

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

## St Anne's Community Services - Norfolk Road

28 Norfolk Road, Harrogate, HG2 8DA

Tel: 01423871288

Date of Inspection: 20 June 2014

Date of Publication:  
September 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>Safeguarding people who use services from abuse</b>	✓ Met this standard
<b>Supporting workers</b>	✓ Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓ Met this standard

## Details about this location

Registered Provider	St Anne's Community Services
Registered Managers	Ms Jill Booley Mr Benn Stoker
Overview of the service	28 Norfolk Road is a care home providing residential care for adults with a learning disability, located about a mile from Harrogate town centre.
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 20 June 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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Our inspection team was made up of a lead inspector. During the inspection we asked five questions; is the service safe? Is the service effective? Is the service caring? Is the service responsive? Is the service well led?

On the day of the inspection we met three people living at Norfolk Road. We talked with one person about their experience of care at Norfolk Road. Due to the communication difficulties of another person, we were unable to ask direct questions about their care but we spent time throughout the day observing their interaction with staff and their responses. Following the inspection we spoke with the relatives of two people by telephone. We talked with five staff including the area manager and the manager and looked at records. 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?

People were treated with respect and dignity by the staff and the person we spoke with told us that they felt safe. Staff had received training in safeguarding and understood how to safeguard the people they supported. Systems were in place to make sure that managers and staff learnt from events such as accidents and incidents. This reduced the risk to people and helped the service to continually improve. The service had policies and procedures in place for assessment of people under the Mental Capacity Act and for Deprivation of Liberty safeguards. On the day of the inspection all the people who lived at Norfolk Road were assessed as having capacity.

People were cared for in a service that was safe, clean and hygienic. Risk assessments were in place in individual support plans in relation to activities of daily living. Staff personnel records contained all the information required, which meant that the provider could demonstrate that staff employed to work in the home were suitable and had the skills and experience needed to support people living at Norfolk Road. Staffing levels were appropriate to meet the needs of the service and were reviewed and adjusted to address any changing needs.

Is the service effective?

When we spoke with one person, they told us that they were happy with the care they received. In our conversations with relatives after the inspection, they told us that they believed that the needs of their relatives were well met. It was clear from what we saw and from speaking with staff that they understood people's care and support needs and they knew each person well. Staff had received training to meet the needs of the people living in the home. People's health and care needs were assessed and written up with their involvement. Staff spoke with pride about the progress that individual people had made whilst they had been living at Norfolk Road. Relatives we spoke with were able to describe specific benefits to the health and wellbeing of their relatives and the impact that this had had on their daily life. One relative told us, "He's come on leaps and bounds, he's come out of his shell. He has such a hectic life, we have to fit in with him."

Is the service caring?

People were supported by kind and attentive staff. We saw that staff were patient and gave encouragement when supporting people. We observed that people were able to do things at their own pace and were supported to be as independent as possible. People who used the service were invited to complete an annual survey and we saw that their responses to issues of trust, safety and whether they felt happy living at Norfolk Road had received positive responses. Where shortfalls or concerns were raised, these were addressed. People's preferences, interests, aspirations and diverse needs had been recorded and care and support had been provided in accordance with their wishes.

Is the service responsive?

People were regularly involved in a range of activities inside and outside the service. The home supported people to take part in activities within the local community which included visiting local places of interest and shopping. We saw that where there had been a recent cause for concern, this situation had been reported and recorded appropriately, an action plan had been put in place and staff had access to relevant training to further develop their skills and confidence.

Is the service well-led?

The service worked well with other agencies and services to ensure that people received their care in a joined up way. The service had a quality assurance system which included planned audits. Records seen by us showed that complaints were investigated appropriately. People who lived in the service, staff and relatives were asked for their views. Any identified shortfalls were addressed promptly and as a result the service was constantly improving. Staff told us that they felt well supported by the manager. A new approach to reviewing the care and support provided had been introduced to ensure greater involvement by people who lived in the service.

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

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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

The provider was meeting this standard.

People's privacy, dignity and independence were respected. Their views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

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### Reasons for our judgement

During the inspection we looked at four support plans and saw that people had been involved in discussions about their care and support needs. We talked with the manager of the service and staff about the ways in which people were supported to make decisions about their care and treatment. We saw notes taken during recent reviews by the manager which showed that people who lived in the service, were fully involved in the process and had chosen who they wished to be invited to the review meeting. We found that support plans contained information about people's individual life styles, likes, dislikes and preferences. This meant that people were involved in discussions about the planning of their care and about any changes made.

