

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

St Catherine's Care Home

1 East Lane, Shipton by Beningborough, York,
YO30 1AH

Tel: 01904470644

Date of Inspections: 06 June 2014
05 June 2014

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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	✓	Met this standard
Meeting nutritional needs	✓	Met this standard
Safeguarding people who use services from abuse	✓	Met this standard
Staffing	✓	Met this standard
Assessing and monitoring the quality of service provision	✓	Met this standard

Details about this location

Registered Provider	Wellburn Care Homes Limited
Registered Manager	Mr James Boyd Stevens
Overview of the service	<p>St Catherine's Care Home provides residential and nursing care, including a specialist dementia unit and respite and personal care, for up to 55 residents. The home is located in Shipton-by-Beningbrough, just off East Lane. It is close to local amenities and York is just a short drive away by car or public transport. The home has two distinct units, Harewood and Mews. The Mews unit provides accommodation for people with dementia.</p>
Type of service	Care home service with nursing
Regulated activities	<p>Accommodation for persons who require nursing or personal care</p> <p>Diagnostic and screening procedures</p> <p>Treatment of disease, disorder or injury</p>

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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 carried out a visit on 5 June 2014 and 6 June 2014, observed how people were being cared for, talked with people who use the service and talked with carers and / or family members. We talked with staff, reviewed information sent to us by commissioners of services and reviewed information sent to us by local groups of people in the community or voluntary sector.

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.

What people told us and what we found

A single inspector carried out this inspection over two days. The focus of the inspection was to answer five key questions: is the service safe, effective, caring, responsive and well-led?

Below is a summary of what we found. The summary describes what people using the service told us, what we observed and the records we looked at.

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

This is a summary of what we found:

Is the service safe?

People were seen to be treated with respect and dignity by the staff. People we spoke with said they felt staff listened to them and acted upon what they said. We saw this was the case.

The service had policies and procedures in place in relation to the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS). There was no one currently using the service who had a DoLS in place. The manager knew how to request an assessment if this was required. Staff received safeguarding and Mental Capacity Act training. This helped to protect people.

The provider had effective systems in place to deal with any emergency.

Staff told us that they felt there were enough staff. However, we have asked the manager

to monitor night shifts to make sure night staff meet people's needs.

Is the service effective?

People's health and care needs were assessed and detailed care plans and risk assessments were in place. This helped the staff to understand people's care needs. A person we spoke with said "If I weren't well and wanted the GP they would get them for me. They (the staff) are very helpful." Another said "I get the care I need." We observed that the manager and staff spent time with people and knew people's individual needs well.

People we spoke with said "The food is good." and "I have had toast, tea and scrambled eggs. I eat well here." Food and drinks were seen to be available to people at any time. Staff knew people's dietary needs, likes, dislikes and preferences. People were supported to remain as independent as possible with eating and drinking but were given assistance, where necessary. We observed that people looked hydrated. Food provided was home cooked and appeared to be nutritious. This helped to ensure people's nutritional needs were being met.

Is the service caring?

People we spoke with said that the staff were patient and kind. They told us they were supported to live the life they chose. We observed this was the case. People were seen undertaking various activities such as painting and doing jigsaw puzzles. Relatives we spoke with said "We have had a couple of extra years with X that we would not have had. Staff are lovely they give the personal touch. Staff make that extra bit of effort."

We saw from the care records we inspected that people's preferences, interests and life histories were recorded. Information such as 'This is me' and 'Five things you should know about me' was recorded so that staff could help people talk about their life. Changes to people's needs were recorded and were acted upon by staff to help to maintain people's health and wellbeing. Daily entries made by staff confirmed that care was being provided in accordance with people's wishes.

Is the service responsive?

There was a complaints policy in place which people were made aware of. People we spoke with said they would raise issues with the staff or manager if they wished too. The manager was available for people or their relatives to speak with at any time.

The manager and staff told us how they would act on any changes in people's condition, informing their relatives or health care professionals as necessary. This was confirmed by people we spoke with.

Is the service well led?

Systems were in place for the manager to monitor the quality of the service provided. The manager and senior manager assured us that they would make further checks about the service provided to people on a night time. We saw that action was taken to address any issues that the management team were made aware of.

The manager led the staff team by example and prided themselves on taking all relevant action required to ensure people were cared for. Detailed audits were in place which helped the manager monitor the quality of the service being provided. The manager and senior manager carried out visits at different times of the day and night to undertake observations and to speak with people and with staff.

