

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

## Care Management Group - 361 The Ridge

361 The Ridge, Hastings, TN34 2RD

Tel: 01424755803

Date of Inspection: 29 May 2014

Date of Publication: June 2014

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

<b>Respecting and involving people who use services</b>	✓	Met this standard
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<b>Care and welfare of people who use services</b>	✓	Met this standard
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<b>Cleanliness and infection control</b>	✗	Action needed
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<b>Staffing</b>	✓	Met this standard
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<b>Supporting workers</b>	✓	Met this standard
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<b>Assessing and monitoring the quality of service provision</b>	✓	Met this standard
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<b>Records</b>	✓	Met this standard
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## Details about this location

Registered Provider	Care Management Group Limited
Registered Managers	Miss Jessica Hannah Alleway Mrs Victoria Louise Stapley
Overview of the service	Care Management Group - 361 The Ridge provides accommodation and care for up to 11 adults with learning disabilities. The people may also have physical disabilities or sensory impairment.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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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 Care Management Group - 361 The Ridge had taken action to meet the following essential standards:

- Respecting and involving people who use services
- Care and welfare of people who use services
- Cleanliness and infection control
- Staffing
- Supporting workers
- Assessing and monitoring the quality of service provision
- 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 29 May 2014, observed how people were being cared for and talked with people who use the service. We talked with staff.

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### What people told us and what we found

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People at the home had complex needs and were not all able to tell us about their experiences at the home. In order to get a better understanding we observed care practices, looked at records and spoke with staff. During the inspection we spoke with the area manager, manager and four members of staff and three people who used the service.

Our inspection team was made up of two inspectors. We answered our 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. If you want to see the evidence supporting our summary please read the full report.

Is the service safe?

We found that some areas of the home, such as a shower area were not maintained to an appropriate standard which meant there was an infection control risk. A compliance action has been set in relation to this and the provider must tell us how they plan to improve.

There were a sufficient number of staff on duty to ensure that people received appropriate care and treatment. The staff we spoke with said that they felt there were enough staff on duty to carry out their roles.

We found that there were suitable records relating to people who used the service which were up to date and clearly written. Records were available to the staff that needed to see them and were stored appropriately.

CQC monitors the operation of the Deprivation of Liberty Safeguards which applies to care

homes. While no applications have needed to be submitted, proper policies and procedures were in place. Relevant staff had been trained to understand when an application should be made, and how to submit one.

Is the service effective?

It was clear from what we saw and from speaking with staff that they understood people's care and support needs and that they knew them well. Staff had received the training they needed to meet the needs of the people receiving care. Staff had opportunities to discuss any issues with colleagues or in private with a manager. One staff member said "There is good staff support" and another commented "I get regular supervision and appraisals".

Is the service caring?

People were supported by committed and caring staff. We observed that people appeared comfortable in the home and familiar with the staff that worked there. We saw that staff members spoke directly with people and supported them at an appropriate pace. There were regular resident meetings which supported people to get involved in the service. One person told us "I love it, I'm with my friends" and "Staff are nice".

Is the service responsive?

People's needs were continually assessed. Records confirmed people's preferences, interests, goals and diverse needs had been recorded and support had been provided in accordance with people's wishes. People had regular review meetings with keyworkers to make sure that changes in needs were identified and action taken.

Is the service well-led?

Staff had a good understanding of their roles in the service and said that they were supported by management. There were quality assurance processes in place to maintain standards in the service. We saw that staff and people who used the service were given opportunities to express their views.

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 15 July 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.

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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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Throughout the inspection we observed that people were treated with respect and courtesy by staff.

We saw that care records contained information about people's preferred name and there was background information in a section called 'My Story'. For one person this provided details about their likes and dislikes, personal history and relationships. Photos were sometimes included which helped people understand what was written. For example one person's record had a picture of their keyworker. We showed this to the person concerned and they recognised the photo and said "That's my keyworker". This demonstrated that people were given appropriate information about their support.

