

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

## New Boundaries Group - 331 Fakenham Road

Taverham, Norwich, NR8 6LG

Tel: 01603868880

Date of Inspection: 24 September 2014

Date of Publication:  
December 2014

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

<b>Respecting and involving people who use services</b>	✓	Met this standard
<b>Care and welfare of people who use services</b>	✓	Met this standard
<b>Management of medicines</b>	✗	Action needed
<b>Requirements relating to workers</b>	✓	Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓	Met this standard

## Details about this location

Registered Provider	New Boundaries Community Services Limited
Registered Manager	Mrs Laura Anne Turner
Overview of the service	New Boundaries Group - 331 Fakenham Road, is run by New Boundaries Community Services Limited. It provides care and support to a maximum of five people with learning disabilities.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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*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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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.

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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 24 September 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 reviewed information given to us by the provider.

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### What people told us and what we found

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This inspection was carried out by a single inspector. Four people were using the service at the time of our inspection. As part of our inspection we spoke with three people who were receiving support, three relatives, the manager, and four staff working at the service. A registered manager was in post at this service. We also observed people receiving support and looked at the support plans for three people. We used the evidence collected during our inspection to answer five questions.

Is the service safe?

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

Risk assessments regarding people's individual activities were carried out and measures were in place to minimise these risks.

People were cared for, or supported by, suitably qualified, skilled and experienced staff. Appropriate checks were undertaken before staff began work.

The provider had a system in place to demonstrate that they had given consideration to whether each person using the service had the capacity to make decisions about their day to day care under the Mental Capacity Act (2005). The Mental Capacity Act is a law which requires an assessment to be made to determine whether a person can make a specific decision at the time it needs to be made. It also requires that any decision made on someone's behalf is recorded, including the reasons why it has been made, how the person's wishes have affected the decision and how they were involved in the decision making process. The provider was taking appropriate action to ensure that people's rights were protected by appropriate consideration and use of the Mental Capacity Act and the Deprivation of Liberty Safeguards.

Is the service effective?

People we spoke with told us that they were happy with the service which they received. The relative we spoke with told us that the service met the needs of their family member.

Staff were knowledgeable about people's individual health and wellbeing needs. They worked closely with health professionals to ensure that people's needs were met.

The care plans were personal to each individual and were reviewed on a regular basis. Assessments of any potential risks to people had been carried out and measures put in place to reduce the risks.

Staff told us they received a very good level of training and felt equipped to undertake their role at the service. Staff expressed some concerns about the level of staffing at the service, as on some occasions, the service was supported with staff who did not usually work at the service.

Is the service caring?

People who used the service told us that they liked the staff and they thought they were friendly and caring. We saw that people had a positive relationship with the staff who supported them. We spoke with three relatives who said that they found the staff to be caring and felt they understood the needs of their family member.

We observed how staff spoke with people using the service and how they supported people. We saw that this was done in a respectful way. We saw that staff were friendly and approachable and encouraged people to be independent. Staff supported people to engage in meaningful activities. We saw that people were involved in making choices about various aspects of their daily life.

Is the service responsive?

People's individual physical, emotional, psychological and social care and support needs were assessed and met. This included people's individual choices and preferences as to what they would like to eat and how they liked to spend their day.

People's needs and care plans were regularly reviewed by the staff and management at the home. Referrals were made to health professionals to ensure that people received appropriate support by people with the most appropriate knowledge and skills.

Support plans included information on people's likes and dislikes and their preferences, to ensure care and support was delivered taking into account their personal preferences. The staff we spoke with told us they were trained to do their job and knew how to meet the needs of people using the service.

People participated in a range of activities which suited their individual choice. They were supported to participate in activities within the local community. Staff promoted the independence of people who used the service.

Is the service well led?

The service had a registered manager in place. The manager had been in post for about six months prior to the inspection.

Staff told us that on some occasions they did not feel supported by the management team

and the provider. They said they did not always feel listened to and felt that support could be improved. Over the previous months there had been many changes at the service and staff felt unsettled.

Staff told us they received regular supervisions and appraisal meetings. We saw evidence of notes of these kinds of meetings.

