

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

Quest Haven Limited - 31 High Street

Horsell Village, Woking, GU21 4UR

Tel: 01483757995

Date of Inspection: 23 April 2014

Date of Publication: June 2014

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

| | | |
|--|---|-------------------|
| Respecting and involving people who use services | ✓ | Met this standard |
| Care and welfare of people who use services | ✓ | Met this standard |
| Management of medicines | ✓ | Met this standard |
| Safety and suitability of premises | ✗ | Action needed |
| Staffing | ✓ | Met this standard |
| Assessing and monitoring the quality of service provision | ✓ | Met this standard |

Details about this location

| | |
|-------------------------|---|
| Registered Provider | Quest Haven Limited |
| Registered Manager | Mr Isaac Asafoatse Tagoe |
| Overview of the service | Quest Haven is a small home for three people who have a learning disability and /or mental health needs. |
| Type of service | Care home service without nursing |
| Regulated activities | Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury |

Contents

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

| | Page |
|---|------|
| <hr/> | |
| Summary of this inspection: | |
| Why we carried out this inspection | 4 |
| How we carried out this inspection | 4 |
| What people told us and what we found | 4 |
| What we have told the provider to do | 5 |
| More information about the provider | 5 |
| <hr/> | |
| Our judgements for each standard inspected: | |
| Respecting and involving people who use services | 6 |
| Care and welfare of people who use services | 8 |
| Management of medicines | 10 |
| Safety and suitability of premises | 12 |
| Staffing | 14 |
| Assessing and monitoring the quality of service provision | 15 |
| <hr/> | |
| Information primarily for the provider: | |
| Action we have told the provider to take | 17 |
| <hr/> | |
| About CQC Inspections | 18 |
| <hr/> | |
| How we define our judgements | 19 |
| <hr/> | |
| Glossary of terms we use in this report | 21 |
| <hr/> | |
| Contact us | 23 |

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 April 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 and talked with staff.

What people told us and what we found

This inspection was undertaken by one inspector. We looked at five outcomes that would help us to answer five questions; Is the service Caring? Is the service responsive? Is the service safe? Is the service effective? Is the service well led?

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

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

Is the service safe?

People are treated with respect and dignity by the staff. People told us that they felt safe living at the service.

Systems were in place to make sure that people received their medicines safely, that the registered manager and staff learn from events such as accidents and incidents, complaints, concerns and investigations.

The registered manager sets the staff rotas to show they take people's care needs into account when making decisions about the numbers, qualifications, skills and experience required. This helps to ensure that people's needs are always met.

We noted that the environment was in need of attention to the décor and the carpets were badly stained. This did not ensure that people lived in an environment that is suitably designed and adequately maintained.

Is the service effective?

People's health and care needs were assessed and they and their relatives were involved

in annual reviews of care plans.

Is the service caring?

People were supported by kind and attentive staff. We saw that staff were patient and gave encouragement when they supported people. People told us, "Staff always help me, they are here all the time." People told us that the staff were very good.

The registered manager and staff told us that people who use the service, their relatives and associated professionals completed annual satisfaction surveys. One person who used the service told us they had completed a questionnaire.

People's preferences, interests, aspiration and diverse needs had been recorded and care and support had been provided in accordance with people's wishes.

Is the service responsive?

People completed a range of activities in and outside the service regularly. People said they could make choices about the activities they wanted to do. Records showed that people had access to all the healthcare professionals as and when required.

Is the service well-led?

The service has a system in place to monitor the quality of the service provided. We saw that the service maintained records of accidents and incidents. We saw that the registered manager had a book to record complaints received at the service. We saw that no complaints had been received.

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

What we have told the provider to do

We have asked the provider to send us a report by 19 June 2014, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

More information about the provider

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

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

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

Reasons for our judgement

People were supported in promoting their independence and community involvement.

We had discussion with people who used the service during our visit. People told us that they made decisions for themselves. For example, one person told us, "I go to bed at night and get up when I want to." Another person told us that they got up at 7:00 am every morning. They stated, "This is my choice."

One person told us that staff helped them to do things for themselves. For example, they told us that they were able to get their own breakfast. They also told us that staff helped them when they needed help. For example, one person told us, "Staff helped me with my shaving and having a bath, but only when I need the help." This meant that staff promoted people's independence and provided support as and when they needed it.

