

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

## The Belvedere Private Hospital

Knee Hill, Abbey Wood, London, SE2 0GD

Tel: 02083114464

Date of Inspection: 07 November 2012

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We inspected the following standards to check that action had been taken to meet them. This is what we found:

<b>Care and welfare of people who use services</b>	✘	Enforcement action taken
<b>Cleanliness and infection control</b>	✘	Action needed
<b>Management of medicines</b>	✘	Enforcement action taken
<b>Safety and suitability of premises</b>	✘	Action needed
<b>Requirements relating to workers</b>	✘	Action needed
<b>Staffing</b>	✘	Action needed
<b>Records</b>	✘	Action needed

## Details about this location

Registered Provider	The Pemberdeen Laser Cosmetic Surgery Clinic Limited
Overview of the service	The Belvedere Private Hospital provides cosmetic surgery procedures.
Type of service	Acute services without overnight beds / listed acute services with or without overnight beds
Regulated activity	Surgical procedures

*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

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### Why we carried out this inspection

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We carried out this inspection to check whether The Belvedere Private Hospital had taken action to meet the following essential standards:

- Care and welfare of people who use services
- Cleanliness and infection control
- Management of medicines
- Safety and suitability of premises
- Requirements relating to workers
- Staffing
- Records

This was an unannounced inspection.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 7 November 2012, checked how people were cared for at each stage of their treatment and care and talked with staff.

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### What people told us and what we found

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We inspected the service on 07 November 2012 in order to check on actions we had asked the provider to take, with regards to the care and welfare of people using the service and the management of medicines for people using the service. We found that the provider continued to be non-compliant with care and welfare and the management of medicines, and we found other concerns to do with the checks made on staff working at the service, the number of suitable staff working at the service and the way records were stored and completed. We also found concerns with infection control, and the safety of the premises. We were not able to speak with anyone using the service on this occasion because the only person admitted to the service at the time of our inspection was recovering from surgery.

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

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### What we have told the provider to do

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We have asked the provider to send us a report by 12 December 2012, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

We have taken enforcement action against The Belvedere Private Hospital to protect the health, safety and welfare of people using this service.

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.

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### **More information about the provider**

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

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

## Our judgements for each standard inspected

### Care and welfare of people who use services

✘ Enforcement action taken

People should get safe and appropriate care that meets their needs and supports their rights

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### Our judgement

The provider was not meeting this standard.

People did not experience care, treatment and support that met their needs and protected their rights.

We have judged that this has a major impact on people who use the service and have taken enforcement action against this provider. Please see the 'Enforcement action' section within this report.

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### Reasons for our judgement

At our inspection on 13 September 2012 we found there was a risk that care and treatment was not planned and delivered in a way that was intended to ensure people's safety and welfare. We spoke with temporary staff who told us they had not received any formal induction to working in the theatre suite and were not aware of the hospital's policies and procedures. Arrangements were not in place to deal with foreseeable emergencies. We found that essential life-saving medicines were not available in the emergency trolleys in the ward and in the operating rooms.

At our inspection on 07 November 2012 we found that there were insufficient arrangements in place to deal with foreseeable emergencies. The resuscitation trolleys on both the ground and first floor, had checklists for both trolleys that had been completed showing that the contents of the resuscitation trolley and emergency drugs in the ward area of the hospital had been monitored. The checklists were completed on the days that the theatre was operating and staff we spoke with confirmed this was the case. The checks indicated that the trolleys contained all the medicines and equipment that had been listed. However, there was not a defibrillator on the first floor trolley. The trolley on the ground floor contained all the medicines listed, but not the quantities stated and two pieces of equipment were out of date. Staff told us that the defibrillator was not working; therefore the one from the first floor had been placed on the ground floor trolley. This meant that there was no defibrillator on the first floor and therefore if this equipment was required there would be a delay in staff being able to respond in an emergency.

The Belvedere Private Clinic Policy on Anaphylaxis dated November 2012, stated there would be a stock of drugs in case of an individual having an allergic reaction, and that these would be available as an anaphylactic shock drug pack on the emergency trolley.

However, we found that the trolley did contain the named medicines but these had not been packaged together as an anaphylactic shock pack and therefore would not be easily identified in an emergency and was not in line with the provider's policy.

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

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**Our judgement**

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The provider was not meeting this standard.

People were not always protected from the risk of infection because appropriate guidance had not been followed.

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.

