

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

Cornerways

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5JD

Tel: 01189770036

Date of Inspection: 01 July 2014

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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
Cleanliness and infection control	✓	Met this standard
Supporting workers	✓	Met this standard
Assessing and monitoring the quality of service provision	✓	Met this standard
Records	✓	Met this standard

Details about this location

Registered Provider	Voyage 1 Limited
Registered Manager	Mrs Theresa Bieny
Overview of the service	Cornerways provides services for up to eight people with learning disabilities or autistic spectrum disorder. The service also provides an 'outreach service' and delivers care and support to some people in their own homes in the community.
Type of services	Care home service without nursing Domiciliary care service
Regulated activities	Accommodation for persons who require nursing or personal care Personal care

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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 looked at the personal care or treatment records of people who use the service, carried out a visit on 1 July 2014, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members, talked with staff and reviewed information given to us by the provider.

We looked at all the information we hold about Cornerways.

What people told us and what we found

The inspection team consisted of one adult social care CQC inspector. On the day of our inspection nine people used the service. One of these people lived in the community and received support from the provider through an outreach service. We spoke with three people, one relative of another person, two support workers, the deputy manager, and registered manager. We reviewed records relating to the management of the home which included four people's support plans and two staff files.

We considered all the evidence we had gathered under the outcomes we inspected, which related to people's care and welfare, cleanliness and infection control, supporting workers, assessing and monitoring the quality of service provision, and records. We used the information to answer five key questions; is the service safe, effective, caring, responsive and well-led.

This is a summary of what we found.

Is the service safe?

People who use the service told us they felt safe at the service. Personal evacuation plans were in place for each person to ensure their safety in the event of a fire at the service.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to this type of service. The service was safe because requirements in relation to the DoLS had been met. The deputy manager had received training in relation to DoLS and was aware of the recent case law. They told us most of the people they provided care for did not have the capacity to determine where they wanted to live and all received a high level of support and supervision within the service. The deputy manager informed us that they had started the process of submitting DoLS applications for these people following consultation with three local authorities. This was confirmed in records we looked at during the inspection.

People had been cared for in an environment that was safe, clean and hygienic. People were protected from the risk of infection because protocols based on current Department of Health guidelines were followed.

A system of staff supervision and appraisal was in place to support workers. Staff received appropriate training and professional development to enable them to deliver care and treatment to people safely and to an appropriate standard.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others in relation to incidents. There was a system for monitoring and learning from incidents. The provider could identify possible trends that may require additional actions, such as risk assessments and the implementation of appropriate actions. This meant they took appropriate steps to minimise the risk of occurrences to people and others.

There were processes in place to ensure staff and people's confidential records were stored securely and could be located promptly when requested. People's records were accurate and fit for purpose.

Is the service effective?

The service demonstrated effective practices through the assessment of people's health and care needs. People's views about the type of care they wanted had been sought. People confirmed their involvement in the development of their care plan. We noted people's involvement in annual reviews of their care. We found staff had a good understanding of people's care and specific support needs, for example, in relation to autism, asthma and diabetes.

All three people and a relative of another person we spoke with were complimentary about the care received. One person said "Staff know what to do. They know me well."

Is the service caring?

People were supported by kind and supportive staff. People and a relative told us staff were very caring. One person told us "Staff are nice when they are helping me." All interactions we observed between the staff and people were respectful and courteous. We saw that support workers gave encouragement when supporting people. People were able to do things at their own pace and were not rushed.

People using the service, their relatives, friends and other professionals involved with the service completed an annual satisfaction survey. Where shortfalls or concerns were raised these were addressed.

People's preferences, interests, aspirations and diverse needs had been recorded in their support plans. Care and support had been provided in accordance with people's wishes, for example arranging preferred activities, holidays and colour schemes in bedrooms.

The compliments folder we looked at recorded three responses from health and social care professionals visiting the service. We saw feedback was positive. Visitors rated staff support and care for people highly. All three visitors commented that they were made to feel welcome when visiting the service.

Is the service responsive?

We found the service was responsive to people because their needs had been assessed before they used the service. In records we looked at we saw people met with their key workers monthly to discuss what was important to them. Records confirmed people's preferences, interests, aspirations and diverse needs had been documented. Daily notes confirmed that care and support had been provided in accordance with people's wishes. People had access to activities that were important to them and had been supported to maintain relationships with their friends and relatives.

People knew how to make a complaint and who to go to if they were unhappy. We looked at how complaints had been dealt with by the provider, and found that the responses had been thorough, and timely. People could therefore be assured that complaints were investigated and action was taken as necessary.