One person showed me their room which was personalised with their own belongings and pictures. They had a key to their room so that they could lock it when they wanted privacy. We found that other people had keys to their rooms if they wanted and where it had been assessed that they were able to make use of them safely. This supported people in having control over their lives. We observed that all bedroom doors were kept closed and that staff knocked before entering. This meant that people's privacy and dignity were respected.

There was evidence that people who used the service attended resident meetings and were encouraged to talk about their ideas and preferences. The record of the last resident meeting in April 2014 showed that people had been reminded that they had a right to be treated with dignity and respect.

We asked the manager and area manager how they encouraged people with complex needs and communication difficulties to have more involvement. The area manager said that they had arranged a date for a specialist service to come to the home and train staff in how to engage people with complex needs more effectively. They added that all senior managers had been involved with a project to work with a specific person at one of their services. They explained that they had worked with a person at 361 The Ridge exploring

the different smells of herbs and how the person reacted to each one.

**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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At our last inspection in November 2013 we found that care and treatment was not always planned and delivered in a way that was intended to ensure people's safety and welfare. This was because of a lack of up to date care plans and risk assessments. We also found that some people were isolated and not involved in regular activities. The provider wrote to us after the inspection and told us they had taken action to make improvements.

At this inspection we looked at the care records of three people that used the service. They all contained an assessment of needs and a detailed support plan which explained how identified needs were to be met by the service. Information included support needed for areas such as eating and drinking, daily living skills, communication, mobility and relationships. These were seen to be up to date and reflected people's current needs. We looked at the daily diaries for each person which showed that support was given in line with written plans. This meant that people's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

Each person had an up to date risk management plan which contained information on potential risks and how these were to be kept to a minimum. For example one person who used a wheelchair had a risk assessment for accessing the community and the risks that staff needed to be aware of, such as slippery pavements in winter. Other risks identified included fire safety, manual handling, behaviour and fire safety. We noted that each person had a written personal evacuation plan which explained the action to take in the event of an emergency such as fire alarm. Risk assessments had been signed and dated by staff to show that they had been read and understood. This meant there were arrangements in place to deal with foreseeable emergencies.

Each person had a health file which included an up to date health action plan. This detailed the support people needed to stay healthy and maintain their physical well being. For example, one person's health plan had information about their hearing, skin integrity, eyesight, feet and communication. A physiotherapy programme was in place to assist them in maintaining their mobility. There was a record of visits to health professionals such as dentist, optician and physiotherapist. This meant that people were appropriately supported to maintain their health.

We saw that there were records of monthly keyworker meetings between each person and a member of staff. These meetings were used to talk about how the person was getting on, any issues, what activities had taken place and ideas for the future. This meant that people's progress and goals were regularly evaluated.

During our inspection we observed that people were supported at a pace appropriate to their needs. Two people we spoke with told us that they liked living at 361 The Ridge and that they felt looked after. The staff we spoke with made comments such as "Residents are getting out more", "People are looked after well" and "We get time to be with the residents".

Daily diary records showed that the people who used the service were able to take part in a range of activities. These included college, trips out, aromatherapy and arts and crafts. The provider may like to note that we observed one person who appeared to spend a lot of time in the lounge away from the group and with little contact with staff. Due to their complex needs it was difficult to judge if this was the person's own choice. The manager was aware of this and told us that the service is looking at ways to improve the person's engagement and stimulation. Activities that were being explored included water therapy and aromatherapy.

**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 cared for in a clean, hygienic environment.

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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The manager was the designated infection control lead at the time of the inspection. The manager was aware of the hygiene and infection control requirements for care homes as stated in relevant guidance.

We saw that hazardous chemicals were stored appropriately in a locked cupboard with only staff having access to the key. The laundry room was unlocked for people to use under staff supervision and staff ensured that all chemicals and floor cleaners were stored safely. This meant that people who used the service were kept safe from the hazards associated with cleaning chemicals.

There was a folder in place dedicated to infection control policies and procedures including audits based on good practice. We looked at the organisations policies and procedures for infection control. There was a range of guidance available in respect of isolation and communicable diseases. The home followed legionella testing protocols and there was evidence of regular audits that protected people from the risk of legionella. This showed us that there was information available to staff on how to reduce the risk and spread of infection.

