staff were, "Very caring." Relatives also told us staff were caring. One relative said, "[Staff are] very caring" and, "They're so nice."

We saw that staff communicated warmly with people as they supported them and staff were caring and kind.

Is the service responsive?

Staff told us how other agencies were involved. This meant the care home involved other professionals in people's care and treatment.

We saw care plans about different needs and saw these were reviewed regularly. A care plan is a document that should identify a person's needs and how staff can meet those needs.

Is the service well-led?

People who used the service told us they felt the care home was well-led. One person said it was "definitely" well-led.

Staff also told us they felt the service was well-led.

We found that effective systems were in place to regularly assess and to manage risks relating to the health, welfare and safety of people who used the service.

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

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

We spoke with three people who used the service. They told us they received the care they needed in a timely manner and they were happy with the care. One person said they were, "Very happy" and the care was, "Very, very good." People also told us they felt safe and they had been involved in reviews of their care.

People told us staff treated them with dignity and respect and staff were caring. One person said staff were, "Excellent" and "Very caring." Another person said staff were, "Very polite." People also told us they felt that enough activities took place.

We spoke with two relatives. They were very positive about the care and told us their family members received the support they needed. One relative said, "Very much so." Another relative said, "They're [staff are] brilliant." Relatives also told us they had seen their family members' care plans and had been involved in review meetings. They told us they felt their family members were safe at the care home. Relatives also told us staff treated their family members with dignity and respect and were caring. One relative said, "[Staff are] very caring" and, "They're so nice."

Relatives told us they felt enough activities took place. One relative provided an example of how staff had spent time sitting with their family member to involve them in an activity that reflected their family member's interests.

We used our SOFI (Short Observational Framework for Inspection) tool during the inspection. The SOFI tool allows us to spend time watching what is going on in a service and helps us to record how people spend their time, the type of support they get and whether they have positive experiences. We conducted a SOFI observation for 55 minutes in one of the lounges at lunchtime. We saw very positive interactions between people who used the service and staff. We saw staff communicated warmly with people as they

supported them. Staff were caring and kind and provided appropriate and safe support.

We also observed the care that was given to people in another lounge for a period of time during the afternoon. We saw that staff supported people in a kind and considerate manner. Music was playing and different activities were taking place such as craft activities and reading. We saw that staff spent time with people and people were relaxed. We also observed staff interacting with people in a positive way in other lounges when we carried out a tour of the building.

We spoke with three care staff about people's care and welfare. Staff had a good understanding of the needs of the people we discussed with them and told us how they supported people to maintain their health and wellbeing. They also told us how they respected people's privacy and dignity. Some staff provided examples of how people's religious needs were met.

Staff told us an extensive admission programme was in place and care plans were available that were reviewed regularly. They also told us staff completed records such as charts regarding changes of position to protect people's skin and charts regarding continence care and these were reviewed.

Staff told us there were four different lounges in the care home, which had dedicated staff teams to support people. They told us meetings took place once a week in each lounge to discuss people using the service and whether any changes had occurred. This meant there were systems in place to review people's needs and support.

Staff told us how other agencies were involved such as the dementia outreach team and specialist continence nurses. They also told us a chiropodist and physiotherapist visited the care home regularly. This meant the care home involved other professionals in people's care and treatment.

Staff told us how they used different ways to communicate with people who used the service to understand their preferences. One staff member, for example, told us how they used pictures and showed people different items to choose from.

A staff member also told us a business continuity plan was in place in case of an emergency such as a fire.

We looked at the care records for three people who used the service. We saw care plans were in place which recorded people's different needs such as communication, eating and drinking, elimination, emotional support, falls, hygiene and dressing. We saw these contained detailed information and were centred around people's individual needs and reviewed regularly. We also saw some Mental Capacity Act 2005 (MCA) assessments and checklists to record the decisions that had been made in people's best interests. The MCA protects people who lack capacity to make a decision for themselves because of permanent or temporary problems such as mental illness, brain injury or learning disability. If a person lacks the capacity to make a decision themselves, staff can make a decision in their best interests once an appropriate assessment has taken place.