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**Reasons for our judgement**

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We found the waiting area, hallways, theatre and recovery rooms in the hospital to be clean at the time of our inspection. However, the registered person did not have in place effective systems to ensure that patients, staff and others were protected from the risk of infection. For example there was no planned program of flushing-through little-used outlets to remove stagnant water to reduce the risk of Legionella infection. A risk assessment for Legionella was not available at the time of our visit and staff we spoke with could not provide confirmation of Legionella testing.

The wash basin sinks in the sluice room which led from the operating theatre were not working at the time of our visit. This raised concerns that staff could enter the sterile theatre zone from the sluice rooms without washing their hands. The hand wash sinks in the recovery rooms were not fit for purpose because there was no warm water and the faucet spouts flowed directly into the drain, which could lead to splash back and increase the risk of cross infection. The sink drains had strainers which were not in accordance with recommended guidance. There were no bins to dispose clinical waste in the recovery rooms.

The hospital had separate colour coded cleaning equipment including mops and buckets to clean specific areas. However, we saw that equipment was stored inappropriately with yellow mops lying in red buckets. Dirty mops and water were seen left lying in buckets in the sluice. This practice increased the risk of the spread of infection.

## Management of medicines

✘ Enforcement action taken

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

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### Our judgement

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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 manage medicines

We have judged that this has a major impact on people who use the service and have taken enforcement action against this provider. Please see the 'Enforcement action' section within this report.

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### Reasons for our judgement

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At our inspection on 13 September we found the provider did not have effective arrangements for the handling of medicines, out-of-date medicines were not disposed of in a timely manner. The provider had failed to have in place an appropriate person as the hospital's Controlled Drugs Accountable Officer (AO) which is a regulatory requirement.

Medicines are not handled safely. At our inspection on 07 November 2012 we found that out-of-date medicines were not disposed appropriately in a timely manner. We found medicines in a cupboard in the recovery room, in the medicines refrigerator and in the anaesthetics room that had expired in October 2012, despite there being a record that medicines had been checked for their expiry dates in October 2012.

The provider did not have effective arrangements in place to manage medicines. For example we found strong potassium chloride injection not stored in accordance with Patient Safety Alert 1051 (2002); it was stored on the resuscitation trolleys, instead of in secure storage away from other similar medicines and in one case these drugs were not in a labelled box. This increased the risk to this medicine being used in error which could endanger the health of people using the service.

There was a copy of the British National Formulary dated March 2008, therefore there was no up-to-date medicines information for nursing staff to refer to. This lack of up to date information may lead to medicines not being administered in the most appropriate way to people.

The proposed registered manager who we spoke with informed us that they had informed the Department of Health of their intention to become the hospital's Controlled Drugs Accountable Officer. However, the provider had not informed the Care Quality Commission of their appointment, which they are required to do.

The standard operating procedures (SOP), which are the formal written operating procedures, required to be in place for the controlled drugs had been updated and the

person named as Accountable Officer was aware of the contents of this document. However, they were not fully aware of their duties under the Safer Management of Controlled Drugs Regulations 2006. For example the person did not know that they had to register with the Care Quality Commission as an Accountable Officer. The controlled drugs were kept in a locked cabinet and a record book was available to record the usage of the medicines. However, there was no record of the AO's monitoring and auditing of the management and use of controlled drugs by relevant individuals and therefore the safe use of these medicines could not be confirmed.

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

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## **Our judgement**

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The provider was not meeting this standard.

People who use the service, staff and visitors were not protected against the risks of unsafe or unsuitable premises.

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.

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## **Reasons for our judgement**

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The provider had not taken steps to provide care in an environment that was suitably designed and adequately maintained. The provider had a fire policy in place which stated that adequate means of escape in case of fire was provided in each patient area and staff workplace, and that doors to control smoke would be kept closed during a fire alarm. The policy available was dated 2004 and the manager told us this was due for renewal. On 06 September 2012 a fire inspection by a fire officer took place at the hospital and an action plan was produced by the fire officer. The report stated that "most of the doors in the hospital are not fire doors" and that it was recommended by the fire officer that the doors were changed to comply with fire regulations. The inspection report also noted that there needed for a fire evacuation sheet or chair to be in place and a risk assessment completed for all patients staying overnight at the service. On our inspection of 07 November 2012 the manager confirmed that no action had been taken in relation to this fire inspection report. A member of staff told us that there was no equipment available in order to evacuate people from the upstairs rooms in event of a fire and that staff would need to use bed sheets to do so. This lack of action taken following the fire inspection placed patients and staff at risk in the event of a fire.

There was a medical gas pipeline system installed. This was suitable for the size of the premises. The medical gas cylinders were all in date and stored in secure facilities, but the cylinders were not handled in accordance with Health Technical Memorandum 02-01 which presented a risk of harm to staff. The provider was aware of this memorandum and was in the process of making the required arrangements to ensure that the cylinders were handled safely.

