Inspection Report

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

Bhajan Kaur Rai Hall

Epinal Way Care Centre, Epinal Way,
Loughborough, LE11 3GD

Tel: 01509216616

Date of Inspection: 27 August 2014

Date of Publication: September 2014

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

Care and welfare of people who use services	✖ Action needed
Cleanliness and infection control	✔ Met this standard
Staffing	✖ Action needed
Supporting workers	✔ Met this standard
Assessing and monitoring the quality of service provision	✔ Met this standard

Details about this location

Registered Provider	Rushcliffe Care Limited
Registered Manager	Mrs Karen Wragg
Overview of the service	Bhajan Kaur Rai Hall is located in the town of Loughborough Leicestershire, and is a 33 bed care home for people with needs associated with age including dementia type needs. On the day of our inspection there were 23 present.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

Contents

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

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 27 August 2014, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members, talked with staff and talked with commissioners of services.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We were supported on this inspection by an expert-by-experience. This is a person who has personal experience of using or caring for someone who uses this type of care service.

What people told us and what we found

Prior to our inspection we reviewed all the information we had received from the provider. On the day of our visit we spoke with nine people that used the service, and three visiting relatives for their views and experiences. Some people who used the service were not able to tell us their experience of the care they received due to illness or disability. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We also spoke with the registered manager, senior manager and eight staff this included a variety of both care staff and non care staff such as domestic and maintenance staff. We looked at some of the records held in the service, including the care files for three people who used the service.

We considered all the evidence we had gathered under the outcomes we inspected. We used the information to answer the five questions we always ask. This is a summary of what we found.

Is the service safe?

The provider assessed and reviewed people's needs to ensure plans of care, and associated risk assessments were up to date and reflected people's needs.

People were supported in an environment that was maintained to a safe, clean and hygienic standard. We also found equipment at the home had been maintained and serviced on a regular basis.

People's dependency needs had been assessed. However, we had concerns that there were not sufficient staff available at all times to meet people's assessed needs and keep people safe.

Is the service effective?

We saw the provider completed a pre-assessment of people's need prior to moving to the service. Care staff had information available to them that instructed them of how to meet people's needs.

People's care and welfare needs were monitored and we saw appropriate action had been taken when changes to people's health had occurred.

The provider had a detailed and structured induction programme for new staff. Staff received formal opportunities to discuss their training and development needs.

Is the service responsive?

People we spoke with told us they felt they had their needs met and that they were confident the provider acted appropriately to any changes in need.

People received support to practice their faith where they had requested it. Whilst we were told that an activity coordinator was employed at the service, people raised concerns about the lack of activities and stimulation. The lack of meaningful activities and stimulation impacted on people's welfare needs.

Is the service caring?

We found the service to have a warm, welcoming and relaxed atmosphere. Staff were observed to interact with people in a caring manner, showing dignity and respect at all times.

People using the service and relatives spoken with, talked positively about the staff. Comments included, "Staff are very good, helpful and friendly."

Is the service well-led?

We found the provider had systems in place that enabled them to monitor the quality and safety of the service.

Information from the analysis of accidents and incidents had been used to identify changes and improvements to minimise the risk of them happening again.

The provider had a complaints policy that promoted people's rights and choices. This was easily accessible to people who used the service.

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

What we have told the provider to do

We have asked the provider to send us a report by 27 September 2014, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

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

More information about the provider

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

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

Our judgements for each standard inspected

Care and welfare of people who use services ✖ Action needed

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

Our judgement

The provider was not meeting this standard.

Care and support was not always planned and delivered in a way that was intended to ensure people's safety and welfare.

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

Reasons for our judgement

People using the service and relatives told us they felt their needs were met. A person using the service said, "I am happy. That's honest. I made my mind up to make the best of it." Another person told us, "I'm well looked after." And, "They (staff) are great, really super, they can't do enough for me."

Some people who used the service were not able to tell us their experience of the care they received due to illness or disability. We carried out two short observations, one was in a lounge and another observation was during lunchtime. This gave us opportunities to assess the quality of staff interaction and look at levels of engagement and wellbeing for the people we observed.

We found staff were attentive to people's needs, positive engagement showed staff responded in a caring, patient and compassionate manner. Interactions observed included staff assisting people with drinks and checking people were comfortable.