We saw information recorded about people's preferences, for example, their preferred mode of washing, dietary preferences and preferences regarding activities. Risk assessments were also in place on different subjects such as falls and skin breakdown.

We saw in some care records that the service had submitted requests to the local DoLS

(Deprivation of Liberty Safeguards) team for authorisation regarding some people who used the service and the deprivation of their liberty. These safeguards protect the rights of adults using services by ensuring that if there are restrictions on their freedom and liberty these are assessed by professionals who are trained to assess whether the restriction is needed. This meant the service had an understanding of DoLS and when it was appropriate to contact the DoLS team to seek their involvement.

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

Reasons for our judgement

The provider had taken steps to provide care in an environment that was suitably designed and adequately maintained.

We spoke with three people who used the service. They told us they felt the building was well maintained and clean and they had no concerns. They also told us there was nothing they would like to improve regarding the building. People told us they were happy with their bedrooms. One person said their bedroom was, "Nice."

We spoke with two relatives. They told us they felt the building was clean and well maintained and they had no concerns. One relative said, "They're always making improvements." They also said their family member's bedroom was, "Lovely. Really nice."

We spoke with three care staff about this regulation. They told us they felt the building was kept clean and well maintained. They told us they had no concerns and would report any issues that arose. Staff also stated that regular checks were completed such as daily checks during a walk around the building and regular fire alarm checks.

Staff members and the manager told us a maintenance staff member worked for the service. We saw they were working on the day of our inspection. The manager told us staff completed a form to report issues regarding the premises and action was taken in response. This meant systems were in place for responding to issues that arose regarding the building.

We carried out a tour of the building and looked at twenty seven of the bedrooms. We saw that bedrooms were homely and well maintained. We also saw that the lounges were homely and in good condition. We looked at several communal toilets and bathrooms and these were also in good condition. We saw that the refurbishment of a shower room was nearly completed.

We saw that the laundry area was large enough and organised so that any clean items would not come into contact with soiled items. We also saw that the care home had two sluice rooms. The provider may find it useful to note that we saw that the door for one of the sluice rooms was ajar, which meant it had not been fully closed and locked when staff

had left the room and could pose a risk to the safety of people who used the service. We saw that the door could be locked.

We also saw during our tour that decorators were present in the care home. The manager told us touching up of paintwork was being completed where needed.

We saw that some corridors had items displayed on the walls, which included items on different themes such as the seaside and music. The manager was having ongoing discussions with the fire service on how to accommodate people's needs regarding the environment.

We saw that the care home had a large secure garden, which included different items for people to enjoy, such as items with a seaside theme and mini golf. This meant people who used the service had access to a range of facilities in the garden area.

We looked at some of the records regarding the building. We saw maintenance check lists had been completed for June to July 14 regarding bedrooms and other rooms such as sluice rooms and a shower room. We also saw that the maintenance staff member completed weekly task sheets. This meant the service had systems in place for checking the building and taking action when required. We also saw records that showed decorating was regularly taking place.

The maintenance staff member showed us records of portable appliance tests (PAT) from June 2014. They told us items tested had been assessed as safe.

We saw that the service completed regular fire safety checks. A fire risk assessment had been completed in 2014.

We also saw some records to show that the gas safety inspection of some gas items had been completed, for example, items in the kitchen area. We saw a report to show that the gas safety regarding the laundry machines had been checked in 2014 and had been assessed as safe. The manager told us a new boiler had been fitted in an area of the building and work was in progress regarding the replacement of another boiler. They told us this work would be completed in about four weeks after our inspection and a full gas safety check would take place at that time.

People should be safe from harm from unsafe or unsuitable equipment

Our judgement

The provider was meeting this standard.

