

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

Gregory Court

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Tel: 01159790750

Date of Inspection: 08 July 2014

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

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Management of medicines	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Disabilities Trust
Registered Managers	Miss Marie Louise Parkes
Overview of the service	Gregory Court offers accommodation for persons who require personal care for up to 10 adults.
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 8 July 2014, observed how people were being cared for and talked with people who use the service. We talked with staff.

What people told us and what we found

Prior to our visit we reviewed all the information we had received from the provider. During the visit we spoke with four of the eight people who were using the service and asked them for their views. We also spoke with four support workers, two team leaders and the registered manager, Miss Marie Louise Parkes. The previous manager Ms Gaynor Smart-McCann, who's name appears on this report has left the service but has not completed the deregistration process. We looked at some of the records held in the service including the support files for three people. We observed the support people who used the service received from staff and carried out a brief tour of the building.

We carried out this inspection 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 we observed, the records we looked at and what people using the service, their relatives and the staff told us. If you want to see the evidence that supports our summary please read the full report.

Is the service safe?

People's care was planned to promote their safety. One person was reminded how to keep safe when out in the community. The person said, "I have got a mobile, I call here if I need to." The support plan for another person was reviewed when they had an accident in a wheelchair. A person who needed to use a hoist to help with their mobility said, "I need to use a hoist, the staff know what to do, I trust them."

We saw safe practices were followed to ensure medication was kept correctly and given to people when needed. Staff told us they had received training on the safe handling and administration of medicines.

CQC monitors the operation of the Deprivation of Liberty Safeguards which applies to care homes. While no applications have needed to be submitted, proper policies and procedures were in place. The manager said they would be responsible if an application

was needed. The manager said they understood when an application should be made, and knew how to submit one.

Is the service effective?

People who used the service had an assessment of their needs before they moved into the home to determine what support they needed and if their needs could be met within the home.

We found the provider had effective systems to involve people in planning their care and obtaining people's consent for this to be provided. A person who used the service said, "We have discussed my support plans, I signed them, you could say I have signed my life away!" We found people had support plans in place to help them manage various issues that had caused them problems previously.

A person told us they were about to move out of the home to live independently. They said, "I have got my goal, that's what I am fighting for. The person managed their own medication and said, "I have always done it myself, I don't need any help with that."

Is the service caring?

We saw staff and people who used the service talking, laughing and playing games together. People appeared to be relaxed with staff and enjoyed being in their company. A person who used the service said, "I can't help myself from having a bit of banter with staff, I have respect for everybody, same as they have for me."

A support worker told us they worked in a, "Person centred way and include people where we can." Another support worker said, "We are here to make a difference to people's lives."

Is the service responsive?

We found staff responded appropriately when people had the capacity to make decisions about their care and welfare. A person who used the service said, "I love it here, I more or less decide everything. I go out when I want and come back when I want."

We found staff also responded appropriately to the care and welfare needs of people who used the service. A person who was having some difficulty with a new electric wheelchair said, "The chair is not to my requirements, staff will sort it out."

Is the service well-led?

Staff were provided with the training they needed. A person who used the service said the staff were, "Very good at their jobs, they have the training they need." A person who used the service told us some people had been involved in interviewing new staff. The person said, "I enjoyed it. I decided one candidate wasn't suitable, they would not have been right to help us."

We found some staff had not felt fully supported or listened to when they had tried to raise

some concerns about some management issues and low morale within the staff team. Staff told us morale had improved over recent weeks, and we saw evidence that demonstrated this to be the case. A staff member said, "Morale has been low, but it is getting better."

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

Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or support they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

We found the provider had effective systems to involve people in planning their care, and obtaining people's consent for this to be provided. We saw people who used the service had signed a form in the front of their support plan file to show they had read and were in agreement with their support plans. We also saw people had signed to show they had been involved in updating and changing any support plans between the scheduled reviews. A person who used the service said, "We have discussed my support plans, I signed them, you could say I have signed my life away!"

A support worker said, "We promote independence, we say to people we will do with you, not for you." The support worker said if someone was having a bad day they may do more for them but they would then resort back to how things had been. Another support worker told us they worked in a, "Person centred way and include people where we can."

A person who used the service told us some people had been involved in interviewing new staff. The person said, "I enjoyed it. I decided one candidate wasn't suitable, they would not have been right to help us."