Is the service well-led?

We found the service was well led because the provider acted on feedback received to improve the service. We saw people's and relative's feedback was sought through meetings and surveys. The provider was responsive to comments from people, such as a planned refurbishment of people's rooms to meet their wishes and suggestions. One person told us "If I want to talk about anything they (staff) listen to me."

Audits and checks ensured people's safety and wellbeing was promoted. Where issues were identified, an action plan was formulated. Progress and completion of this was monitored. We saw issues were identified and actions completed appropriately.

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

One person told us "Staff know what to do. They know me well." We observed people communicating that they wanted assistance. We saw the staff provided whatever was wanted in a way that demonstrated a good knowledge of each individual person. All interactions we observed between the staff and people were respectful and courteous. We saw that support workers gave encouragement when supporting people. People were able to do things at their own pace and were not rushed when preparing drinks and snacks in the kitchen.

Examples of strategies to encourage people's independence included push button access to people's rooms. This enabled people to close the door to their rooms when they wanted privacy and enter and leave their rooms independently. A ceiling hoist had been installed to enable a person to have a shower safely. We observed people communicating that they wanted assistance. We saw the staff provided whatever was wanted in a way that demonstrated a good knowledge of each individual person. We observed people communicating that they wanted assistance. We saw the staff provided whatever was wanted in a way that demonstrated a good knowledge of each individual person. A ramp outside one person's room enabled them to access the garden area independently.

We looked at the records of four people who use the service. These included an initial assessment with the person. Individual needs were then identified and detailed support plans and associated risk assessments completed. We saw people's care needs and preferences for support were recorded in their records. Support plans we looked at were individualised and person centred. They provided guidance to staff on how best to support people to maintain their independence, and noted people's preferred activities and lifestyles. In the support plans we saw detailed guidance to staff about the management of people's epilepsy, asthma, diabetes and emotional and behavioural support.

Staff training records showed us staff had completed training related to supporting people's specific care needs, for example, management of epilepsy, diabetes, autism and cerebral palsy awareness. Staff we spoke with gave detailed examples of support they

provided to people. This demonstrated their knowledge of people's needs and the appropriate support required. People confirmed staff knew their needs and supported them effectively.

Care and support was planned and delivered in a way that was intended to ensure people's safety and welfare. The risk assessments and risk reduction measures, included in the support plans, were specific to the needs of the individual. These were in place to help staff minimise risk and protect people and staff from harm. These covered specific events and circumstances such as use of bed rails, epilepsy, difficulties with swallowing food and engagement with community activities.

We saw support plans and risk assessments were reviewed six monthly or sooner following changes in people's support needs. Additional information was noted in the support plan whenever changes were identified, for example, following a review by a health care professional. Annual reviews included the person, their key worker and their relatives or representatives. People we spoke with confirmed their involvement in these meetings. Documentation in an accessible format for people had been used in reviews of their care and support. The daily notes showed care and support were delivered in line with people's individual support plans. The written records provided detail of what care had been provided and who had provided the care and support. This meant care and support had been provided in accordance with people's wishes.

People had received medical care when required. For example, we saw records that showed people had seen various healthcare professionals such as their doctor, physiotherapist, occupational therapist, hospital consultant, optician, Speech and Language Therapist (SALT), and the dentist. We noted people had annual health checks with the GP. Appointments were noted in the daily diary to ensure people were supported to attend appointments on time. One person told us "When I feel unwell I just tell X(staff member) and X gets the doctor."

The registered manager and staff told us they communicated any changes in people's care, health and support to staff during a handover meeting at the beginning of every shift. This was confirmed by observations we made. We saw changes in people's care, health and supported had been recorded in the staff communications book and in people's records we looked at.

There were arrangements in place to deal with foreseeable emergencies. Individualised personal emergency evacuation plans were accessible within the reception area of the service. There were procedures in place for dealing with emergencies that may impact on people, such as fire and loss of utilities. We saw minutes from a "Residents meeting" held in March 2014. This noted discussion on the fire evacuation procedure at the service. The procedures for dealing with emergencies aimed to minimise the risks to people at the service if any of the events occurred.

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

We saw the service was clean and tidy. We saw completed records of daily and weekly cleaning checks for June 2014 which showed all cleaning tasks had been done. We noted no issues for action had been identified following the last infection control audit on 3 February 2014. This meant people were protected from the risk of infection because people were cared for in a clean, hygienic environment.

