

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

The Cottage Care Home

The Cottage, Old Hill, Longhope, GL17 0PF

Tel: 01452830373

Date of Inspection: 06 August 2014

Date of Publication: August 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
Safeguarding people who use services from abuse	✓ Met this standard
Management of medicines	✗ Action needed
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Brandon Trust
Registered Manager	Mrs Tammy Michell Perchard
Overview of the service	The Cottage Care Home provides care and support for four adults with an autism spectrum condition.
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'.

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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 6 August 2014, observed how people were being cared for and talked with staff.

What people told us and what we found

At the time of our inspection the provider had a new manager in post. The manager was applying for registration with the Care Quality Commission. In this report the name of a registered manager appears who was not in post and not managing the regulatory activities at this location at the time of the inspection. Their name appears because they were still a registered manager on our register at the time.

Four people lived at the home but we were unable to speak to them as they had complex needs and had difficulty communicating. We gathered evidence of people's experiences by reviewing records, observing care practices and talking with staff.

A single adult social care inspector carried out the inspection. The focus of the inspection was to answer five questions: Is the service safe, effective, caring, responsive and well-led?

We found the service was safe.

Overall we found the service was safe but we found the management of medicines to be unsafe. We found inappropriate arrangements for the recording, handling, dispensing and disposal of medicines.

Staff told us they had received training about safeguarding vulnerable people. They told us they would report concerns immediately to a senior staff member. Policies, procedures and local guidelines were available for staff to follow. The provider might find it useful to note that the policies read were dated 2010 and we found no evidence of policies being reviewed.

We saw that staff had a good rapport and interacted well with the people living in the home. We saw that people freely approached members of staff when they wanted support.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS), which applies to care homes. The provider had policies and procedures in relation to the Mental Capacity Act (MCA) and people had DoLS

authorisations in place. This was in line with the provider's policies and procedures, and the CQC had been notified as required by law. This meant that people would be safeguarded as required. We saw systems in place to ensure that managers and staff learnt from accidents and incidents as well as comments received from professionals and relatives of people who use the service.

Is the service effective?

People's health and care needs were assessed comprehensively and found they had been supported to be involved with their health action plans and care plans. We saw involvement from external health professionals such as the community learning disability team (CDLT).

We spoke with staff who told us they had received regular supervision and an annual appraisal.

We found the service was caring.

We spoke with staff, and observed the interactions they had with people. We found, without exception, that staff spoke kindly and demonstrated a good understanding of people's needs. Staff said they enjoyed working at the home as each day was different. During our visit we observed there was a relaxed atmosphere with people choosing where they wished to spend their time. We observed staff treating people with kindness and patience. Staff demonstrated they knew people's needs and ensured people were treated with privacy and dignity.

We found the service was responsive.

People had their needs assessed on a regular basis. They met with their key workers regularly to review their plans and to discuss what was important to them. Staff told us that people understood what they said and were able to respond through the use of symbols, signs and gestures. We saw care plans which showed us that the care, treatment and support was reviewed in line with people's changing needs. Records confirmed people's likes and dislikes and preferred routines.

We found the service was well-led.

The service had a good quality monitoring system which ensured that the manager was aware of any changes in the service and was able to respond proactively.

Other agencies had written positive comments about the way the service provided good information and worked in a way that improved people's health and well-being.

We observed good relationship between staff and management on the day of our visit. Staff were clear about their roles and responsibilities and told us that they were supported by their manager.

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 30 August 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

✓ 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

Overall from the evidence we reviewed we found that people were supported and assisted to have their needs met in a manner which ensured their safety and well-being.

We saw that people's bedrooms were decorated with their personal belongings which included family photographs and pictures on the walls. We observed staff supporting people and attending to their needs. We saw compliments written by family members. One note read thanked staff for making their relative's life "enjoyable and happy."

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 for two people living in the home. Each person had undertaken a Functional Analysis of Care Environments (FACE) assessment with the Gloucestershire learning disabilities operations team which reviewed for example, the person's personal care and medical needs and health and well-being. We saw that the home had introduced care and support plans based on the information provided. Examples included comprehensive details of people's routines for different times of the day and different activities they took part in. Risk assessments had been completed where necessary and all care records were regularly reviewed.