We spoke with one relative who told us, "I feel we're very lucky." They described how staff had supported their relative to improve their physical wellbeing in order to increase their choice of activities that they enjoyed taking part in. They described the review meeting which they had been invited to and explained that their relative had been supported to consider what was a 'perfect day', what was a 'nightmare day', what needed to change and what they wanted to plan for their future. They told us that this process had involved their relative in the discussion and enabled everyone present to understand their wishes. This meant that the provider was maximising the involvement of people who lived in the service.

Throughout the inspection, we found that people who lived at Norfolk Road appeared relaxed and happy. We observed that they were involved in different activities throughout the day. We saw that people were offered choices about all aspects of their daily life including how they would like to spend their time, what they would prefer to eat and how they would like their bedroom decorated and furnished. We observed that people were supported to be as independent as possible. People got up when they wished to do so and had the option to remain in their own room or spend time in different communal areas in the house or the garden.

People chose what they wanted to eat in discussion with staff at the beginning of the week and had the option of helping to prepare the meal. We were told that people chose to help with preparations, particularly on days when the food being served was their choice. On the day of the inspection, we saw staff involved people in preparing food for tea and carrying drinks into the dining room from the kitchen. When we arrived at the home one person was out shopping for food with a staff member.

We observed interactions throughout the day between staff and people living in the service and we saw that people were treated kindly and with respect. We found that staff provided information to people, calmly, clearly and with patience. This included explaining which staff were coming on duty in the afternoon. Staff provided support and reassurance as required in response to questions and were aware of the different needs that people had. Staff told us that they involved all the people who lived in the house in informal discussions about what they would like to do and how they would like to spend their time. We were told by staff that this informal approach worked well and it was used to discuss what people would like to eat and how they wished to celebrate special events, such as Christmas. This meant that staff communicated with people with respect, supported their decision making and helped them to make choices in all aspects of daily living.

We observed that staff supported people to undertake different activities and each person made decisions about how they spent their time. There were opportunities for people to be involved in different social and recreational activities within the service and in the community. We saw from the support plans, and from talking with staff that some people enjoyed shopping and visiting places of local interest. We talked with one person about their interest in litter picking in the local park as part of a regular planned project.

On the day of the inspection, two people were supported to attend a weekly music group with people who lived in other services managed by the provider. A third person chose to spend time in their room listening to music and watching television. This person came down to the communal dining room for lunch and tea and chatted with staff throughout the meals.

We observed there were different areas in the building where people could spend time either with others or alone. There was a large communal lounge and a separate dining room. There was also a space outside where people could sit and relax and spend time with staff or visitors. The home had a well maintained garden.

During the inspection, two people showed us their bedrooms which were personalised with pictures and keepsakes. Both the rooms had new furnishings, which had been chosen by the people themselves. The rooms reflected the different interests of people living at the service and were comfortable and clean.

We asked staff how they ensured that people were supported to make choices about their day to day activities. One staff member told us about their role as a carer and demonstrated that they understood the preferences of one of the people they supported. They told us, "He chooses his clothes the night before and has a bath every evening, he prefers evening. I make sure that whatever I do, I give him privacy." This meant that staff considered the individual preferences of people living in the home and supported them to make choices about their day to day activities.

**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.

People experienced care, treatment and support which met their needs and protected their rights.

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**Reasons for our judgement**

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During our visit, we spent time in the communal areas of the home observing the interactions between staff and people who lived in the service. We found the home to be welcoming and clean and saw that there was a planned programme of domestic activities, which meant that people contributed to changing their bed, taking their laundry to the washing machine and cleaning their room.

We observed that staff provided support for people whilst encouraging them to be as independent as possible. We found that people looked clean and well cared for and staff told us that people had chosen what they wanted to wear. When we spoke with one person who lived in the home, they told us that they were happy living at Norfolk Road. One relative we spoke with after the visit told us that staff went out of their way to provide support for people living in the service and commented on the progress their relative had made in terms of their physical health and mental wellbeing. We were told by staff that all the people who lived in the service had two keyworkers. These are staff who provide extra support which might include arranging days out and holidays, taking part in the review of care and updating the support plan. One relative told us, "He's come on leaps and bounds since he's worked with [name of the keyworker]." Another relative told us, "[Names of 2 keyworkers] work brilliantly as a team. [Keyworker 1] is a wonderful person and [Keyworker 2] is so enthusiastic, is a real leader and really wants the best for him." This meant that staff supported people at Norfolk Road to develop and maintain their skills in order to improve their physical and mental health.

We looked at four support plans to see how people's care was planned, coordinated and reviewed. These plans guided staff in how to support people in the way that they preferred. There were risk assessments in place for all activities of daily living including practical, emotional and social support. We observed that plans were reviewed regularly with key workers. We discussed the plans with the manager and also the area manager, who visited the home on the day of the inspection. The manager explained that they had recently introduced a different way of reviewing the plans which involved the person living in the service and other people who they invited to be there. The support plans were in a process of transition and new paperwork was being introduced. This meant that some of the written plans we looked at were not up to date. But we saw evidence which showed

that the reviews of three people who lived in the service had taken place and the introduction of the new process and related paperwork was in progress.