The relatives we spoke with told us they felt the service was well-managed. They said they were confident to raise any concerns or complaints they had with the manager. The manager and staff maintained positive and frequent contact with relatives of people who used the service.

The provider had effective quality assurance and audit systems in place to monitor the service and ensure improvements were made where necessary.

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 10 January 2015, 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.

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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

**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

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### Our judgement

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The provider was meeting this standard.

People's privacy, dignity and independence were respected

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### Reasons for our judgement

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We spoke with three people who used the service. They communicated that they felt staff spoke with them in a polite and friendly manner. They said they had opportunities to make choices and to be involved in decisions about various aspects of their lives. One person said, "The staff talk to me respectfully." We also spoke with three relatives. They all told us they thought staff talked with their family members in a respectful way.

We spoke with four members of staff. Staff described how they treated people who used the service with respect and how they involved people. They spoke about developing trust and positive relationships with people. One member of staff told us that a meeting was held every Sunday with people who used the service and the choice of menu options was discussed. They told us that people were encouraged to assist with meal preparation. We noted that staff did not enter people's bedrooms or allow others to enter without permission of the occupant. This meant that staff showed respect to people who used the service.

Staff told us how they gathered information from each person to include in their care plans, so that staff knew about people's likes and dislikes and their interests. Staff asked people how they would like the service to be provided and which activities they wished to be involved in. They told us they spoke with people's family members to gather further background information. We saw that people had been involved in signing their care plans to show they had given their consent to their plan of care and support. People were involved in planning their care and support.

One member of staff said, "I talk to people who use the service with respect and with patience and I support them in a way which helps them to keep their dignity. I pro-actively ask them their views and the choices they want to make." Another member of staff said, "I show respect to people by treating people as I expect to be treated myself and how I expect my own family members to be treated." People's privacy, dignity and independence were respected.

Staff told us that they believed they worked very hard at respecting and involving people. They told us they spent a lot of time talking with people and listening to their views. People

were involved in planning their care and support and encouraged to maintain their independence where possible.

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

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**Our judgement**

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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.

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**Reasons for our judgement**

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During our visit we spoke with three people who used the service. Everyone communicated that they liked the staff and were positive about the support which they received. One person showed us their bedroom. They told us they were satisfied with their room and said, "I like it here". One relative said, "My family member tells me they like living there."

We observed that staff provided support to people in a very caring and friendly manner and spoke to people in an encouraging way. They supported people in a way which promoted their independence. We spoke with three relatives. All of them were satisfied with the support provided. One relative said, "The staff are lovely." Another relative said, "The staff are very good."

We spoke with three people about the variety of activities which they were involved with outside of the service. They said the staff supported them to do the activities they wanted to do. The relatives we spoke with were satisfied overall with the level of activities which their family members were involved with. One relative said, "My family member goes out a lot. They keep them fairly well occupied." Another relative said, "In that unit it is difficult for staff to find things for my family member to do." The documentation we looked at showed that each person had a clear activities plan for the week ahead. This meant that people's needs were met and they were supported to engage in meaningful activities which they enjoyed, in the wider community.

We looked at three support plans. The plans showed that people's needs had been fully assessed and included information on their psychological, emotional and physical health support needs. Plans included information on how to de-escalate difficult situations when people were exhibiting challenging behaviour. We saw that assessment information from a range of professionals, such as a social worker, a psychiatrist and a community psychiatric nurse, had been included in individual's support plans. Important information about hospital visits and assessments had also been included. We noted that support plans and planning meetings included discussion about the use of the Mental Capacity Act. The information we saw was detailed and comprehensive. We saw that the documentation demonstrated a person-centred approach to care. People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

We found that risk assessments had been completed for issues such as personal care, managing health conditions, cooking and going out alone. We saw that notes of planning meetings were also made available in picture format for people who used the service. This meant that care and treatment was planned and delivered in a way that ensured people's safety and welfare.