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

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## **Our judgement**

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The provider was not meeting this standard.

People were not always cared for, or supported by, suitably qualified, skilled and experienced staff.

We have judged that this has a major impact on people who use the service. This is being followed up and we will report on any action when it is complete.

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## **Reasons for our judgement**

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When we inspected the service on 13 September 2012 we found that appropriate checks were not made on all staff before they started work at the hospital. The provider had not undertaken a criminal records bureau (CRB) check for some of the staff before they started at the hospital. The provider wrote to us and told us they would take action on this issue.

When we inspected the service on 07 November 2012, there was no evidence that appropriate checks were always undertaken before staff began work. Although the provider had made some progress with ensuring staff had a CRB checks this had not been completed for all staff. For example we found that a staff member was working unsupervised overnight at the hospital without a CRB check having been received back by the hospital. The manager confirmed that it was hospital policy to obtain a CRB check before a person started work at the hospital but in this case the CRB check had not yet been returned.

There was no risk assessment or policy in place to ensure that only suitable people were employed by the service and that people's continued suitability to be employed was monitored. For example we found that a member of staff had been employed who did not have a clear CRB check and there was no risk assessment to demonstrate that people were not placed at risk.

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

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## Our judgement

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The provider was not meeting this standard.

There were not enough qualified, skilled and experienced staff to meet people's needs.

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.

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## Reasons for our judgement

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There were not enough qualified, skilled and experienced staff to meet people's needs. A person had required an overnight admission at the hospital following their surgery. We were told by staff that it was normal practice that a Responsible Medical Officer (RMO) would remain on site at all times when a person was admitted to the hospital. This was confirmed in a document provided by staff which stated the roles and responsibilities of the RMO and included providing "a twenty four hour medical service within the hospital or as long as patient's remain on hospital". On the day of our inspection staff told us that there had been no RMO cover over night on 06 November 2012 to support the care needs and monitoring of two people who had required an overnight stay following their surgery. Staff said that the RMO that had been booked via the agency but had not arrived and this had been reported to senior management but no alternative cover had been found. On the day of our inspection there was also no RMO on duty until 12:00 and therefore no adequate medical cover for patients recovering from surgical procedures within the ward areas.

On the 06 November 2012 only one qualified nurse was documented as working a long day on the rota for the ward. This nurse told us they were absent from the hospital for two to three hours and also used some time to rest during the shift in preparation for a night shift. This nurse was the only staff member recorded on the ward rota as being on duty at that time. We were told by the manager that there had been sufficient numbers of staff on duty on the 06 November 2012 to cover any meal breaks or absences from the ward but they could not present us with evidence to demonstrate this was the case.

The manager told us that they did not organise or take responsibility for the ward or theatre duty rota, and that staff were able to identify their own working patterns in line with the needs of the hospital. However there was no policy or risk assessment in place regarding the reliability of this method of allocating shifts. The manager also had to guess at what the term 'LD' stood for on the rota, which meant a staff member worked 8 am until 8pm. This meant that the manager was not able to adequately monitor the number of appropriately skilled and experienced staff on duty at any given time, and therefore identify and correct any skills shortage.

We saw from the duty rota that a member of staff was allocated to cover two duty shifts from 08.00 on 06 November 2012 until 08.00 on 07 November 2012. This indicated that a

twenty four hour period was being covered by one member of staff and we confirmed at inspection that this staff member in fact worked until 15.40 on 07 November 2012. This meant that the staff member had been on duty for 31 hours and 40 minutes, and for fourteen hours was the most senior person on duty. The manager confirmed that a member of staff working these hours would be overworked.

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

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## Our judgement

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The provider was not meeting this standard.

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

We have judged that this has a major impact on people who use the service. This is being followed up and we will report on any action when it is complete.

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## Reasons for our judgement

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At our inspection on 13 September 2012 we found records were not always kept securely. We found an operating list for the day of our inspection which contained personal details about people in a public area. We also found that the treatment files of people using the service were left in an open office and not stored securely. The provider wrote to us and told us they had purchased a lockable records cabinet and that records were stored securely.

At our inspection of the service on 07 November 2012 we found people's treatment files were not stored securely. A file was open on the desk of an unattended office with an open door and other files were placed in the records cabinet which was not locked. The service had not complied with the data protection act 1998 and Criminal Records Bureau (CRB) checks were retained in staff files instead of being disposed of appropriately once the provider was satisfied with the content of the CRB check.