We observed from support plans that people had access to a range of health care professionals. This ensured that people's health care needs were met appropriately by trained professionals. We saw that the expertise of a behaviour management specialist was used. This person was employed by the provider to support a person living in the service, and staff who cared for them, to manage their behaviour in a way which promoted their wellbeing and reduced any risk of harm to themselves, staff and other people who lived in the service. We saw that risk assessments, a plan of action and specified review dates were documented and in place.

We observed that a speech and language therapist was working with one person to support their communication needs. We saw from the notes of a recent review of care that the staff were planning to create an individual Makaton dictionary to include specific words and signs that were used by one person to communicate. Makaton is a language programme which uses signs and symbols to help people to communicate. We were told by the manager that this would be shared with staff to ensure that communication was consistent and understood by all involved. We spoke with the relative of the person using Makaton and they confirmed that this plan was discussed during the recent review.

Staff kept daily records of the care provided for each person which ensured that any changes were communicated. Staff we spoke with told us that this record of care was accompanied by a verbal update on any issues. This meant that there was continuity of care provided for people who lived in the service and staff were aware of any changes required to support individuals.

We saw that there was a planned programme of activities for each person which was based on their preferences. People were supported to be independent but all the people were accompanied by staff when they went out. When we talked with staff it was clear that the needs of people living in the service were well understood. Some people liked to go abroad on holiday, whilst others preferred to take shorter breaks within Great Britain. One person enjoyed horse riding and we were told that staff supported this person to attend events such as horse racing or a day out at The Yorkshire Show. There were clear risk assessments in place and protocols for all activities undertaken in the local community. This meant that staff provided planned support which was agreed in advance and enabled people to be as independent as possible whilst remaining safe.

We talked with three staff members about their support role and they explained that they were specifically responsible for individual people living in the home. This meant that they were that person's 'key worker'. They told us that this involved getting to know the person, understanding their needs and preferences and providing additional support. The key worker was responsible for a monthly review of the care plan which included discussion of any changes which were recorded following agreement with the person. This meant that whilst staff provided day to day support for all people living at Norfolk Road, each person had key workers who were specifically assigned to them.

**People should be protected from abuse and staff should respect their human rights**

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### **Our judgement**

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The provider was meeting this standard.

People were protected from abuse because staff had been trained and knew how to recognise and act on any concerns. All concerns were documented in line with policy and procedures, risk assessments were updated and clear action plans put in place to address any issues arising.

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### **Reasons for our judgement**

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We spoke with three staff who were on duty during the inspection plus the manager and area manager. All the staff we spoke with were able to describe signs of abuse and what they would do if they had any concerns. All staff had undertaken training in safeguarding, which had been updated on a regular basis. We found that staff were clear about the role of the local authority and who they would talk with if they had any concerns. We saw that contact details of the local authority safeguarding team were displayed in the office.

We discussed with the manager and area manager a safeguarding issue which had been the subject of a notification to the Care Quality Commission (CQC). We found that the situation had been investigated appropriately by the manager and an action plan had been put in place to monitor the situation and safeguard people who lived in the service. The action plan included accessing the expertise of a behaviour management specialist employed by the provider to advise on ways in which staff could best support the person and other people living at Norfolk Road. Staffing levels had been reviewed to ensure that the person was supported and staff had modified their approach to the provision of support during meal times, to ensure that they were able to fully support people to enjoy their meal. We saw from looking at records that risk assessments had been updated and all changes to the way in which support was provided had been documented.

We observed from the staff files that safeguarding was discussed in supervision sessions. We saw that there was a safeguarding quiz held in staff meetings. The manager explained that this helped to refresh knowledge and promote discussion. This meant that the risk of abuse was minimised as staff had received training and understood what they should do if they had any concerns.

**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 who worked at Norfolk Road were supported to undertake their role by the provider. Opportunities to undertake training were in place and staff received supervision and annual appraisals.

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## **Reasons for our judgement**

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We looked at the training files of three staff who were employed at Norfolk Road and we found that they had all undertaken the required mandatory training and updates. The files included senior staff and a file of a member of staff who had been recently appointed.

The manager showed us the training matrix on the computer. This provided details of all the courses that staff had undertaken both on line and on a face to face basis. When we talked with staff, they told us that they had access to regular training programmes. Two staff we spoke with said that they had access to qualifying training and had been supported to undertake their National Vocational Qualifications in care.