We found staff responded appropriately when people had the capacity to make decisions about their care and welfare. There were systems to gather information about people's preferences, for example there was a detailed food likes and dislikes list. There was also information about how people would exercise their right to vote. A person who used the service said, "I love it here, I more or less decide everything. I go out when I want and come back when I want."

We saw people were moving around the home and had electronic key fobs to enable them to leave and enter the building independently. We saw one person ask a support worker to accompany them to an appointment later that day, which the support worker arranged to do.

The manager told us all people who used the service had the capacity to make any decisions they wished to for themselves. We saw there were some examples where people had made decisions against the advice of staff and health care professionals. In these cases an assessment (known as a mental capacity assessment) had been completed to ensure the person was able to understand and retain the information to enable them to make the decision they wished to. A support worker said, "Absolutely people make decisions, even if they are unwise, as long as they have capacity to do so."

The provider may find it useful to note staff felt they should have more guidance in people's support plans on how to respond to certain situations. Such as where a person was asking for assistance from them to make a decision staff felt to be unwise, and potentially posing a risk to their wellbeing. An example was one person chose to eat sugar based food when this was contrary to medical advice on how to manage a health related condition.

Staff told us this was sometimes difficult for them to do as they felt the person may be putting their health or wellbeing at risk. A staff member said, "We get worried." Another staff member said, "The dietician has spoken to them, they know the risks, it is worrying." The person had signed a disclaimer to show they did not wish to follow the advice they had been given.

A support worker told us they felt people's differing issues of diversity were recognised and respected. We saw staff communicate with one person through the use of sign language. A support worker told us the person did not use one of the recognised traditional sign languages but had developed their own, which staff learnt to use. The support worker told us they also used pictures and photographs to help them communicate with the person. The provider may find it useful to note that we found staff had not been provided with guidance on how to respond to some inappropriate comments that had been made.

We saw an information pamphlet for the services included some people's pictures with staff members. The manager told us people had given their consent for their photographs to be used. One person made a thumbs up sign to us to indicate they had given their permission.

The Mental Capacity Act (2005) and Deprivation of Liberty Safeguards (2007) (known as DoLS.) is legislation used to protect people who might not be able to make informed decisions on their own about the care they receive. There was a form to use to determine if anyone was restricted in any way that would necessitate an application to be made for a DoLS.

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

Reasons for our judgement

Following our last inspection in December 2013 we set a compliance action because care and treatment was not always planned and delivered in a way that was intended to ensure people's safety and welfare. The provider was required to submit an action plan detailing how they would become compliant with this outcome. We reviewed the action plan during the inspection and found that the measures described had been implemented.

We found people's care and support was planned and delivered in a way that ensured their safety and welfare. People who used the service had an assessment of their needs before they moved into the home to determine what support they needed and if their needs could be met within the home. We saw copies of these assessments in the support plan files we looked at. A support worker said, "We work with the person to make the best package. That is what we are about."

Each person had a file of support plans which were kept in their own accommodation. The support plan files we saw had all been reviewed on a regular basis to identify if there were any changes to the support the person needed.

A support worker told us they had recently made a number of changes to the support plan files. One change had been to include a sheet to record all communication they had with other external agencies so they could effectively monitor people's health and wellbeing. A support worker said, "We arrange for people to have routine health checks, including dentists and OT's (Occupational therapists.)"

Support plans we looked at included information about how to promote people's safety. For example a plan about accessing the community independently stated the person should use a mobile phone if they had any difficulties and staff should remind the person to be careful. The person who used the service said, "I have got a mobile, I call here if I need to."

One person who went out into the community independently using an electric wheelchair had recently had an accident. As a result the person's support plan had been reviewed and plans made to establish if the person was still safe to go out independently, and if any

additional measures needed to be put into place.

We found staff were effective at meeting the care and welfare needs of all the people who used the service. There were support plans prepared for people's identified needs. These included support plans for pressure area care, community access and managing medication. There were assessments of people's food and fluid intake to ensure they received sufficient nourishment.

We found people had support plans in place to help them manage various issues that had caused them problems previously. One person had a support plan about managing their finances and another had one about alcohol consumption. The second person told us they were in agreement with the plan and said they had been involved in preparing this. The person said they had signed the plan to show they agreed to this.

Support plans included a goals chart, where people set goals they would like to achieve. One example was for a person to be able to access the community independently. Another person told us they were about to move out of the home to live independently. The person told us they had received the support they needed from staff at the home to achieve this. They also said, "I have got my goal, that's what I am fighting for."