Records were not accurate and fit for purpose. For example the front sheet of a person's inpatient prescription chart had not been completed with details of their drug allergy. The person's drug allergy was recorded in another part of their file, and the information was missing from the prescription chart and therefore not available immediately to staff prescribing or administering medication. This increased the risk of a person receiving unsuitable medication.

Staff records and other records relevant to the management of the services were not all accurate and fit for purpose. The signing in and out records did not accurately represent the movements of staff during a shift. For example a staff member informed us they had left the hospital for a period of around two to three hours on the afternoon of the 06 November 2012. However this absence was not recorded on the hospital's system for signing in and out. Another staff member had signed in at 19.30 on the 06 November 2012 but there was no record of their signing out the next day although we were told they had worked a night shift and had left the hospital on the morning of the 07 November 2012. The manager confirmed that they had given staff training on the signing in and out system

but it was not clear if the training had included information about the length of absence for which the system should be used. The manager confirmed there was no policy in place which informed staff when to use the system. This meant that there was a risk that staff could not be held accountable for any issues regarding a person's care and also that there was no accurate record of the number of people in the building in the event of fire.

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 activity	Regulation
Surgical procedures	<p><b>Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010</b></p> <p><b>Cleanliness and infection control</b></p>
	<p><b>How the regulation was not being met:</b></p> <p>The provider did not, so far as was reasonably practicable, ensure that service users, staff and others who may be at risk of exposure to a health care associated infection arising from the carrying on of the regulated activity, were protected against identifiable risks of acquiring such an infection. Regulation 12 (1) (a) (b) (c), (2) (a) (c) (i)).</p>
Regulated activity	Regulation
Surgical procedures	<p><b>Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010</b></p> <p><b>Safety and suitability of premises</b></p>
	<p><b>How the regulation was not being met:</b></p> <p>The provider had not ensured that service users and others having access to premises where a regulated activity is carried on are protected against the risks associated with unsafe or unsuitable premises, by means of adequate maintenance . Regulation 15 (1) (c).</p>
Regulated activity	Regulation

This section is primarily information for the provider

Surgical procedures	<b>Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010</b>
	<b>Staffing</b>  <b>How the regulation was not being met:</b>  In order to safeguard the health, safety and welfare of service users, the provider must take appropriate steps to ensure that, at all times, there are sufficient numbers of suitably qualified, skilled and experienced persons employed for the purposes of carrying on the regulated activity.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

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.

This section is primarily information for the provider

**✘ Enforcement action we have taken to protect the health, safety and welfare of people using this service**

## Enforcement actions we have taken

The table below shows enforcement action we have taken because the provider was not meeting the essential standards of quality and safety (or parts of the standards) as shown below.

<b>Imposition of condition of registration</b>	
This action has been taken in relation to:	
Regulated activity	Regulation or section of the Act
Surgical procedures	<b>Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010</b>
	<b>Care and welfare of people who use services</b>
	<p><b>How the regulation was not being met:</b></p> <p>The provider did not have procedures in place for dealing with emergencies which are reasonably expected to arise from time to time and which would, if they arose, affect, or be likely to affect, the provision of services, in order to mitigate the risks arising from such emergencies to service users. Regulation 9, Care and Welfare (2)</p>
<b>Imposition of condition of registration</b>	
This action has been taken in relation to:	
Regulated activity	Regulation or section of the Act
Surgical procedures	<b>Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010</b>
	<b>Management of medicines</b>
	<b>How the regulation was not being met:</b>

**This section is primarily information for the provider**

	<p>The provider did not protect service users against the risks associated with the unsafe use and management of medicines, by means of the making of appropriate arrangements for the obtaining, recording, handling, using, safe keeping, dispensing, safe administration and disposal of medicines used for the purposes of the regulated activity. Regulation 13.</p>
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For more information about the enforcement action we can take, please see our *Enforcement policy* on our website.

## About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

## How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

**✓ Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

**✗ Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

**✗ Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

## How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

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**Minor impact** - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

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**Moderate impact** - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

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**Major impact** - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

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We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

## Glossary of terms we use in this report

### Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

### Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

## Glossary of terms we use in this report (continued)

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### **(Registered) Provider**

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There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

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### **Regulations**

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We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

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### **Responsive inspection**

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This is carried out at any time in relation to identified concerns.

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### **Routine inspection**

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This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

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### **Themed inspection**

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This is targeted to look at specific standards, sectors or types of care.

## Contact us

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Phone: 03000 616161

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Email: [enquiries@ccq.org.uk](mailto:enquiries@ccq.org.uk)

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Write to us  
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NE1 4PA

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Website: [www.cqc.org.uk](http://www.cqc.org.uk)

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