There was a clear message given to us about the ethos of this service. This was to provide people with individualised care and support. Staff we spoke with told us the manager listened to them and acted upon what they said.

Compliments, comments and complaints were encouraged. People and their relatives told us they could speak with the manager at any time. People we spoke with said "I love living here. Everything is alright for me." And "It is very nice here I cannot complain, they care for me."

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

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

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

Prior to our visit we received some concerns about people who may not be having their continence needs met. We looked into this during our inspection. We inspected all the charts that recorded when people were changed, turned and given food and drink. We found no evidence to support this allegation. During our visit we observed that people looked well cared for on Harewood and The Mews.

We spoke with a number of people living at the home. One person said "If I weren't well and wanted the GP they would get them for me. They (the staff) are very helpful." Another said "I'm looked after very well. Staff help me when I need a bit of assistance." A relative we spoke with said "X Has had the care she needed without a shadow of a doubt."

We spoke with eight members of staff. They told us that the care records were detailed and that they knew people's needs well. We spoke with them about the concerns that had been raised. We received the following comments: "No residents are dehydrated and they are not left in pads. People are assessed for their pads. "I personally check my residents. Each shift I inspect people's skin. We give drinks and food, especially to people with skin problems or with catheters, we encourage fluids." "People are never left without drinks or left thirsty." "People are getting changed regularly." "Residents who stay in their beds are changed. Sometimes I feel they may not be washed well enough." This was discussed with the manager who stated he would monitor this.

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We looked at the care records of four people living at the home, two from each unit. The care records described the help and support people needed to receive. We saw nutritional assessments and monitoring of people's skin was in place. Where people's food and fluid intake needed to be monitored and recorded this had been done. We saw how people were positioned in bed, their output and changing of their continence products was recorded. We did not find any concerns with these records that we checked. We concluded that people's health and wellbeing was being monitored

appropriately.

We saw that people's care records were reviewed monthly or as people's needs changed. This helped to ensure that people's needs were known and could be met. Help and advice was seen to be gained from relevant health care professionals to help to maintain people's health and wellbeing.

We observed that risks to people's wellbeing had been identified. This information was recorded on individual risk assessments. The manager confirmed that risks to people's health and wellbeing were always assessed and corrective action was taken to help to protect people. We saw that people were encouraged and supported to live the life they chose, even if there were risks associated with this. This helped people to feel empowered and encouraged their independence.

We saw that people's care records contained information called 'Who am I, thanks for asking' and 'Five things you should know about me. This helped staff reminisce with people and helped them to deliver appropriate care and support. We were unable to talk with some people living on The Mews so we carried out a formal observation. This enabled us to observe practice and look at the staffs interactions with people, which helped us to understand people's experiences. During our observations we saw that staff were available to help support people. Activities were undertaken, these included painting, jigsaws, reading, reminiscing and singing. There was a calm atmosphere on The Mews and people were able to choose when and what they wanted to do. We saw staff were skilled at supporting people's physical and emotional needs.

A programme of activities was provided on each unit of the home. On the first day of our visit a singer came in to perform a concert. This was seen to be enjoyed by the people who chose to attend.

People were assessed under the Deprivation of Liberty Safeguards (DoLS) to ensure that they were not being deprived of their liberty. The manager knew how to make a request for a DoL assessment and said anyone who needed to be assessed would be. This helped to protect all parties.

There were arrangements in place to deal with foreseeable emergencies. Nurses assessed people in an emergency and medical advice was gained and was acted upon. If a person needed to be admitted to hospital relatives or staff would go with them to help to relieve their anxiety. Information in the form of a 'hospital passport' was also sent. This detailed people's needs, likes and dislikes. Medication information was also sent so that people's needs could continue to be met.

Food and drink should meet people's individual dietary needs

Our judgement

The provider was meeting this standard.

People were protected from the risks of inadequate nutrition and dehydration.

Reasons for our judgement

Prior to our visit we received some concerns about the availability of food at night and that people may be dehydrated. We carried out our inspection over two days. We went in to speak with night staff to gain their views. We inspected both units in the home and checked people's food and fluid intake charts. We found no evidence to support the allegations made. We saw that sandwiches, cake, biscuits, fresh fruit and other items were available for people to enjoy at any time.

During our visits we spoke with people about the food. They said: "The food is good". "I don't eat meat. I eat fish and eggs. They give me what I want. If I wanted more I would get it. I get drinks and snacks. I cannot complain about this." And relatives we spoke with said "I find the food very agreeable. I could eat with my Mum if I wished. They (the staff) try and encourage X with food." "The amount of food given is good. X has put loads of weight on."