We found the care and welfare needs of people who used the service were met in a sensitive and caring manner. A support worker told us there was a keyworker system in place which meant a named member of staff was responsible for helping people to set their goals. Another support worker said, "We are here to make a difference to people's lives."

We saw staff and people who used the service talking, laughing and playing games together. People appeared to be relaxed with staff and enjoyed being in their company. A person who used the service said, "I can't help myself from having a bit of banter with staff, I have respect for everybody, same as they have for me."

There were some chickens in the grounds which were looked after by people who used the service. Some people had an omelette for lunch made with freshly laid eggs. One person said, "You can't beat freshly laid eggs."

We found staff responded appropriately to the care and welfare needs of people who used the service. A support worker said, "We monitor people's skin condition and if there are any sores we call the district nurse straight away." There were repositioning charts in some of the support plans we saw to ensure people were regularly repositioned to promote their skin integrity.

A person who was having some difficulty with a new electric wheelchair said, "The chair is not to my requirements, staff will sort it out."

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

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

Following our last inspection in December 2013 we set a compliance action because people were not always protected against the risks associated with medicines. The provider was required to submit an action plan detailing how they would become compliant with this outcome. We reviewed the action plan during the inspection and found that the measures described had been implemented.

Staff were provided with the leadership they needed to safely manage people's medication. Staff told us they had received training on the safe handling and administration of medicines. They said in addition to the training they had to be assessed as being competent to manage people's medication. We saw completed competency assessments and training certificates in the staff files we looked at. Staff had signed a form to declare they had read and understood the relevant policies and procedures concerning medication.

A support worker said, "I think we handle medication safely." They told us they had not had to start administering medication unsupervised until they felt confident to do so."

There was information about the medication people took in their support plan file. This included any side effects staff needed to be aware of. We also saw one person who needed to have their blood sugar level regularly monitored had this done and there was information for staff to follow to identify if the level was too low, too high or the correct level.

Appropriate arrangements were in place in relation to obtaining medicine. A staff member told us they were responsible for overseeing medication arrangements. They described the processes they followed for ordering and checking all new medication to ensure this was correct. We saw two staff had signed the medicine administration records (known as MAR sheets) to confirm the correct medication had been delivered. We saw a record was made of any changes made to people's medication.

Appropriate arrangements were in place in relation to the recording of medicines. We looked at the completed MAR sheets and saw these were mainly fully completed. There

were a few gaps in the records for the administration of creams which meant these may not have been applied as required. The staff member responsible for medication said they had also found these when they had carried out a recent audit and reported these to the manager. The manager said they had spoken with the staff concerned and arranged for them to be supervised and undergo the competency test to refresh them of the correct procedures.

Medicines were kept safely. Each person's accommodation had a lockable cabinet where medication could be kept. However staff had found the temperature in some rooms had recently risen above the recommended maximum temperature for storing medication at to ensure it was at its most effective. These people's medication was currently being stored in a locked drugs trolley which was maintained at the correct temperature. We saw the staff member had documented a discussion they had with the pharmacist to ensure this was kept safely.

There were facilities to store controlled drugs, although none were in use at the time of the inspection. There was a lockable fridge to keep any medication in that required cool storage.

Medicines were safely administered. There was a separate sheet from the MAR sheet to record the time people took their medication. A support worker told us this was because people's different routines meant they took their medication at different times and this was to ensure they knew the right time period had elapsed between medication administrations.

Some people who used the service were able to access the local community independently. If they expected to be away from the home when they were due to take medication they were given this to take with them. The medication system used allowed for individual doses of medication, including liquid ones, to be taken out independently. Staff said they then checked with the person on their return they had taken this. One support worker said they felt this was a slightly flawed system as this relied on what the person told them. A person who used the service said, "I need to take medication every four hours. If I am going out I take a couple with me."

One person who used the service told us they managed all issues concerning their medication. This included ordering and collecting new supplies and taking this at the correct time. The person said, "I have always done it myself, I don't need any help with that."

Medicines were disposed of appropriately. Any medication that was not used during the monthly cycle was entered into a returns book and given back to the pharmacist.

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

Following our last inspection in December 2013 we set a compliance action because people were not always cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard. The provider was required to submit an action plan detailing how they would become compliant with this outcome. We reviewed the action plan during the inspection and found that the measures described had been implemented.