There was a reference file on infection control available for all staff to read. This provided guidance on, for example, hand washing, effective cleaning of linen and laundry, and safe handling and disposal of clinical waste. There was guidance on the correct personal protective equipment (PPE) to use when completing different tasks. For example; preparing food, delivering personal hygiene tasks and, handling infected waste and infected soiled linen. A copy of the Department of Health Guidance on Prevention and Control of Infection in Care Homes (2013) was included in this file. Hand washing guidance was displayed in the bathroom, kitchen and toilets at the service. Having guidance and procedures in place meant staff and people were protected from the risk of acquiring health care associated infections.

There was an identified infection control lead for this service. This person ensured staff were kept informed of any changes in guidance at staff meetings. In the minutes of a staff meeting held on 20 March 2014 we noted staff had been updated on guidance in relation to the safe disposal of clinical waste. At a meeting on 22 May 2014 we noted staff were reminded to follow the guidance on the usage of the yellow mop and bucket to clean up body fluids. We saw minutes from a "Residents meeting" held in March 2014. This noted discussion on the importance of washing hands after using the toilet and wearing gloves and aprons when preparing food.

We saw a copy of a Control of Substances Hazardous to Health (COSHH) assessment on body fluids for the service. The purpose of this assessment was to identify the risks to staff and the precautions to be taken for people living, working and visiting the service. This meant people, staff and visitors were protected from the risk of infection.

When we looked at the staff training records we found all 24 members of staff had completed training in infection control and food safety awareness. We spoke to two members of staff who confirmed that they had received training and were knowledgeable in the correct procedure for dealing with spillage of body fluids and the use of PPE.

We saw an infection control box which contained PPE and a body fluids spillage kit for staff to use when required. Hand washing gel and personal protective equipment such as aprons and gloves were available for staff use to reduce the risk and spread of infection. We saw separate mops and buckets were used for kitchen, bathroom and lounge areas. Guidance on the correct coloured mop and bucket to use for each area was displayed in the laundry room at the service and in the infection control file. We saw staff followed this guidance when cleaning different areas at the service. We found staff used the correct PPE when supporting people with their personal care and preparing food. This meant people and staff were protected from the risk of infection because staff took appropriate action to minimise the risk of spreading an infection when providing care and treatment for people.

During our visit we saw clinical waste was stored securely in a yellow waste bin. There was a contract with an external company to collect and dispose of this waste safely. This meant clinical waste did not present a risk to people's health and safety. Unauthorised people did not have access to waste materials.

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 treatment safely and to an appropriate standard.

Reasons for our judgement

Staff told us they had individual supervision and annual appraisal meetings with their manager. We saw documentary evidence of this. In the staff supervision timetable for 2014 we saw all staff had received supervision meetings and more were scheduled for the year. The provider had a system for recording dates that supervision and appraisal meetings took place.

We reviewed a sample of supervision meeting notes and found they were up to date. They identified training needs and discussed issues from day to day practice and relevant policies and guidelines. Staff we spoke with told us they found their supervision meetings beneficial and worthwhile. This meant staff were supported by a system of supervision, to deliver safe and appropriate care and support to people using the service.

Staff told us they felt supported by managers and there were plenty of opportunities for day to day guidance. Staff said they felt comfortable raising concerns with their manager. They told us they had good access to training and they could request additional training when necessary. For example, if the needs of the people who use the service changed. This was confirmed in the notes of staff supervision meetings and staff training records we looked at.

The registered manager told us all new staff completed an induction programme. This included the provision of training and working shadow shifts with experienced senior members of staff until new staff felt confident to work alone. We looked at two staff files. In each file we saw a completed induction booklet and confirmation that shadow shifts had been completed. We saw each staff member's progress and completion of training was reviewed in monthly supervision meetings during the induction period. We saw the notes of monthly supervision meetings during the induction period. We noted these meetings reviewed progress and confirmed when the staff member had completed their mandatory training. Staff we spoke with confirmed their induction programme had helped to prepare them to carry out their role safely and effectively. One member of staff told us "I had a very good induction. I felt very supported. On completion of my induction I felt well prepared to work unsupervised."

We looked at the provider's training record for all 24 staff. We found all staff were up to

date with the training identified as a requirement in the provider's own policies. Examples of training included health and safety awareness, manual handling – people, medication administration for care and safeguarding adults at risk. We noted staff had completed training related to supporting people's care needs. For example, all 24 staff had attended training in diabetes awareness. Twenty three staff had completed training in epilepsy awareness and 20 in learning disabilities with mental health needs awareness. Twenty three staff had completed additional training in Autism awareness. This meant staff had received appropriate training to enable them to deliver care and support to people safely and to an appropriate standard.

