Inspection Report

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

Disabilities Trust - 4 Pages Orchard

Sonning Common, Reading, RG4 9LW

Tel: 01189722928

Date of Inspection: 17 July 2014

Date of Publication: August 2014

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

Respecting and involving people who use services	✓ Met this standard
Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ 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 Manager	Mrs Lise-Lotte Thorngate
Overview of the service	Disabilities Trust - 4 Pages Orchard is a care home registered for three adults with learning disabilities, and is situated in a residential area of Sonning Common, South Oxfordshire.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

Contents

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

Summary of this inspection

Why we carried out this inspection

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

This was an unannounced inspection.

How we carried out this inspection

We carried out a visit on 17 July 2014, observed how people were being cared for, checked how people were cared for at each stage of their treatment and care and talked with carers and / or family members. We talked with staff.

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

What people told us and what we found

4 Pages Orchard is a care home registered for up to three adults with learning disabilities, and is situated in a residential area of Sonning Common, South Oxfordshire. On the day of our inspection three people were living at the home. During the inspection we were unable to communicate directly with people that used the service but we observed the care people received and interactions with care staff. We also conducted a SOFI (Short observational framework for inspection). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We also spoke with 2 people's relatives and looked at three peoples care files. We spoke with four staff including two care workers the registered manager and a visiting senior staff member. We reviewed documents made available by the provider. One inspector carried out this inspection. The focus of the inspection was to answer five key questions;

Is the service safe?
Is the service effective?
Is the service caring?
Is the service responsive?
Is the service well-led?

This is a summary of what we found. The summary describes what people using the service, their relatives and the staff told us and/or what we observed as well as records we looked at.

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

Is the service safe?

We found this service was safe. People who used 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. Staff had received training in safeguarding. Some staff had been on SOVA (Safeguarding of Vulnerable Adults) training the day before our visit.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. We saw that one person's behaviour would on occasion 'present behaviours of concern'. We saw a detailed care plan which identified this behaviour and provided staff with strategies to support this person

Is the service effective?

We found the service was effective. People who used the service were given appropriate information and support regarding their care. We saw that care guidelines were clearly explained in people's files and families were actively encouraged to participate in maintaining this information. The service had regular 'interaction meetings' throughout the week. These meetings were held for the people that used the service in order to support them in making key decisions about their immediate environment and the running of the home.

People's independence and community involvement were promoted. One person's relative told us, "it's a great relief to me that they are so accepted by the community, they are very involved it's a great relief as we get older to see that level of support, we have seen more achieved than we ever thought possible".

Some people didn't have the mental capacity to give informed consent. The provider had ensured that arrangements were in place to ensure that decisions made in relation to consent were lawful. Every person using the service lacked capacity to make decisions in relation to some aspect of their daily living for example, making important decisions about their care and welfare, along with managing their own finances. We saw that capacity assessments had been completed on admission and were reviewed annually. Capacity assessments were conducted by the organisations psychologist. All decisions were made as a result of best interest meetings which involved family members and other professionals.

People's files contained goals to ensure they had continued access to the community and maintained their independence. These goals were created with the person and their relatives and were reviewed monthly. One person's care file identified that they wanted to keep fit and remain active. We saw this person went for regular walks and was a member of the community walking club. People that used the service were encouraged to help with daily tasks such as cooking, cleaning and gardening. We saw people being encouraged to make their own drinks and prepare meals.

Staff we spoke with felt supported and that they received regular training. Staff received appropriate professional development. One care worker we spoke with had just completed their Level 3 Care qualification and felt, "if I said I wanted to keep going to the Level 4 I could".

Is the service caring?

We found the service was caring. We observed a number of warm and caring interactions during our SOFI. We observed that people were happy and comfortable. Some people were a little anxious because the inspector was unfamiliar to them. Staff provided support

and reassurance to these people, reassured and given options to distract them. Which means that people's needs were put above the inspection. People's relatives felt people were well cared for. One person's relative told us, "they have never been happier, they are the happiest I have ever seen them, on visits home, they ask to go back". Another relative told us, "staff are very caring, it took time to settle but there is such a caring culture".

We looked at the care file of one person who had 'limited speech' and 'repetitive behaviour'. We saw that a speech and language therapist had been involved with creating their communication support plan. This included guidance on how to communicate to ensure this person could understand and be understood. We observed care staff adhering to this throughout the day.

People were supported in promoting their independence and community involvement. One person's relative told us, "it's a great relief to me that they are so accepted by the community, they are very involved it's a great relief as we get older to see that level of support, we have seen more achieved than we ever thought possible".

Is the service responsive?

We found the service was responsive. People expressed their views and were involved in making decisions about their care and treatment. People and their relatives were involved in developing support plans and attending regular reviews along with a multi-disciplinary team that included key care staff and a psychologist. One person's relative told us, "we enjoy attending the meetings, we get to see progress and just how much they are thought about, the service puts so much effort into people". We saw that one person's relatives wanted to encourage this person to continue practising their religion. We saw that this person was supported to say their prayers before going to bed.

We saw that when this person's care needs changed the service responded. For example, we saw that it had been reported that one person had been having difficulties swallowing some foods. Records showed that a speech and language therapist had been involved and recommendation put in place based on risk assessment. Care staff spoke with us about these recommendations and support plans had been updated.

Is the service well led?

We found the service was well led. People's relatives told us the service was well led, one person's relative told us, "the manager has created an atmosphere of complete acceptance and involvement that is a very rare thing".