During our observations of people using the service in both units, we saw that activity or stimulation was not provided. People using the service and relatives raised concerns about the lack of activities and stimulation. Comments included, "As to stimulation here, I think they (service) really fall down." And, "There is the odd game of bingo, the priest visits but there is not a lot to do." Additional comments included, "I want to be doing, not a patient. There's nothing to entertain."

The registered manager told us an activity co-ordinator worked eleven hours a week Wednesday to Friday evening inclusive. However, we did not see any information that confirmed what we were told. For example, there were no records to show what activities had been provided, nor did the staff roster show when the activity co-ordinator worked. We

were also told a hairdresser visited twice a week, pastoral care for four people was provided and outside entertainers visited occasionally. People using the service and relatives confirmed what we were told.

People's needs were assessed and care and support was planned and delivered in line with their individual care plan. Some people we spoke with told us they were aware there were documents advising staff of their plan of care. Some people told us they were involved in the review of their needs, whilst other people said there family were involved. A care worker told us they felt the information and guidance for staff about people's care needs had improved. Comments included, "The care plans are better than they use to be. They are more personal to the person."

Whilst people had their needs assessed, there was limited consideration to people's social, leisure and recreational needs. Plans of care instructing staff of how to meet people's needs were reviewed on a regular basis, this ensured they were up to date and reflected any changes.

From the sample of care records we looked at we found that some information about people's life history had not been completed. This was particularly important in the care and communication of people with dementia type needs. We saw people's diversity and equality needs were identified and met. Some people had requested pastoral care and received visits from the local community to support them with their faith. People's routines and preferences were recorded. This included their preference to care provided by either male or female care staff. Whilst we saw people were asked their preference about their bathing routines, records did not always show that the person had received support as stated in their plan of care. We discussed this with both the registered manager and senior manager who told us this had been highlighted as a concern. They told us and records confirmed that action had been taken to improve people's personal care choices and routines.

Care and support was planned and delivered in a way that was intended to ensure people's safety and welfare. We saw risk assessments were in place for people that instructed staff of how to manage identified risks. For example, some people were at risk of falls, assisted technology and monitoring was in place to reduce and manage the risk. Other people had risks associated to their skin and required specific equipment such as a pressure relieving mattress, a particular type of bed, and repositioning at regular intervals to reduce pressure ulcers developing. We saw people had the equipment they required to meet their assessed needs.

Records also confirmed that people were supported to maintain their health. For example, people received health checks with the optician, people's weight was monitored routinely for changes. We saw what action the provider had taken when changes had occurred in people's health. This included referrals to health care professionals.

There were arrangements in place to deal with foreseeable emergencies. We looked at the Providers 'business continuity plan'. We saw this advised staff of the procedure to follow in the event of an emergency affecting the service. We also saw the provider had completed personal fire evacuation plans. This meant staff would know what action to take in an emergency situation.

Deprivation of Liberty Safeguards (DoLS) is legislation that protects people from unlawful restriction of their liberty. On the day of our inspection there was a person who had an

authorisation granted by the supervisory body to restrict them of their liberty. This meant people were only deprived of their liberty when this had been authorised by the Court of Protection, or by a Supervisory Body under the Deprivation of Liberty Safeguards.

Cleanliness and infection control ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People were protected from the risk of infection because appropriate guidance had been followed. People were cared for in a clean, hygienic environment.

Reasons for our judgement

People using the service told us they found the service to be clean and hygienic. A person using the service invited us into their room that had an attached bathroom. We found the rooms to be clean. They said, "The balance between cleanliness and allowing a bit of normal clutter was about right."

A relatives said, "The home is spotless, I have no concerns. The bedroom is kept nice and the laundry service is good." Another relative told us, "It's (service) clean doesn't smell of urine. It's more of a hospital than a home." Additional comments included, "Generally it's okay, but clothes can go missing."

We did a tour of the building and found all areas to be clean and hygienic. We spoke with three domestic staff. We also observed them in their work and found they were organised and had cleaning equipment to hand. They confirmed that they had a good supply of cleaning products to maintain the cleanliness of the service. We saw the cleaning material and equipment storage which confirmed what we were told. Cleaning materials was stored correctly and data sheets and risk assessments were in place. This meant the provider had conformed to the Control of Substances Hazardous to Health Regulations 2002 (COSH).