There were management structures and procedures in place to ensure staff received the support and supervision they needed to carry out their duties. Staff said the majority of training was done on line using a computer (known as ELearning.) One staff member said they had to pass a test at the end of each course, and if they failed this twice they had to have face to face training on the topic to help their understanding. The staff member said, "We have very good training." Another staff member said, "We are kept up to date with all our training. A message is left when we need an update telling us to do it as soon as possible."

Staff said they received supervision from a senior member of staff or the manager. Some support workers said they had not had regular supervision prior to the new manager starting work at the home. The manager showed us a supervision checklist to ensure staff received supervision as frequently as planned. This also showed when each member of staff was due to have an appraisal. A staff member said, "We get supervision now, every four weeks." The staff member also said they had staff meetings and one was planned at the end of the week.

We saw copies of supervision notes on staff files we looked at and these shows issues discussed include staff morale, any issues with people who used the service and any training needs.

Staff were able, from time to time, to obtain further relevant qualifications. Some staff had completed a professional qualification in health and social care. A support worker said, "I have just finished my level three diploma."

A recently started support worker said they had an induction when they started to work at the home. They said they had felt this had been a bit rushed in order to get them working rather than ensure they felt ready and confident. The provider may find it useful to note we saw the induction programme and this showed a lot of induction activities were completed on one day which would have meant the support worker had a lot of information to retain. We discussed this with the manager who said they would be responsible for future inductions and would bear in mind the support worker's experience.

The support worker had also been given a workbook of the Skills for Care's common induction standards to complete over their first 12 weeks of employment. These are the standards people working in adult social care need to meet before they can safely work unsupervised, to demonstrate their understanding of how to provide high quality care and support. Skills for Care is a national organisation that supports employers in the development of people working within social care.

The provider may find it useful to note some staff spoke of problems they had experienced working in the staff team which they felt had prevented them from being as effective as they could be. We discussed these issues with the manager who was aware there had been some problems. A staff member said they thought some team building would be a good idea to strengthen the staff team.

Staff were encouraged through training and supervision to carry out their duties in a sensitive and caring manner. We observed staff to be attentive and caring to people's needs and provide them with appropriate support. A person who used the service said the staff were, "Very good at their jobs, they have the training they need. I see them treat people with respect."

Staff received training to ensure they maintained people's safety when they provided them with care and support. A person said, "I need to use a hoist, the staff know what to do, I trust them. They know their job. They are well trained they are there for you every time you ring them."

Assessing and monitoring the quality of service provision

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people received, although some opportunities to respond to staff concerns had not been acted upon.

Reasons for our judgement

We saw quality assurance systems were followed to review the quality and effectiveness of the service. These included a full quality assurance review every three months. Any recommendations or improvements identified through the various quality assurance systems were added to a quality assurance data sheet so they could be monitored and actioned.

The provider may find it useful to note we found some staff had not felt fully supported by the line management arrangements and several staff described their own experiences to us which had led them to them feeling this way. Some staff told us when they had tried to raise concerns about how the home was being managed they had not been listened to. A staff member said, "I felt uncomfortable for speaking out. I don't feel they listen." Another staff member also said when they had previously raised concerns they did not feel they were listened to. Following the inspection a director of Disabilities Lifestyles informed us of actions they had taken to ensure staff felt listened to in future. One staff member spoke positively about the line management arrangements and said they felt they were listened to.

Staff told us there had been a lot of management issues, but they felt the new manager was sorting these out. Staff we spoke with said the staff morale had improved greatly over recent weeks and told us they felt the new manager was the reason for this. One staff member said, "It is much better with this manager, she is hard working and supportive." Another staff member said, "Morale has been low, but it is getting better." Although staff presented in a positive manner it was evident that they still felt vulnerable and the improved morale was fragile.

The provider may find it useful to note one staff member said they thought sometimes there was a lack of communication between staff and information that could be mentioned at the handover between shifts as not passed on.

We found the provider responded to the views of people whom used the service. Staff all

said they felt people who used the service were listened to and their views and wishes were acted upon. A support worker said, "There are meetings where people can have their say." We saw minutes of the most recent meeting were displayed on a noticeboard.

We asked people who used the service if they felt they were listened to and they all said they did. One person said, "I like to go fishing, I went last year and we are planning to go this year." We heard a support worker discussing with the person about getting a fishing license. Another person who used the service told us, "I go to the health and safety meetings, I get involved quite a lot."

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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