Staff told us that they respected the privacy and dignity of each person who used the service and they attended to the personal care needs in a way that protected their modesty. Staff told us that personal care needs would be undertaken in the privacy of people's bedrooms or bathroom with the doors closed. On the morning of our inspection visit we saw that a member of staff was providing personal care to one person in the bathroom with the door closed. Staff told us that they knocked on bedroom doors before entering and they called people by their preferred names. This meant that people's privacy and dignity was respected by staff. We noted that one person did not have a door for their bedroom, this was their choice. We asked the registered manager and staff how the person's privacy and dignity was maintained. They told us that the lounge door was kept closed and all personal care was attended to in the bathroom with the door closed. We noted that this information had been discussed and documented in the person's annual review.

Staff told us that people who used the service made choices every day. For example, they could choose the meals they would like to eat, the time they wished to go to bed and get up in the mornings and the daily activities they would like to take part in. This was

confirmed during discussions with two people who used the service. This meant that people could express their views, so far as they were able to, and were involved in making decisions about their care, treatment and support.

Staff told us that two people attended day centres, one of whom went every day. We were informed that they were working with another person's care manager to find an alternative day centre for them as their current placement had failed. We saw evidence that this was in the process of being actioned.

The registered manager told us that people who used the service had a weekly activity programme; however, this had to be flexible due to the needs of people as they would often change their minds about their activities on a particular day. We saw copies of these activities during our visit. We saw in the daily notes maintained by staff that activities undertaken were recorded. People told us that they did lots of activities. For example, they told us that they attended a weekly social club, went out to the local parks, shopping, restaurants and pubs. One person told us that they preferred to listen to their music during the day. Another person told us that they liked reading books and they showed us the large collection of books they had in their bedroom. People told us that they could go to church if they chose to. This was confirmed during discussions with the registered manager and staff at the service. This meant that people were able to access and be included in the local community and they were supported to practice their religion as and when they requested.

During our inspection we saw staff interacting with people in a courteous manner, offering them choices and support and calling people by their preferred names. For example, one person was in an agitated mood when they returned from an external activity. Staff offered them the choice of relaxing in a cool bath or writing about their feelings as per the protocol in their care file.

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.

People told us that they knew they had a care plan. One person told us, "It tells staff what I like and do not like."

We looked at two people's care files during our visit. Each care file included a personal information sheet in relation to the person's next of kin and General Practitioner (GP) contact details. We saw that people had an assessment of their needs undertaken before they commenced using the service.

We saw that each person had care plans that were referred to as "Care Protocols". These included information in relation to how the needs of the people should be attended to. For example, they included protocols in relation to daily living skills, personal hygiene, dress, appearance, social interaction and communication. We saw that the protocols had been individualised to meet people's needs. For example, one person had a protocol in relation to brushing their teeth; another person had one specifically to for helping them to express their emotions. This informed that the person should be encouraged to write and /or draw about what they were feeling. We observed this being implemented with the person during our visit. We saw that the care protocols were reviewed every month and they included short and long term goals for the person. This meant that the registered manager and staff documented any changes in the assessed needs of the person and that support would be provided to ensure that the changing needs would be met.

During discussions, staff told us that the monthly reviews were undertaken with the person. The registered manager and staff told us that relatives were included in the initial development of the care protocols and that relatives were invited to attend the annual reviews. We saw evidence of this during our visit. We also saw in the visitors book maintained at the service that people's relatives visited the home.

We saw that monthly weights and records of health care appointments were maintained in the care files we looked at.

In the care files we looked at we saw booklets entitled "All about me." These were specific to the individual person and used both words and pictures that enabled the person to gain a better understanding of the contents. These were produced with the person. They provided information that was specific to that person. For example, it included the person's likes, dislikes, preferences and the things that made them happy and not so happy. It also included a relationship circle that told about the people who were important to them. For example, their family members, relatives and friends.

We saw that risk assessments had been produced. For example, behaviour that may present potential risks. We found that risk assessments included information in relation to the indicators and the triggers that would start the risk and strategies to minimise this risk.

We saw that the service had an emergency and crisis policy in place for dealing with emergencies that could affect the house the care of people who used the service. For example, there was guidance in relation to fire, serious illness, extreme weather, flooding and falling trees. The manager told us that people could be evacuated to the sister home that is very close to the service if such an emergency arose. This meant that the disruption to the care and welfare of people would be minimised.

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

Appropriate arrangements were in place in relation to the recording of medicines.