When we undertook a tour of the premises we saw that some areas were not properly cleaned. The kitchen was an area that the people who used the service were encouraged to use. We saw that some areas were stained, including the sink, and the work tops were not clean at the beginning of our visit whilst food was being prepared. However, we saw it being cleaned following lunch. A wet room on the ground floor was not draining efficiently and there was used water on the floor, which was seeping in to the corridor. The room smelt strongly of damp. We also noted that there were used gloves left on shelving in the room. In the cabinet there was an unnamed electric toothbrush which was congealed and uncovered. We also found several toothbrushes for one person had been left in an unclean state in their bathroom. We noted that one bedroom had a bad odour. The source of the odour was not visually seen. This meant that the systems in place for infection control were not effective at maintaining adequate hygiene.

We looked at equipment, such as hoists and slings. The equipment was clean but the slings in two bathrooms were not name specific and were hanging together so could be a source of cross contamination. We noted there was an ample supply of slings in the laundry room that had been washed. People's wheelchairs were clean and well maintained.

We looked at the cleaning schedules record and cleaning check lists. Records evidenced the cleaning schedule for week commencing the 28 April 2014 which was only partially completed and there were no records of subsequent weeks. We were told by the manager that the records had been mislaid. The lack of clear records meant that the provider could not be certain that cleaning schedules were being followed.

The manager told us that the main cleaning of communal areas, kitchens and bathrooms was completed by the night staff. People's bedrooms were cleaned daily by the staff on duty in the daytime and cleaned in depth at weekends. We did not visit all bedrooms, but the ones we did look at were tidy.

We saw that staff used colour coded mops and buckets for floor cleaning, for example red bucket and red mop for bodily fluids and green for peoples bedrooms. There was an ample supply of red biodegradable bags for soiled clothing and bedding. By direct observation we saw that staff were aware of infection control issues and when to use aprons and gloves. There were gloves and aprons available in easily accessible areas throughout the home. We saw that staff followed good practice guidelines in clearing up spills in the dining area. However, on one occasion we saw that staff used a red bucket and mop indicating that an incontinence accident had occurred, but they only cleaned the floor not the chair at the dining table where the accident had occurred .

Staff training records showed that staff had received appropriate training in infection control. One staff member told us, "We get training regularly." Another said, "I am on my induction, but have had initial training on when to use gloves and aprons and that all soiled clothing goes in to a red bag immediately."

## Staffing

✓ Met this standard

**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 meeting this standard.

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

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### Reasons for our judgement

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At our last inspection in November 2013 we found that there were insufficient qualified, skilled and experienced staff available to maintain people's safety and wellbeing in the home at all times. The provider wrote to us after the inspection and told us they had taken action to make improvements.

At this inspection the registered manager told us that staffing levels had been increased. The rota showed that there were a minimum of four staff on duty during waking hours and often an additional member of staff on duty during the day. This was confirmed by the staff we spoke with.

On the day of our inspection a staff member was absent and because it was half term some people were not at college. We observed that a member of staff was always present in the main lounge to supervise people who were using it. During the day some people went out to the shops or for a walk. We noted that there was limited interaction with one person who used the service who had complex needs and communication difficulties, however this person was taken out during the morning.

Care staff were responsible for cooking and cleaning as well as supporting people who used the service. This meant that staff were seen to be very busy but we noted that routine tasks were carried out as required. All the staff we spoke with told us that they felt there were sufficient staff on duty. One member of staff said "I find there are enough staff. I don't feel people are left out. We take care to make sure quieter residents are not overlooked". One person who used the service, who required staff support for personal care said "Yes" when we asked if they thought there were enough staff. We asked if they could get support when they required and they again said "Yes". This demonstrated that there were sufficient staff to meet people's needs.

**Staff should be properly trained and supervised, and have the chance to develop and improve their skills**

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## Our judgement

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The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

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## Reasons for our judgement

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The staff we spoke with told us that were supported in their roles. Comments included "I like working here", "I feel supported" and "It was hard going last year but the new management team is good and supportive".