One recently appointed member of staff told us about the induction programme that they had done. They also told us they had not worked alone until they had completed shifts with more experienced members of staff. When we spoke with relatives, they told us that they believed that staff were skilled in undertaking all aspects of their work.

We saw that specialist training was available for staff to support them in managing specific situations. This included a staff member employed by the provider to work across a number of different services to provide specialist support to help staff to understand and manage challenging behaviour. We looked at an email from the manager which confirmed that this person had been requested to discuss a specific situation with staff and to work with them to provide the required support to manage an identified situation. This meant that the provider supported staff to manage different situations and provided them with the necessary training to undertake their role.

We saw that staff meetings took place at Norfolk Road every two months. Staff we spoke with confirmed that meetings took place on a regular basis. We looked at the minutes for staff meetings and saw that a range of issues were covered. There were no notes from meetings held since December 2013. We discussed this with the manager who explained that the staff member responsible for taking the notes from recent meetings would be writing these up for inclusion in the file. When we talked with three different staff who were on duty on the day of the inspection, they told us that they felt supported by the manager,

that communication was good and they felt well informed.

We saw from staff files that there were notes from supervision sessions which had been held on a regular basis with the manager of the service. Appraisals were in place and had also been undertaken by the manager of the service. We saw details of progress against objectives and information documented about required training which had been completed or was booked to take place in the future.

Staff told us that they felt that the manager was responsive to their personal requirements and that the provider demonstrated a supportive and flexible approach to staffing. This included supporting changes to hours of work and flexibility around the days worked, which was negotiated and formally arranged within the policy and procedures.

On the day of the inspection, one person was on duty alone for the evening shift. We were told that this was due in part to the fact that two staff members were away on holiday abroad with one person who lived in the service. We asked about support available for them in case of an emergency. They told us that the manager was available by telephone and there was an emergency duty member of staff if required who would be able to arrive at the home within a short space of time. This meant that the provider had measures in place to manage the requirements of the service and support staff to provide the required care for people living at Norfolk Road.

## 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.

Improvements were made to the delivery of care and support in response to surveys, audits and regular feedback from staff and people who used the service.

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### Reasons for our judgement

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During our inspection we found that there were a variety of mechanisms in place for assessing and monitoring the quality of service provision. These included surveys of the experience of people using the service, staff surveys, regular audits, complaints, incident reports and feedback from relatives. We found evidence of different ways in which the manager of the service used feedback to respond to suggestions for improvements and implement changes.

We looked at audits which were undertaken by the area manager for the service on a two monthly basis. We discussed this process with them when they visited the home on the day of the inspection. We saw evidence of changes that had been made as a result of this audit process. The process used was to select different areas for audit which might include support plans; food and nutrition; recording of financial transactions or health and safety.

We talked with the manager about the outcome of a recent investigation into an alleged safeguarding incident and found that the situation had been reported and investigated in line with the safeguarding policy and procedures and an action plan put in place. This meant that the manager and the provider took reported incidents and complaints seriously, undertook investigations in line with the policy and procedures of the provider and recorded the outcome with action plans where appropriate.

We observed staff throughout the day responding to people, communicating in an open, friendly and supportive way. We saw that people were asked what they wanted to do and places that they would like to visit during the summer months. We observed that staff communicated sensitively and respectfully and we observed that information and feedback was recorded in the support plans for individuals. This meant that attention was paid to what people said they wanted or did not want to do.

We looked at support plans and found that these were discussed and reviewed on a regular basis and people were involved in discussions about their care and support. When we talked with relatives of people who lived at Norfolk Road they told us of the

improvements that they had seen in the emotional, mental and physical wellbeing of their family members. This meant that people were involved in discussions about their care and their progress was monitored and recorded. Relatives were kept informed of any changes and knew that they could talk with staff about any issues. One relative told us that the staff involved them and were "in touch to discuss any issues".

We saw that staffing levels were reviewed in response to the changing needs of people who lived in the service, for example as a result of changes to their behaviour. Staffing was available to support people if they were ill or planned activities were scheduled to take place outside the service. On the day of the inspection, two staff were away with one person who lived in the service. We looked at the training matrix which demonstrated that training was monitored to ensure that all staff were up to date with the mandatory training. This meant that staffing levels were managed appropriately and staff were trained to undertake their role.

We looked at the outcomes from a 'Client Questionnaire'. People were asked to comment on whether they trusted staff; how happy they were; whether they felt safe at Norfolk Road. People had responded positively to the questions. We saw comments from feedback provided by relatives. One relative had written, " Staff are very caring and make us welcome when we visit, we're very happy with the key worker."

We saw that regular audits were undertaken which included health and safety, water temperature checks and fire safety. The outcomes of these were recorded and signed.

## 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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