We spoke with four staff who supported people at the service. Staff spoke knowledgeably and with sensitivity about the needs of people who used the service. They told us that they enjoyed their job. However, some staff expressed concerns about the requirement from the provider to work in the linked service location next door. They felt they did not currently know the needs of these people very well and did not feel completely confident about providing them with support. They told us that the staff who usually supported them had a better understanding of their needs. They expressed some concerns that this could impact on the level of care provided. Some staff mentioned they felt the management team and the provider did not always listen to their views on how best to meet the needs of each individual person using the service. Some staff told us they felt unsettled due to the number of changes happening at the service. They also said they felt they worked well together. One member of staff said, "The staff group are very good." One relative we spoke with said, "They do have lots of changes staff wise." Overall, care and treatment was planned and delivered in a way that was intended to ensure people's safety.

The manager informed us that staff lived within a reasonable distance of the service and that in the event of an emergency it would be possible for additional staff to come to work in the service. They said the provider would use staff from other services to help support in an emergency. Agency staff would also be used to provide support. This meant there were arrangements in place to deal with foreseeable emergencies.

**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 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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People were not protected against the risks associated with the administration of medicines because the provider did not have appropriate arrangements in place to manage medicines safely.

We saw that the provider had policies and procedures which explained how to administer medicines and how to manage all aspects of medication. These were available in the office for staff to read. We saw that the expectation of the provider was that staff would sign to say they had read the procedures. However we could not find a clear and up to date list to show that all staff had read the procedures on medicines administration. The provider maintained a list of named staff who had been trained to administer medicines and a signature authentication record. We saw training lists which showed that all staff had received training in medicines administration. This meant that only staff who had received appropriate training administered medicines.

We looked at medication administration records (known as MAR charts) and saw that these had been appropriately signed by staff to record each dose of medicine that had been given to people using the service. A daily audit was undertaken to check that each member of staff who had administered medication had signed the chart correctly. We saw that each person's MAR chart had a photograph of the person at the front of their chart. There was a written list of medication at the front of each person's file. We noted that each person had signed a consent from agreeing to the administration of their medicines by staff. We were informed that no one using the service had been prescribed a controlled drug at the time of our inspection visit. The provider had a system for recording the administration of homely remedies when this was the choice of the person using the service. The manager informed us that policy of the service was to encourage people to visit their doctor to request a prescription medicine rather than use a homely remedy. This meant that medicines were administered safely.

We saw that medication was stored in a locked cupboard. The provider maintained a record of the temperature of the room and the temperature of the medicines cabinet.

However, the room where the medication cupboard was located, was also used as the staff sleeping room. The room was unlocked at the time of our inspection visit. This meant that the medicines room was accessible by people other than those authorised to administer medicines.

We saw that, on most occasions, the provider maintained an appropriate system for recording the receipt of medicines from the pharmacist. However, we noted that one item of medication for one person had not been signed in on one occasion when received. We saw that one part of another person's medication delivery, which was for their weekend home visit, had not been appropriately recorded when delivered to the service. We also found that, on some occasions, when people had returned from visits to their family home, the amount of their medication being returned to the service had not been fully checked back in. The return of this medicine had not always been signed for and dated by staff. This meant that appropriate arrangements were not in place in relation to the recording of receipt of medicines.

The provider had a policy with regard to the administration of PRN medicines (known as, given when required). However, we observed there was a lack of clarity with regard to one element of this policy. A new form had recently been introduced to the service which was specifically for recording the removal of PRN medication from the premises if a person using the service was engaging in activities outside of the services. This form was also used to record the administration of PRN medication, when this had been necessary. We saw that some staff were using this form. However, some staff were also using the person's MAR chart for this purpose and removing the MAR chart from the service. All medication administered was recorded by staff on the MAR chart, but some staff were not taking it out with them, and recording it when they returned. This meant that staff were unclear as to the policy of the provider regarding the documentation to use, to record the administration of PRN medication, when away from the service. The manager informed us that the issue of lack of clarity regarding which form staff should use for this purpose was due to be discussed at a provider management meeting in the near future.

We found a number of errors with regard to the system of recording of medication being returned to the pharmacist. We observed a range of medication which had been locked in a filing cabinet in the medicines room, awaiting return. The cabinet had not been labelled to state that it contained medication. Some of the medication had been left in the cabinet, waiting to be returned, for several months. Not all the medication awaiting return had been clearly labelled in the cabinet. The medication in the cabinet had not been recorded into the medication returns record book. We looked at the medication returns record book. Some of the entries had not been fully completed. Some of the entries had no signature and some entries had not been dated.