People we had discussions with told us that they always received their medicines at the appropriate time. They told us they knew what their medicine was for. One person told us exactly what their medicine was for and they stated, "I take every night and staff always give it to me."

We looked at medicine management to check if safe systems were in place for people's medicines. The registered manager told us that he checks the 'medication' administration records (MAR) every morning to ensure there had been no omissions or errors. The registered manager also told us that he took responsibility to order, receive and check that all required and prescribed medicines were available for people every month.

We looked at medicine management systems and records. The service used blister packs that were prepared at the local pharmacy. The service had good facility to allow safe storage of medicines. All medicines were kept locked in a metal cabinet that was secured to a wall. There was one key for the medicine cabinet that was held by the team leader on each shift. This meant that medicines were stored safely.

We looked at the medicine administration records (MAR) sheets for people who used the service. We saw that the quantities of medicines received had been recorded. We saw that the service used the printed MAR sheets that were provided by the local pharmacy. We noted that there were no omissions in the records we looked at. This meant that people received the medicines as prescribed by their doctor.

We saw that each person had a written PRN [medicines to be taken as required] medication protocol that were kept in their care files and with the MAR records. These provided information to staff about the person taking the medicine, the type of medicine, maximum dose and reason for taking the medicine, and any possible side effects to be aware of. This meant that people would receive their PRN medicines in a consistent way.

During discussions the manager and staff told that only staff who had undertaken the

medicine training was allowed to administer the medicines. We were told that the local pharmacist had provided training and that staff also undertake on line training. Both these involved written tests to check their understanding. We sampled three staff training records. We saw that they had received training in relation to medicines, however, we noted that one member of staff required their training to be updated. The registered manager confirmed in writing to us that this person would attend the refresher training on the 18 May 2014.

We saw records that evidenced that medication was audited by a pharmacist on an annual basis and a comprehensive report was produced. We saw that the last visit was undertaken in August 2013. No issues in relation to the safe storage, recording and administration of medicines had been identified. We saw records for medicines ordered, received, administered and returned to the pharmacy were kept. This meant that the provider ensured people's medication was securely stored and that they received the medication that had been prescribed by their GP.

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

Our judgement

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 minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

The provider had not taken steps to provide care in an environment that is suitably designed and adequately maintained.

People we spoke with told us that they liked living at the home. They told us that they liked their bedrooms as they could spend time in them listening to music or doing whatever they wanted to do. Two people showed us their bedrooms and the things they had in them.

We undertook a tour of the premises. The home is a bungalow that consisted of three individual bedrooms. Each bedroom had a wash hand basin, bed, and chest of drawers, seating and personal items. There was a communal lounge with a television, music stereo system and comfortable seating. We noted that the lounge had photographs displayed showing various activities people had taken part in. There was a bathroom, toilet, kitchen and dining room. An office was located next to one of the bedrooms.

We noted that the décor of the home was worn and that fixtures and fittings required either repairing or replacing. We noted that all the carpets had heavy stains and marks, especially the carpet in the dining room. The hand wash basins in each of the bedrooms were stained especially around the taps and the plug holes.

We noted that the curtains had come adrift in one bedroom. In another bedroom the ceiling had a crack across it and the wall by the curtain rail had a long crack in the plaster work. The paint work on the walls had cracks. We noted in one bedroom and the lounge that the net curtains had rips in them.

We noted in the kitchen that the sink tap was continuously running as it could not be turned off, there was water damage to a work surface and the fluorescent light cover had not been cleaned.

This meant that people who use the service, staff and visitors were not protected against

the risks of unsafe or unsuitable premises.

One person's bedroom did not have a door or any doors on the cupboards. The registered manager and staff informed us that the person rips them off as they do not like having any doors. The person whose bedroom this was confirmed this to us. They told they did not like doors. The registered manager told us that the person knows what they have to do when the fire alarms sound. We noted that there was another fire door between this bedroom and the high risk area of the kitchen. We asked the registered manager if a fire risk assessment had been specifically written for this issue. They told us that one would be written and they forward a copy to us.

The registered manager told us that they had new carpets stored at another home and they were waiting for someone to come and fit them. We were told that planning permission was being sought to extend part of the home and to upgrade the bedrooms with en-suite facilities. The registered manager told us that plans were in place for the redecoration of the home but these were held at the organisation's head office. We asked for these to be forwarded to us. We saw in the monthly audits that the director had identified issues in relation to the environment and that they had submitted the building plans to the local authority. We saw it recorded in the April 2014 audit that the director was to meet with the builders for quotes in the coming months with a view of starting the works in the summer. This was subject to planning permission. There were no specific dates for attending to the shortfalls in the environment.