There were effective systems in place to reduce the risk and spread of infection. Staff told us they had received training on infection control and demonstrated they were knowledgeable about the procedures and practice on the prevention and control of infections. This included the management and systems in place with regard to laundry and caring for a person with an infection. The provider had a policy and procedure on the prevention and control of infections. We observed staff wore protective clothing such as gloves and aprons appropriately.

On entry to the service there was anti-bacterial hand cleanser. Communal bathrooms and toilets had hand hygiene instructions and paper towels and anti-bacterial liquid soap was present. This meant the provider had taken appropriate action to reduce the risks associated with cross contamination.

Staffing ✖ Action needed

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

Our judgement

The provider was not meeting this standard.

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

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

Reasons for our judgement

Some people who used the service told us they felt safe with the staffing levels provided. Comments included, "Some staff can be a bit snappy, I put it down to an off day. I do feel safe. Everyone trusts everyone one else. I don't feel scared." Another person told us they felt staff were competent and that staff did a good job in meeting their needs.

Some relatives told us that they had concerns about staffing levels. Comments included, "Sometimes I have to support my relative to the toilet, staff are too busy or are not bothered. Sometimes you have to wait for staff but they are around." Another relative said, "I've been here when there has not been staff around for 15 minutes."

We found staff were caring and attentive to people's needs and respectful in their manner. For example, we observed staff to be polite when talking to people, they showed a genuine interest in people, engaging in the person's interest and pastimes. They knocked on people's doors and addressed people by name before entering their rooms. Care staff communicated well with people by using eye contact, reassurance and responding appropriately to questions.

On the day of our visit there were two care staff downstairs providing care and support for 15 people. Upstairs were two care staff that provided care for eight people. In addition, domestic, kitchen and maintenance staff were present. The registered manager told us they generally worked Monday to Friday but they also worked shifts when required. The staff roster confirmed what we were told.

We saw the provider had assessed people's dependency needs. Records demonstrated that out of 23 people using the service, six people had high needs and five people had been assessed as 'very high' needs. A senior care worker explained that these people required two staff to support them at times such as with their mobility needs and personal care. We received a mixed response from staff about the staffing levels provided. Comments included, "We manage well because we are a good team. People's needs can change quickly, if people are unwell I think we struggle then, but the manager is very supportive." Another staff member said, "I don't think there is enough staff on duty. Care

staff can't rush as accidents can happen, people have to be safe."

On the day of our visit we were told there had been some confusion with the staff duty roster. This meant a care worker from one of the providers other services came to assist. This member of staff told us they had not worked at the service before. We observed that a new care worker employed at the service for a short time was working alongside this person. We found this a concern that two staff with limited knowledge and experience were working together in the unit where people had the greatest need and limited communication. We discussed this with a care team leader and the registered manager. They agreed that better consideration of the deployment of these staff should have been made.

We carried out a short observation of the lunchtime period. We found that some people required assistance to eat and drink. We saw from a person's plan of care there were concerns about their eating. We found that this person had been given a sandwich with a filling they did not like and was not presented as instructed in their plan of care. Nor did staff actively encourage the person with their food. We raised this with the registered manager who took immediate action to address these concerns. This was an example of how important the deployment of staff was.

In one of the units where we were observing, there were eight people with high dependency needs due to needs associated with dementia. There were two care workers in this unit and due to people's needs that required two staff, there were frequent times when people were left unsupervised. We observed one person drinking from a jug of juice because they did not have the support to assist them appropriately.

We asked a care worker if they had time to sit with people. They told us, "I make time." They also said as other care workers did, that there was more time in the afternoon to talk with people and relatives.

We spoke with the senior manager about staffing levels. They told us that whilst there were busy times throughout the day, they had not observed the staff team being unable to meet the needs of the people in their care. They also said that the service did not currently have a pool of bank staff, but action would be taken to recruit additional staff to call upon as and when required. They also told us they were implementing a system where staff could record their availability to cover additional shifts. This would reduce the need to call upon the support from the providers other services. The senior manager also told us that if people's needs increased they would assess the staffing levels provided. They said that further placements would not happen without an increase in staffing levels.

The senior manager gave us some assurances that staffing levels would be reviewed when people's needs changed, and before new placements were made. However, we were concerned that through our observations and comments received from people who used the service, relatives and staff that current staffing levels needed to be reviewed to ensure there were sufficient staff to meet people's assessed needs and to safeguard their health, safety and welfare.