The records read had an Essential Life Plan and an End of life Plan. The essential life plan outlined what a good and bad day was for people who use the service and what people liked or admired about them. The end of life plan had been completed with people's relatives which included funeral plans and chosen hymns. We saw that the plans had been signed by family members and were reviewed six monthly. However, the provider might find it useful to note that we found no evidence of family involvement in the six monthly reviews to ensure that the information contained within the plan was accurate and up to date.

We saw that the people living in the home expressed anxiety or frustration in a way that could be challenging. The home had a managing transition/change statement which identified anxiety triggers. The service utilised a red, amber, green (RAG) system to

manage anxiety. The system identified how people tended to behave when they were calm and how this changed as they became anxious or frustrated. Staff completed a daily chart to record people's moods which were assessed and included in people's reviews. Examples included the slamming of doors and people screaming and shouting. We were informed that the analysis of the record was provided during a person's review with external professionals for example, social workers and a member of the learning disability team. This enabled professionals to assess people's needs. This meant that care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

The home sought advice from external health professionals and people had individual health action plans. We saw that people had received blood checks, eye checks and visited the dentist regularly.

Activities were individualised and relevant to people's needs. The home had the use of a vehicle and was able to take people out daily. Some external activities were planned for particular days for people. Other activities such as going out for a drive to the local shops were more spontaneous and decided on the day depending on people's wishes. One the day of our visit one person attended the local masseuse and another went to the local shop to pick up some groceries with staff. We could see that people enjoyed being a part of the activity.

We spoke with staff that were on duty. We found they demonstrated a good understanding of people's needs. We saw interactions between staff and the people living in the home that were supportive, kind and encouraging. Staff told us they had handover meetings and discussed how each person had been throughout the day.

We looked at the daily records and saw that entries were up to date. Six monthly reviews of care and support plans and risk assessments had been completed with people and their designated key workers. These were nominated care staff that had specific responsibility for a named person.

There were arrangements in place to deal with foreseeable emergencies. The provider had a fire procedure policy which included emergency evacuation. We noted that the records read had a personal emergency evacuation procedure risk assessment which included people's mobility needs. The training matrix identified staff had completed their fire training and staff we spoke with said they had regular fire safety tests which included evacuation procedures. This meant that staff had the knowledge to keep people safe in the event of a fire.

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 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.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS), which applies to care homes. The provider had policies and procedures in relation to the Mental Capacity Act and where needed an authorisation to deprive someone of their liberty had been requested. This was in line with the provider's policies and procedures, and the CQC had been notified as required by law. This meant that people would be safeguarded as required.

People who use the service were supported by staff that understood each person's daily routines and how to keep them as safe as practicable. We saw that Mental Capacity Act assessments had been completed to check whether people were able to make specific decisions. Where they were not able to make a decision a record of the best interest decision made on their behalf was kept. This included decisions about the use of a key pad entry system and the use of locked gates and bedroom furniture. Where a restriction was put in place, the need was justified.

We saw that staff had a good rapport with the people living in the home and they freely approached members of staff. We observed how people made themselves understood and how staff reacted positively to each person's needs. We spoke with staff who clearly understood what was meant by abuse, and they told us the actions they would take if they suspected that a person was being abused. Staff were able to tell us of the folder within the office with all of the details about what to do and who to contact.

The two records read had a Safeguarding Vulnerable Adults in Gloucestershire booklet which was in an easy to read format. The booklet included information on the different types of abuse, who can abuse you, where it can happen and what happens next. Also included were useful telephone numbers for example, the police and the respond helpline for people with a learning disability. The service utilised a red, amber, green (RAG) system which identified people's behaviour. Staff completed a daily chart to record people's

anxiety which were regularly monitored to ensure people were kept safe. This meant that care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

We reviewed the safeguarding folder and saw there were policies and procedures in place with regard to safeguarding people which included the Care Quality Commission's Safeguarding protocol and the Deprivation of Liberty Safeguard Code of Practice. The provider might find it useful to note that the safeguarding policy and procedures were dated 2010 and we found no evidence of the policy having been reviewed.