We were informed that weekly medicines administration audits were undertaken by the team leader. We were informed that monthly audits were undertaken by the manager. These audits had not picked up the issues regarding the storage and recording of medication returns. This meant that the provider was not undertaking adequate audits regarding medicines administration.

People were not protected against the risks associated with the administration of medicines because the provider did not have appropriate arrangements in place to manage medicines 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 meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

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**Reasons for our judgement**

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We looked at three staff files and saw there were effective recruitment and selection processes in place. We saw that people who wanted to work in the service had to complete an application form. As part of this they were asked to confirm that they were in good health and fit to complete their duties. They were asked to provide a complete list of their education and previous work experiences, to include dates of starting and finishing. We saw that the application forms were fully completed with no gaps in employment.

We found that applicants had been interviewed by two people using standardised questions. We looked at completed interview forms. The interview questions had given consideration to the applicant's approach to providing care and to their relevant past experience.

Records showed that security checks had been completed on staff to confirm their identity. Checks had been made with the Disclosure and Barring Service (DBS) against the adult workforce register. These checks had been satisfactory. The provider may find it useful to note that some staff did not have a completed DBS on file to show that they had been checked against the children's workforce register. This was a requirement as the service was now supporting one person under the age of 18. The DBS is a service which checks whether staff have relevant criminal convictions or have been guilty of professional misconduct.

Personal staff files contained a copy of a birth certificate, passport and driving licence and also a photograph of the individual. Appropriate checks had been undertaken before staff began work.

Records showed that the provider had obtained two written references for new staff. There were effective recruitment and selection processes in place.

## 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

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### Our judgement

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The provider was meeting this standard.

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

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### Reasons for our judgement

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The new manager had been in post for approximately six months at the time of our inspection. This was one of four service locations for which they held management responsibility.

We saw that the manager kept a record of all incidents and accidents. The manager told us that the provider collated and analysed the information from incident and accident reports across all of their services and that learning was shared across the management group. This enabled staff to see if there were any particular 'triggers' which had an impact on people's behaviour. There was evidence that learning from incidents and investigations took place and appropriate changes were implemented.

A quality assurance system was in operation at the service. A satisfaction survey had previously been sent out to family members in July 2013. A formal staff feedback exercise had been undertaken in August 2013. We saw examples of satisfaction surveys which had been completed by people using the service. However, the provider may find it useful to note that these forms had not been dated. The registered manager had only been in post for a few months and said that they were planning to undertake a further quality assurance exercise during the current year. This meant that people who used the service, their representatives and staff were asked for their views about their care and treatment and they were acted on.

We saw evidence that meetings took place with people using the service and with staff. We saw that staff had regular supervision sessions which were recorded. Group and individual meetings provided the opportunity for people to express their views and opinions about the service. The manager told us that they and the staff team also had regular contact with people's families by email and phone. We spoke with three relatives. One relative said, "The service is now managed better. They kept losing their managers before."

We saw the provider had a complaints policy. We saw that formal complaints were recorded in the complaints file. The provider had not received any formal complaints within the previous 12 months. Relatives told us they felt confident and comfortable to raise any

concerns or complaints with the manager at the service. They said that they believed that any issues would be resolved. One relative told us that when they had previously made a complaint it had been fully dealt with. Another relative said, "I have not heard my family member say they have anything they want to complain about." There was an effective complaints system available. Comments and complaints people made were responded to appropriately.

We saw the manager had a system of regular weekly and monthly audits as part of their quality assurance process. We saw that care plans were audited on a regular basis in order to ensure that people's care was safe and effective.

We saw evidence that the provider maintained records which were regularly completed, for example, for fire alarm testing, emergency lighting and fire drills. The provider had an effective system to regularly assess and monitor the quality of service that people receive.

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	<b>Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010</b> <b>Management of medicines</b>
	<b>How the regulation was not being met:</b>  The provider did not have effective systems in place for the recording of medicines to be returned to the pharmacist. The provider did not have effective systems in place for the storage and labelling of medicines awaiting return. The provider did not have effective systems in place for auditing all aspects of medicines administration. The provider was not clear about which set of documentation staff should use for the recording of the administration of PRN medication for people, when they were away from the service.

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 10 January 2015.

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.

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

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