Supporting workers ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

People who used the service and relatives spoke positively about the staff. They described staff as caring, friendly and approachable. Comments included, "People (staff) here are lovely and kind." Another person summed up the care staff as "perfect."

Staff told us that they felt supported by the registered manager who they described as supportive and approachable. They also said they received formal opportunities to meet with their line manager to review their practice, and learning and development needs. Records viewed confirmed what we were told.

We saw the provider had an induction plan for new staff that included training and opportunities to 'shadow' experienced staff, before they were included in the staff numbers. Care staff told us they had found the induction informative and helpful in understanding their role and responsibilities. Comments included, "The induction gave me a good outline of what to do, we covered lots of information on things like safety and dignity."

Staff were able, from time to time, to obtain further relevant qualifications. Records confirmed that 17 out of 18 care staff had received additional training and gained a recognised qualification in health and social care. This meant people were supported by staff that had appropriate and relevant training and qualifications to meet their needs.

The registered manager told us they had introduced a system where both staff and relatives had an opportunity to meet with the registered manager. This was at a set time once a week to discuss any issues or concerns. We saw information on display informing both staff and relatives of when they could meet with the registered manager. This showed the provider was supportive and encouraged staff and relatives to share their views.

The registered manager told us that staff meetings were arranged up to five times a year but more frequent if required. In addition to this care team leaders had monthly meetings. A care team leader confirmed this. We looked at the last staff meeting records dated April 2014 and August 2014. The meeting records in August showed that the meeting was held at two different times to enable staff to attend either meeting. Records showed that staff

meetings were used to exchange information and to discuss areas of improvement. This showed the provider had communication and support systems in place that supported staff.

Assessing and monitoring the quality of service provision ✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people received. The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who used the service and others.

Reasons for our judgement

People who used the service and their representatives were asked for their views about their care and support and they were acted on. The provider sent annual surveys to people as part of their internal quality and monitoring systems to enable people to share their views. The registered manager told us that surveys had been sent out in April 2014. A senior manager was in the process of analysing the feedback, and a report and action plan would be developed for any action required. Some relatives we spoke with confirmed they had received a survey that asked them for feedback about the service.

There was evidence that learning from incidents and investigations took place and appropriate changes were implemented. We saw records that showed incidents were recorded and reported appropriately. These were checked by the registered manager daily and reported to the senior manager monthly. This enabled themes and lessons learnt to be identified. We saw some examples of the action taken in response to incidents, this included referrals to the 'falls clinic', assisted technology provided and referrals to healthcare professionals.

People told us they felt able to raise any issues or concerns. A person told us that they had complained in the past and that it had been satisfactory managed. Other comments included, "Any problems I would go to the manager or a care worker." This person knew the name of the registered manager and other people said that they saw the registered manager frequently.

The registered manager told us they had not received any complaints in the last 12 months. We asked if there were any recorded complaints, issues or concerns recorded. We were told there was not. The provider may find it useful to note that a relative told us of their experience of raising some issues and concerns, and that they had not received a good response. They said that this had 'put them off' raising any other concerns.

We saw records that demonstrated the provider had audits and systems in place that monitored the quality and safety of the service. These included daily, weekly and monthly

checks. We spoke with a maintenance person who showed us how staff recorded if any repairs were required. They told us they checked these records daily and took action as required.

This section is primarily information for the provider

Action we have told the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	**Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010** **Care and welfare of people who use services**
	How the regulation was not being met: The registered manager must take proper steps to ensure that each person is protected against the risks of receiving care or support that is inappropriate. The lack of meaningful activities and stimulation impacted on people's health and welfare needs. Regulation 9 (1) (a) (b) (i) (ii)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	**Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010** **Staffing**
	How the regulation was not being met: In order to safeguard the health, safety and welfare of people the registered person must take appropriate steps to ensure that at all times there are sufficient numbers of suitably qualified, skilled and experienced staff employed. Regulation 22

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 27 September 2014.

This section is primarily information for the provider

CQC should be informed when compliance actions are complete.

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

About CQC inspections

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

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

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

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

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

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

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

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

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

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

How we define our judgements

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

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

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

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

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

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

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

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

Glossary of terms we use in this report

Essential standard

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

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

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

Glossary of terms we use in this report (continued)

(Registered) Provider

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

Regulations

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

Responsive inspection

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

Routine inspection

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

Themed inspection

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

Contact us

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