The folder also contained a safeguarding alert log which included the nature of the incident, a completed safeguarding alert form, notification to the safeguarding team, whether CQC had been alerted and the advice given and the action taken. We saw evidence of actions taken for example, new risk assessments and the implementation of a refresher course regarding personal response training. We observed that all actions and outcomes had been completed. This meant similar incidents were less likely to occur again as appropriate action had been taken

This meant that the provider had in place suitable arrangements and had taken the necessary steps to ensure that people who use the service were safeguarded against the risk of abuse.

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was not meeting this standard.

People were not protected against the risks associated with medicines because the provider had inappropriate arrangements in place to manage medicines.

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

We found that the provider could not ensure that medicines were prescribed and given by staff safely in order to protect people who use the service.

We read the medicines policy and procedure which included guidelines on the ordering, checking and the returning of unused/out of date medicines. The manager informed us that they did not have any controlled drugs or homely remedies.

We viewed the locked facilities for secure medicine storage which were well ordered. We observed that most medicines were supplied in blister packs but where this was not the case for example liquids, topical creams and sachets they were clearly identified within the locker. We noted pictures of people cared for to aid identification. We found no evidence of the opening date on the liquids and creams reviewed which made it difficult for staff to correctly assess the disposal date of used creams/liquids. This could result in people having liquids or creams administered that were no longer effective or safe.

The Medication Administration Records (MAR) that we viewed did not contain all the information that we would expect. We noted that hand written entries had not been signed by two staff to verify the information as correct. None of the medicines had a balance brought forward which made it difficult to audit and track the medicines that should be in stock. This could result in errors not being identified in a timely fashion. We found all administered medicines had been correctly signed for on the MAR with no identified gaps.

We observed that medicines given when required (PRN) were not included on the MAR but a separate form had been created and completed by the home. We reviewed the PRN medicines and found discrepancies between the expected and actual stock levels. It was not clear why the balance was incorrect and why this had not been identified by staff. The system being used did not help staff identify a possible administration error or loss of medicines quickly. The team leader informed us that they would complete an incident form and conduct an investigation regarding the discrepancy found in PRN medicines.

The home did not have a separate fridge for the storage of medicines but used a lockable box which they kept within the home's kitchen fridge if required. We saw that the home completed temperature checks on both the office where medicines were kept and the kitchen fridge. We observed one of the medicines were moisture absorbent and we found no evidence of maximum and minimum temperature checks which would ensure medicines are stored appropriately and that the temperature does not exceed 25 degrees centigrade.

Medicines yet to be booked in were stored in a locked drawer in the staff office and there was no evidence these had been checked against the MAR. As the home did not have a medicine stock check it was difficult to ascertain what medicines were held within the home. This meant that people may not have their medicines at the times they need them and in a safe way. We saw that the home did not have a returns book in place for medicines. This meant it was not possible to check which medicines had been returned to the pharmacy to assist with checking the medicines that should be in stock.

We saw a copy of the community pharmacy audit which was conducted on 24 June 2014. They highlighted areas of concern for example; the labelling of opened creams, discontinued medicines not clearly recorded on the MARs and the safe storage of keys. Staff informed us that a locked cabinet was on order to store keys appropriately.

This meant that the provider did not have appropriate procedures in place to protect people who use the service against the risks associated with the unsafe use and management of medicines.

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

Overall we found that staff were supported to deliver care and treatment safely and to an appropriate standard.

We spoke with three members of staff on duty. They told us that they were fully supported and were able to discuss any issues or concerns with the manager. They told us that they had all the available information needed for their role.

We saw evidence that staff's choice regarding work life balance was taken into account and this was reflected on the rota. Staff told us that the rota was good and enabled them to have quality time with their families. Staff said they were also given the opportunity to pick-up additional shifts if required. Staff said they enjoyed coming to work and the team was very helpful and supportive.