People were protected from unsafe or unsuitable equipment.

Reasons for our judgement

There was enough equipment to promote the independence and comfort of people who used the service.

We spoke with three people who used the service. They told us they had no concerns about the equipment in the care home. However, one person also told us they felt the service would benefit from another hoist, but said this did not affect people's care.

We spoke with two relatives. They told us they felt there was enough equipment in the care home and they had no concerns.

We spoke with three care staff about this regulation. They did not raise any concerns. They told us they would report any issues regarding equipment and action was taken in a timely manner. A staff member provided an example of how an item was replaced the day after it had broken. They also told us the care home had contacts for a company who regularly visited to check equipment.

Staff told us they felt there were enough hoists to enable people to receive appropriate care and they were positive about staff training. A staff member also told us the service had a moving and handling assessor. We also discussed the availability of hoists with the manager during our inspection. They told us they felt there were enough hoists within the care home.

We carried out a tour of the building and looked at twenty seven bedrooms and the communal areas. The provider may find it useful to note that we saw in one lounge that two chairs were ripped in a small area. However, the manager told us new chairs had been ordered. We did not identify any other concerns during our visit about the condition of equipment we saw or about how staff were using equipment.

The manager told us contracts were in place regarding the maintenance and servicing of equipment. We saw that the service kept a maintenance folder with a list of equipment and how often it was serviced. We also saw that the maintenance staff member had a maintenance folder for recording checks on equipment such as checks on the minibus and wheelchairs. We looked at some other records kept regarding equipment. We saw reports about the servicing and maintenance of some equipment, for example, regarding hoists and baths. This meant systems were in place to check and maintain equipment.

There should be enough members of staff to keep people safe and meet their health and welfare needs

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

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

We spoke with three people who used the service. They all told us they felt there were enough staff to meet their needs and they did not have to wait long for assistance.

We spoke with two relatives. They told us they felt there were enough staff to meet their family members' needs and their family members received assistance in a timely manner.

We discussed staffing levels with three care staff. They all told us they felt there were enough staff to meet people's needs and they expressed no concerns regarding this regulation. One staff member also told us staffing levels meant staff could spend time with individual people regarding activities. Staff told us staff employed by the service usually covered gaps, for example, if a staff member rang in sick. One staff member told us agency staff could be used if needed and the service would try and use the same agency staff.

Staff members were also positive about the training they received. One staff member said, "The training is exceptional."

The manager told us about the staffing arrangements in place. They told us different types of staff were employed by the service, including care assistants, nurses, catering, housekeeping, laundry and maintenance staff and all staff had been fully trained in person-centred dementia care. They told us staff received a lot of training and the service employed a training coordinator who worked alongside staff as a team member and assessed their competence. We saw that training was taking place during our inspection.

The manager told us teams of care staff were allocated to support people in each of the four different lounges. They told us each lounge was tailored to support people at different stages of dementia and the service considered which staff members were most appropriate to be based in the different areas, matching their skills to the needs of people who used the service.

The manager also told us each lounge had its own care staff rota. They told us what they had assessed as the minimum appropriate staffing levels for each lounge at the time of our

inspection to meet people's needs. They told us the number of staff working was often more than this. We looked at rota information for the period from 21 July 2014 until the date of our visit and found this reflected what the manager had told us.

The manager told us two nurses usually worked during the day, with three working at times when a nurse was involved in care planning. We saw this was also reflected on the rota information.

We discussed night time staffing arrangements with the manager. They told us a nurse and four care staff were the usual staffing levels at the time of our inspection. They told us five care staff sometimes worked, for example, if people who used the service were more distressed. We saw these numbers were reflected on the rota information from 21 July 2014 until the date of our visit. The manager told us care at night was delivered in a person-centred way and they felt staffing levels were appropriate.