We spoke with eight staff. We received the following comments: Food in this home is available 24/7, anytime. Even to relatives." "If residents ask for a drink at any time it is there. The fridges are not locked; there are sandwiches, crisps, biscuits yoghurts, lots of stuff. There is always something to eat and drink available." And "You can feed the residents always, there are no problems."

We saw that people chose when they wanted to eat and where they would like to have their meals. We saw that staff on Harewood and The Mews patiently observed, prompted and assisted people to eat and drink. People were supported to be able to eat and drink sufficient amounts to meet their needs. Meals that were served during our visits looked appetising and nutritious. Adapted cutlery and crockery was used to help people to be as independent as possible. On The Mews, high contrast green plates and cups were used on uncluttered tables. This is good practice and can assist people with poor memories to eat and drink.

We spoke with two cooks. They confirmed that food and drinks were available anytime. We observed that people who were at risk of weight loss received 'Smoothies.' These provided people with additional high calorific snacks which helped to support people's nutritional intake. Relevant health care professionals were involved in monitoring people's nutritional intake, if weight loss had occurred or if people had swallowing difficulties.

Detailed information was available to the kitchen staff regarding people's individual dietary needs, likes and dislikes. We observed a cook sitting with a new resident to ask them what they preferred to eat and what they would like to eat. Time was spent to allow the person to give their views.

People were provided with a choice of suitable and nutritious food and drink. Three meals a day were served. We observed mid-morning and mid-afternoon refreshment rounds were undertaken by staff. Fresh baking was provided for people to enjoy. Supper was also provided. We saw that throughout the home staff offered people drinks and snacks throughout the day. Relatives were also provided with refreshments.

The cook told me about a new 'Come dine with me' programme that had been put into place. This was where during the early evening families could acquire the dining room for special family meals or events. The cook said this was to allow people to enjoy time together if going out for a meal may be difficult.

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

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

People we spoke with were not asked directly if they felt safe and protected from abuse. Instead we talked with people and we received the following comments: "The staff are alright they are polite and kind." "I feel safe here." and "I would feel able to speak with the manager if I had any issues at all." People we spoke with said they would say if they were not happy with something. Relatives that we spoke with told us they too would raise any issues of concern, if they had any.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. During our visit we spoke with eight staff they confirmed that they had received training about safeguarding people from abuse. We saw this was provided to new staff at induction and periodically to all staff. All the staff we spoke with told us about the action they would take if they suspected abuse was occurring. One member of staff said "I have had safeguarding training. I would definitely raise any issues." Another member of staff said "I had safeguarding training two months ago. It is useful to remember this again. If I saw something that worried me I would say and get it off my chest. I would report issues straight away. Things would be dealt with."

The manager confirmed that all necessary checks were undertaken to make sure that staff were suitable to work in the care industry. This helped to protect all parties.

The provider responded appropriately to any allegation of abuse. The provider had recently provided staff with training in this area by North Yorkshire County Council. There was a Whistleblowing (telling someone) and Confidentiality policy in place to help inform the staff. This helped to ensure that people could be protected from abuse.

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

People we spoke with said there were enough staff to meet their needs. One person said "They (the staff) are kind people. They are here when needed." A relative said "I have never been concerned at staffing levels, X has always got the care she needed. We have had a couple of extra years with X that we would not have had. Staff are lovely they give the personal touch. Staff make that extra bit of effort."

Prior to our visit we received some concerns that there may not be enough staff to deliver care on a night. We looked at this issue during our visit. We went in to speak with the night staff that were coming on duty. At this time we heard the nurse call was going off a lot but then this calmed down. Day staff stayed on duty whilst we spoke with the night staff.

During our discussions we received the following comments: "We have one nurse and four care staff. Sometimes it is busy. I work with one carer. Sometimes we have shifts covered by agency; we have to show the agency staff what to do. We have enough staff. In an ideal world we would always want more, but there is enough." "There is not enough staff when we first come on it is very busy. A lot of people we check hourly. After midnight it is quieter." And "I feel pressure for all sides. There are a lot of bells, we put residents in bed. Evenings are really busy. The rush finishes about eleven, but it depends who you are on with. One hourly checks must be done, some nurses do the hourly checks some won't do these." We discussed this with the manager who said all staff must work together to deliver care and support to people. The manager told me they were in the home most mornings at six am. They said they would monitor this situation and take any action necessary to address this.