A relative of a person told us they felt staff had the skills they needed when providing care and support to their family member. This meant that the provider ensured staff received appropriate training to enable them to deliver care and support to users of the service safely and to an appropriate standard.

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 receive.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

Reasons for our judgement

The provider had systems in place to regularly assess and monitor the quality of service that people received. These included collecting feedback from people, their relatives, and staff. We saw minutes from a "Residents meeting" held in May 2014. This noted discussion on who to go to if people were unhappy with their care. The provider also completed monthly, three monthly and, six monthly compliance audits to monitor the quality of the service. The provider had carried out a survey to seek feedback on the quality of support and care provided for people using the service. This was sent to people, their relatives, and health professionals and staff who supported the service.

We saw the outcome of the last survey dated July 2013. We noted all responses were complimentary about the service and any identified shortfalls were addressed promptly. People and a relative we spoke with told us they were happy with the quality of care provided. One person commented, "I am happy here." People we spoke with confirmed they had been listened to. One person told us "If I want to talk about anything they (staff) listen to me."

We saw examples of improvements made to the service following people's feedback. In the minutes from a "Residents meeting" held in March 2014 we noted two people had identified problems with their wheelchairs. We saw the provider had taken action to address these problems. In the records of these two people we noted they had attended wheelchair clinic appointments in April 2014. In the minutes from a "Residents meeting" held on 8 April 2014 we noted one person had requested hooks to be fixed on their bedroom door to hang their clothing on. We saw this request had been actioned by the provider. This helped to ensure that people received a good quality service at all times. One relative told us "They provide an excellent good service for X."

We found where improvements to services were required, these were made. For example, we noted the provider had completed a refurbishment programme of the service following feedback from a "Review of environment" audit completed by the provider in October

2013. This included the re-decoration of people's bedrooms in March 2014. We saw evidence the provider carried out unannounced quality assessment audits of the service. The audits measured the service against the Health and Social Care Act 2008, using outcomes to frame the assessment. We looked at a document dated 10 and 11 February 2014. This noted some areas that required improvements. For example, meetings for people were not planned and scheduled on a monthly basis and activity plans had not always been completed and available on a weekly basis for the forthcoming week. The provider set an action plan to address the issues identified, and we saw the registered manager had made the required changes. This meant the provider acted on feedback received to improve the service.

The provider took account of complaints and comments to improve the service. We reviewed the complaints file and saw there were no recordings since September 2012. We saw minutes from a "Residents meeting" held on 8 April 2014. This noted discussion on how to make a complaint and who people could go to. None of the people we spoke with felt they needed to make a complaint. People and a relative we spoke with told us they would feel comfortable raising concerns with any member of staff. One person told us "If I'm not happy I can go to X (registered manager) and it gets sorted." In the compliments folder we noted three responses from health and social care professionals visiting the service. We saw feedback was positive. Visitors rated staff support and care for people highly. All three visitors commented that they were made to feel welcome when visiting the service.

There was evidence that learning from incidents and investigations took place and appropriate changes were implemented. We saw accidents and incidents were recorded. We looked at the log of recordings since 1 January 2014 and noted a total of seven incidents. A monthly log recorded these for each person to provide analysis from which to identify any trends that may require additional actions, such as risk assessments and the implementation of appropriate actions. This considered the day, time and location of the incident, whether it was witnessed, and actions taken. This meant the provider took appropriate steps to minimise the risk of occurrences to people and others.

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

The provider had a policy providing guidance on the storage and disposal of records. Records could be located promptly when requested. Care workers' personnel files were securely stored in a separate locked filing cabinet in the office. They could be located when requested. We saw these records could only be accessed by the manager. There were processes in place to ensure people's confidential records were stored securely and not accessible to visitors to the service.

People's records were accurate and fit for purpose. We saw four people's records were kept updated and reviewed in a timely way. Risk assessments and support plans were reviewed as needed or at set six monthly intervals by the care support workers and registered manager. We saw each person's annual review of care and health plan had been completed in a timely way. This meant people were protected from the risk of receiving unsafe and inappropriate care because their records were accurate and fit for purpose. Accurate guidance was in place to ensure people received safe and appropriate care.

Staff we spoke with understood the need for confidentiality of people's personal information. This meant the provider had taken steps to make sure people could be confident that their personal information remained secure and confidential. We saw this was in line with the principles of the Data Protection Act 1998 and the provider's own requirements.

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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