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

People who used the service told us that there were enough staff on duty at all times. One person told us, "Staff always help me; they are here all the time." People told us that the staff were very nice.

The registered manager told us that there were two members of staff on duty during the morning shift and two on the afternoon to attend to the needs of the three people currently living at the service. We were told that a member of staff escorted one person to their day centre activity every day. This was confirmed during discussions with staff and the viewing of the duty rota. The registered manager told us that he was supernumerary to the staff on the duty rota.

Staff told us that they believed there were enough staff on duty at all times to meet the assessed needs of people who used the service. They told us that every night there was one waking night staff on duty. Staff told us that they did not use agency staff and that the staff team would cover any staff absences due to sick leave. This meant that there were sufficient numbers of staff on duty who knew people and how to attend to their assessed needs.

During our inspection visit we observed staff interacting with people in a courteous and professional manner. They were calling people by their preferred names and provided support to people as and when required.

The registered manager informed us that all staff had attended their mandatory training. Records of training seen during a previous inspection visit confirmed this.

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

During discussions two people told us that they attended residents meetings. They told us that they were attending a meeting today at the other home that was close by. We looked at the minutes of the last residents meeting. We noted that people who used the service had put forward requests that they would like. For example, we saw that two people had requested to go out on the local buses and that bus passes had been obtained for them. Another person had requested that they would like to have a daily newspaper. This person told us that they bought their newspaper every day. The registered manager told us that the meeting today was combined with a staff meeting that people from both services attended to put their views across. We saw that an agenda had been written. One of the topics for this was to discuss holidays for this year.

We saw that the service maintained records of accidents and incidents. Since the last inspection there had been one minor accident that had been recorded and discussed with staff. We noted that the service maintained an "ABC Incident Analysis Form." This recorded incidents when people had displayed challenging behaviours. For example, it recorded and analysed what led to the behaviour, any influencing factors and how staff and people at the service responded at the time. It also provided de-briefing immediately after the incident. All incidents were reviewed at the next staff meeting. This meant that there were opportunities for staff to disseminate and learn from accidents and incidents.

We saw that the registered manager maintained a record of complaints received at the service. We saw that no complaints had been received. This meant that the provider would take account of and monitor complaints and comments to improve the service.

We saw that risk assessments around health and safety had been completed and reviewed. For example, risks in relation to the kitchen area, lounge, bedrooms, and the use of the garden. Care protocols to protect people from harm were also in place and being reviewed every month. This showed us that the provider was identifying, assessing

and monitoring risks relating to the health welfare and safety of people and others using the service.

We saw that checks in relation to health and safety monitoring of equipment used at the service had been undertaken. For example, the portable appliance testing (PAT) had been undertaken on the 13 February 2014, gas safety had been undertaken on the 13 September 2013 and the fire protection inspection had been undertaken on the 9 December 2013. We saw records that the water temperatures were checked on a weekly basis and the fridge and freezer records were maintained on a daily basis.

We saw that survey to ascertain the views of relatives had been undertaken in January 2013 and February 2014. We noted that the comments were positive about the service.

The manager told us that the organisation undertook monthly quality assurance audits to monitor the service provision. We were told that these were held at the organisation's office. We asked for these to be forwarded to us. We received copies of these audits. We saw that the audits undertaken had included talking to people who used the service and to staff to ascertain their views. They also included checking records maintained at the service. For example, care protocols, daily reports, medication, activities, water temperatures and the environment. This showed us that the organisation undertook monthly quality audits to assess and monitor the quality of service provision. The provider may find it useful to note that all records pertaining to the regulated activity should be maintained at the service for inspection purposes.

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 |
|--|---|
| Accommodation for persons who require nursing or personal care | Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010 Safety and suitability of premises |
| | How the regulation was not being met: The registered person must ensure 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 and, where applicable, operation of the premises and use of surrounding grounds which are owned or occupied by the service provider in connection with the carrying on of the regulated activity. Regulation 15 (1) (c) (i) (ii) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2009. |

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

The provider's report should be sent to us by 19 June 2014.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

About CQC inspections

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

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

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

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of 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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