Staff told us that they got the training they needed. One staff member said "I get a lot of training" and another told us "I have completed all my training". We looked at the training records which showed that required training in areas such as food hygiene, moving and handling and infection control was either up to date or had been booked. Specialist training in areas such as epilepsy, autism and diabetes had also been completed by some staff. One member of staff told us they had attended recent training in communication and added that they had put those skills into practice. This meant that staff were provided with the skills needed to carry out their roles effectively.

There was an induction process for new staff. We spoke with a staff member who had started recently. They told us that they spent two days first two days looking at paperwork and being introduced into the home. They then had one week shadowing other staff in order to become familiar with people who used the service. The staff member told us they were "Enjoying it".

We looked at a supervision planner for the month which showed that all staff had a booked supervision. The staff we spoke with confirmed that they had supervision each month. We looked at a sample of recorded supervisions which showed that topics for discussion included team work, safety and reflection on practice. Where any actions were needed these were noted and a timescale given for review. This meant that staff had private and confidential time with a manager to discuss any issues or ideas.

Staff told us that there were team meetings each month. We looked at the last team meeting minutes dated 14 April 2014 which showed that the main topics discussed were about ensuring improvements to the service were maintained. Regular team meetings meant that staff had a forum to discuss work issues together.

## 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 received.

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### Reasons for our judgement

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At our last inspection in November 2013 we found that the provider did not have an effective system to assess and monitor the quality of service that people received. This was because areas the provider had identified for improvement had not been followed up and people who used the service did not have opportunities to feedback their views. The provider wrote to us after the inspection and told us that they had taken action to make improvements to quality monitoring.

When we returned we saw records of monthly resident meetings. The last meeting was in April 2014 and had been written up using symbols and pictures so that it was easier for people who used the service to understand. We saw that topics for discussion had included activities, holidays and safeguarding. This demonstrated that people were asked for their views about the service.

We noted that at the last resident meeting people were informed about complaints and asked if they had any concerns. A notice board in the hallway displayed an easy read guide on how to complain, although the provider may like to note that the contact details of CQC were incorrect. This meant that the provider took account of comments and complaints to improve the service.

The provider carried out quarterly quality audits of the service. The last available record was for the audit carried out in January 2014. This showed that the provider carried out a thorough quality check of all aspects of the service. Actions identified from the previous audit in October 2013 had been reviewed and progress evaluated. Areas considered included records for people who used the service, meetings and person centred support. The provider had also made an assessment as to how the service was meeting the required standards in all outcome areas. An action plan had been drawn up which identified any areas for improvement, who was responsible and the timescale for completion.

The manager told us that some aspects of the service were reviewed more regularly to ensure they were effective. For example, senior staff carried out a daily diary audit to

ensure that there were no gaps in recording. We saw evidence that where gaps had been identified, staff had been sent a reminder about what information was expected. This demonstrated that the provider took action where areas for improvement had been identified.

## Records

✓ Met this standard

**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 meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

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### Reasons for our judgement

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At our last inspection in November 2013 we found that accurate records were not maintained for people who used the service. This was because of a lack of up to date information in people's records. The provider wrote to us after the inspection and told us they had taken action to make improvements.

At this inspection we found that the care record of people who used the service were comprehensive and kept up to date. Information for each person was kept in three files. We found that the information held reflected people's current needs, was accurate and fit for purpose.

Other records relating to the management of the service were up to date and easily accessible. These included training records, team meetings, quality audits, supervisions, policies and procedures. A system was in place to check that daily diary notes for people who used the service were filled in correctly. This meant records relevant to the management of the services were accurate and fit for purpose.

We saw that confidential files about staff were kept in a lockable cabinet in the office which was only accessible to those that needed to use them. Care records were also located in the office and were accessible by staff when needed. The office was kept locked when not in use. This meant that records were kept securely and could be located promptly when needed.

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 12 HSCA 2008 (Regulated Activities) Regulations 2010</b> <b>Cleanliness and infection control</b>
	<b>How the regulation was not being met:</b> Some areas of the home were not cleaned to an appropriate standard which placed people at risk of cross infection. Regulation 12(1)(2).

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 15 July 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.

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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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