Early mornings were also reported to be busy. Staff told us people that if people did not sleep during the night they were washed and dressed. The provider may wish to note that a comment was received that people may be being washed and dressed early and there may be an expectation that a certain number of people needed to be up before day staff came on duty. A member of staff told us they had got twelve people up one morning, they told us they felt the day staff would have liked more people to have been up. This information was shared with the manager who told me the night shift would be reviewed. In view of this, however, staff we spoke with said that there was a high standard of care provided to people at the home.

Staff who worked on the day shift said "Generally when we have full staffing things go smooth. Sometimes if staff go sick at short notice this can add a bit of pressure, some staff are awaiting starting at the home, so it can be up and down sometimes. Another member of staff said I worked nights last week. It was fine I felt there was enough staff. No one worked on their own. The carers have an ethos of caring for people; they pick up so easily if a resident is not well and act upon this."

We saw that there was enough staff to meet people's needs in a timely way. The provider showed us a rota which helped to ensure that there was enough suitably qualified and competent staff on duty to look after people. We observed there was a relaxed atmosphere in the home during the day and staff were able to spend time supporting people. We concluded that there were enough qualified, skilled and experienced staff to meet people's needs

The manager told us that they had worked care shifts in the home and was happy to do so when necessary. A senior manager we spoke with also had worked some shifts to provide support to staff when staff called in sick at the last moment. This ensured that they could observe how care and support was being delivered to people. The deputy manager worked day shift and night shifts this ensured that the staffing levels were being monitored.

Staff we spoke with confirmed that they had training to develop their skills. Staff received training in a variety of subjects such as: first aid, safeguarding, fire safety, dementia, infection control and moving and handling. One member of staff said "There is always training provided." The manager told us they had been increasing the frequency of training in all subjects for all staff to yearly. This ensured staff would keep their knowledge and skills up to date.

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 in place to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

People we spoke with said they felt able to raise any issues or speak about their needs with the staff or manager. We received the following comments from people: "I love living here. Everything is alright for me." And "It is very nice here I cannot complain, they care for me." Relatives we spoke with said " We cannot praise this home enough." and " I am totally happy with all aspects of the service given to X."

People who use the service, their representatives and staff were asked for their views about their care and treatment and these were acted upon. This was carried out by the manager who was seen speaking with people and observing how care and support was being delivered to people. Relative and residents meetings were being held. We saw from the minutes we looked at lots of areas were discussed. E mails were also sent to people's relatives and representatives to update them about what was happening at the home. The manager told us how any issues no matter how small were always acted upon.

We saw evidence that staff reviewed people's care monthly or as people's needs changed. We observed staff asking people how they were and staff acted upon what people said to them. Care reviews were held for people being funded by the local authorities so that they could determine if people's needs were being met.

The manager and staff were seen to spend time speaking with people on Harewood and The Mews. This included making time to speak with people's visitors and relatives. Any issues raised were acted upon. Comments we received during our visit about the quality of the service were positive. The manager and senior management team were available for people, relatives and staff to speak with at any time. There was an 'open door' policy in place and the manager and senior management team provided staff with their contact details so that staff could speak with them at any time.

The provider had a range of policies and procedures in place to support the safe running of the home. Staff had access to these which helped to keep them informed.

We looked at meeting minutes and saw that regular staff meetings were held. A night staff meeting was about to be held shortly. This enables staff a chance to air their views. Staff spoke highly of the manager. A member of staff said " If there were any issues the manager would want to know. Another member of staff said "The manager is very skilful. He finds a solution for everything." Staff told us that if they informed the manager about any issues the would do his best to sort things out.

There was evidence that learning from incidents and investigations took place and appropriate changes were implemented to help to protect people's health and wellbeing. Audits were completed by the manager, senior staff and visiting senior manager. These covered all aspects of the service and people's care records. This enabled staff to address any issues found in a timely way. Clinical meetings and management audits were taking place. Any issues which were identified were recorded and the date and action taken was recorded. This ensured that relevant action was taken to resolved issues.

The provider took account of complaints and comments to improve the service. We saw that the complaints procedure was displayed in the entrance foyer of the home. The manager told us that he was there for people living at the home, for visitors and for staff. Any complaints raised at the home were looked into and were dealt with.

About CQC inspections

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

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

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

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

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

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

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

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

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

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

How we define our judgements

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

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

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

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

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

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

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

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

Glossary of terms we use in this report

Essential standard

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

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

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

Glossary of terms we use in this report (continued)

(Registered) Provider

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

Regulations

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

Responsive inspection

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

Routine inspection

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

Themed inspection

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

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