We saw on the rota information that agency nurses were occasionally working during the night. The manager told us they had one less nurse employed by the service available to work than was usual, but otherwise had sufficient nurses employed by the service to cover the night shifts. They told us an agency provided nurses when nurses employed by the service were not available. The manager also told us they were advertising for additional nurses.

The care records we looked at showed that dependency assessments had been completed for people who used the service. The manager told us staffing levels were constantly reviewed. They told us they met with staff to consider people's needs and the appropriate staffing levels. We saw a monthly dependency document that was used to assess the dependency levels across the care home. We also saw records of meetings regarding staffing levels. This meant systems were in place to regularly review the numbers of staff required to meet people's needs.

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

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

We spoke with three people who used the service. They told us they felt the care home was well-led. One person said it was "definitely" well-led. Another person said it was, "Very well run." People were positive about the quality of the service. One person said, "It's good. I'm highly satisfied. I've got no complaints whatsoever." Another person said it was, "Excellent really."

People who used the service told us they felt they could have a say in how the service was run. They told us meetings for people who used the service took place. One person said, "We have a residents' meeting." People also told us they knew how to make a complaint. They told us they had not made complaints but felt any complaints would be acted on.

We spoke with two relatives. They expressed their satisfaction with the service. One relative said, "If it was out of 10, it would be 10. I have nothing to say that's bad about the place." Another relative said, "I can't praise this place enough. I'm so happy my [family member is] here." They told us meetings for relatives took place and they felt they could have a say in how the service was run. One relative provided an example of how suggestions they had made had been acted on. Another relative said, "They definitely act on what people say."

We spoke with three care staff about this regulation. They told us they felt the service was well-led and they felt supported. They told us staff meetings took place and they could give their views on the service. They told us they had seen the whistle blowing policy. They also told us they would take appropriate action if people wished to make a complaint.

The manager told us meetings for people who used the service took place and we saw minutes from a residents' meeting. They also told us a survey had been undertaken during the year and we saw information about this. This meant people who used the service had opportunities to give feedback on the service and to make suggestions.

The manager told us meetings for relatives took place. We saw information from a meeting in May 2014. They also told us a relatives' survey had been completed and we saw information about this. An action plan had been produced as a result of the meeting and survey and the manager told us the actions had been taken. They also told us they had written to relatives who had made specific comments in the survey and we saw an example of this. This meant relatives had been provided with opportunities to give feedback on the service and actions were taken in response.

We saw a staff survey had been completed in July 2014. This meant that systems were in place for staff to provide feedback on the service. The manager told us they were in the process of producing an action plan in response to the survey information. They also told us different staff meetings took place, for example, meetings for kitchen staff and meetings for staff working in different lounges. We saw the minutes from a meeting. The manager told us they received copies of minutes from staff meetings.

The manager told us different audits were completed within the service. We saw an infection control audit and saw an action plan with it. The provider may find it useful to note that a copy of the medication audit was not available to us during our visit. This meant we could not see the audit during our inspection. However, we received a copy soon afterwards. We saw this recorded that all identified actions had been addressed from the previous audit, which meant systems were in place for monitoring the management of medicines and taking action when required.

A member of the management team told us that a training and quality coordinator completed internal audits and supported new staff. They told us they were also involved in monitoring the quality systems at the care home. They told us care record audits were completed on a monthly basis. The provider may find it useful to note that these could not be located on the computer during our visit, which meant we could not see an example of a completed care record audit. However, we saw other related documents during our visit, for example, letters to nurses about care records that showed care records had been reviewed. This meant systems were in place for checking the care records.

We also saw an audit programme was in place regarding procedures. The manager told us they audited the practice of staff to check whether practice was in accordance with the procedures and whether practice or the procedures needed to change. We saw an example of an audit about one procedure.

We saw that the service had a whistle blowing policy, which meant guidance was available for staff if they wished to report any concerns. A complaints policy was also in place. We saw logs regarding complaints were kept with actions recorded. This meant the service had systems in place for responding to complaints.

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.

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