The training records were up to date with all staff having covered a variety of topics including moving and handling and food hygiene. We observed that 50% of the staff had completed their personal response refresher training (PRT) with the remainder of the staff team's training due on the 9th September 2014. Personal response training enables staff to understand and explore why people may exhibit behaviour that challenges whilst learning how to use assessment, intervention and distraction techniques. Staff also completed their training via the e-learning system which was monitored by the team leader and manager. Staff told us that they could request additional training and one staff member told us that they had done a mentorship course. This meant people were supported by staff with the appropriate level of knowledge. The provider had an in-house and corporate induction system in place. We saw an induction folder currently in place which had been reviewed and signed by their manager. We noted that the induction covered fire safety and equality and diversity. This meant people were supported by staff who were able to deliver care and treatment safely and to an appropriate standard.

Staff informed us that they shadowed a staff member until they were deemed competent to support people who use the service. This meant that the provider had an effective induction procedure in place which ensured that staff had the qualifications, skills and experience required.

We saw that staff received individual meetings with their manager to discuss progress and/or any concerns which was evidenced in their records. Areas covered included staff well-being, training and key working role. The three records we looked at showed that staff had the opportunity to discuss and receive appropriate professional development.

We saw that staff were annually appraised. The appraisal covered for example, competencies demonstrated and future career ambitions. The staff we spoke with stated that they had received both supervision and appraisal. They confirmed that the manager had an "open door policy" and was available to "discuss anything."

Staff meetings took place regularly. We read the minutes of the most recent meeting and saw a diverse array of topics discussed for example, staff training, appointments and rotas. This meant that staff were able to discuss any concerns with their colleagues and amend their work schedule so that it did not impact on the safety of the people.

This meant the provider had suitable arrangements in place to ensure that persons employed received appropriate training, professional development, supervisions and appraisals.

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.

Reasons for our judgement

We found the provider had appropriate quality assurance monitoring procedures in place which ensured that the provider asked the views of people regarding the service.

We looked at the annual audit for 2013/2014 that the provider had in place. We noted the audit was based on the outcomes identified in the Care Quality Commission booklet "essential standards of quality and safety." We saw that each outcome was given a percentage with actions and outcomes if applicable. We saw all actions identified had been addressed. This meant that the provider had effective systems in place to monitor the quality of service that people receive.

The home had recently had a quality visit from Gloucestershire County Council and we reviewed the report and the identified actions. A senior member of staff confirmed that the actions identified were being addressed which we were able to confirm in the records read. The home had also had a Voices 100 report completed. The report is a quality report completed by a person with learning difficulties in association with Gloucester County Council. We observed the report included what was good and not so good about the home. There were no issues or concerns identified within the report read.

The home sent out a family and friends survey and we reviewed the results and the outcomes of feedback received. Examples included providing additional support regarding the administration of medicines which we saw identified in their care plan. All feedback received from family and friends were positive with people thanking staff for their dedication and commitment. We also reviewed the feedback from the professional survey. An optometrist said they had "no issues with any of staff regarding their visits" with people and a GP said "staff keep them well informed about incidents and phone appropriately about their concerns."

We noted the complaints and incidents policy outlined the procedures to follow. We saw the complaints book and noted that no complaints had been received this year. We looked at the last complaint and found it was completed in line with company policy. This meant all concerns were dealt with in a timely fashion to ensure the service continued to improve. The accident and incident forms included details of the accident/incident, the injuries

sustained, the treatment given and the outcomes. Staff informed us they knew how to make a complaint and stated that if they had any issues they would "talk with the manager." Staff said they understood and felt confident in raising concerns. This meant that incidents were less likely to occur as the cause was addressed.

We noted the home's certificates and risk assessments had been regularly reviewed for example, electrical safety, slips, trips and falls. We saw the health and safety records covered emergency evacuation procedures with a review of escape routes. We noted that the fire alarm checks had been regularly tested. Overall, this meant the provider had systems and procedures in place to assess the quality of the service provided. However, the provider might find it useful to note that we found evidence that the medicines audit was not being robustly completed which meant that people were not protected against the risks associated with the management of medicines.

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 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines
	How the regulation was not being met: The provider did not have processes in place to protect people who use the service against the risks associated with the unsafe use and management of medicines. Regulation 13

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 30 August 2014.

CQC should be informed when compliance actions are complete.

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

About CQC inspections

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

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

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

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

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

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

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

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

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

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

How we define our judgements

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

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

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

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

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

How we define our judgements (continued)

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

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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