The provider had an effective system to regularly assess and monitor the quality of service that people received. The home had a series of audits carried out by a number of different staff within the organisation. Monthly Provider audits were conducted by other service managers within the organisation. These audits audited care files, people finances, medication and staff training. Where issues were identified the manager took appropriate action.

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

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

Reasons for our judgement

We had not planned to report on this outcome as part of our inspection; however we felt that due to the quality of practices observed it was appropriate to do so. Observations throughout the day highlighted that people were both respected and involved. We observed a number of respectful and meaningful interactions throughout the day as people walked freely around their home. For example, people who use the service were being supported to go out, care staff gave enough time for people to prepare themselves and remained patient and respectful with light encouragement. One person's relative told us, "the manager has created an atmosphere of complete acceptance and involvement that is a very rare thing".

People who used the service and their relatives understood the care and treatment choices available. People who used the service are given an information pack on arrival. This details the services provided, information on staffing and a reminder of people's rights. This information also states clearly to people and their families that their views are welcomed. One person's relative told us, "I have been impressed since day one, they go to great lengths to help us understand and to keep us updated". This also meant that people who used the service were given appropriate information and support regarding their care or treatment.

People expressed their views and were involved in making decisions about their care and treatment. People and their relatives were involved in developing support plans and attending regular reviews along with a multi-disciplinary team that included key care staff and a psychologist. We saw in people's care files that their relatives were actively involved in this process and were encouraged to engage. Annual reviews also showed the same level of involvement. One person's relative told us, "we enjoy attending the meetings, we get to see progress and just how much they are thought about, the service puts so much effort into people". We saw that one person's relatives wanted to encourage this person to continue practising their religion. We saw that this person was supported to say their prayers before going to bed. One care worker told us, "Religion is very important to them and their family". We were also told that every Sunday relatives that live locally all meet

together in the local pub for dinner. One care worker told us, "it's informal and great to get everyone together, but we still make a note if people have ideas".

People who used the service were given appropriate information and support regarding their care. We saw that care guidelines were clearly explained in people's files and families were actively encouraged to participate in maintaining this information. We also saw that the service had regular 'interaction meetings' throughout the week. These meetings were for the people that used the service to make key decisions about their immediate environment and the running of the home. For example we saw that this meeting informed changes in the menu for the house and also activities planned for the week. Another person had indicated they were interested in canoeing, we saw that arrangements were being made to accommodate this. We also saw that one person wanted more orange in their room and orange bedding had been provided. In addition these meeting were used to keep people updated with any unforeseen changes to staffing to ensure they could be supported to understand and manage this information. This meant that the service understood and respected people's needs and the importance of unexpected changes being sensitively managed. We saw there were a number of tools being used such as pictures and cue cards to, 'ensure maximum involvement'.

People were supported in promoting their independence and community involvement. One person's relative told us, "it's a great relief to me that they are so accepted by the community, they are very involved it's a great relief as we get older to see that level of support, we have seen more achieved than we ever thought possible". People's files contained goals to ensure they had continued access to the community and maintained their independence. These goals were created with the person and the person's relatives and were reviewed monthly. We saw that one person wanted to keep fit and remain active. We saw this person went for regular walks and was a member of the community walking club. People that used the service were encouraged to help with daily tasks such as cooking, cleaning and gardening. We also saw that people were encouraged to make their own drinks and prepare meals.

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 treatment they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

We observed throughout the day that care staff knocked on doors and waited for a response before deciding to enter, we also saw that people were asked before support was given and care staff respected the response. For example, one person was getting ready to go out and a care worker asked if they wanted to get their shoes on, the person responded by indicating no. The care staff respected this and went back a little later to ask them again. This meant before people received any care or treatment they were asked for their consent and the care staff acted in accordance with their wishes.

Some people didn't have the mental capacity to give informed consent. The provider had ensured that arrangements were in place to ensure that decisions made in relation to consent were lawful. Every person using the service lacked capacity to make some decisions for example, making important decisions about their care and welfare, along with managing their own finances. We saw that capacity to make specific decisions had been assessed on arrival and this was reviewed annually. Capacity assessments were conducted by the organisations psychologist. All decisions were discussed at best interest meetings which involved family members and other professionals.

All staff had been trained in Mental Capacity and understood the significance of making sure that the proper process is followed before making decisions for people.

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

We observed a number of warm and caring interactions through our SOFI. We saw that people were happy and comfortable. People who were clearly a little anxious by new people in the home were reassured and given options to distract them. People's relatives told us people were well cared for. One person's relative told us, "they have never been happier, they are the happiest I have ever seen them, on visits home, they ask to go back". Another relative told us, "staff are very caring, it took time to settle but there is such a caring culture". We were also told by one relative that, "they all get on and care for each other, when you see them out, they keep an eye on each other, it's lovely to see".

We looked at three peoples care files and saw that they were person centred, this is an approach designed to assist someone to plan their life and support with the person central to the thinking. Files contained detailed information about each person. This information included 'things that it 'is essential to know'. Supporting documentation detailed things that were 'important to know' and things that 'I would like you know'. We saw that people's behaviours and preferred methods of communication were clearly documented to ensure that people could interact meaningfully. Any risk associated to the persons needs was clearly assessed and documented. For example one person was at risk due to poor road safety awareness, we saw assessment sin place for this person when they are out of the house with clear guidance for care staff to follow. Guidelines were put in place to identify how staff would manage individual risks. Care files documented key strengths and areas of special interest. This was recorded in a manner that ensured the persons abilities were the focus and not their disabilities.

Multi-disciplinary meetings that involved people, their relatives and other professionals employed by the organisation met every two months to discuss each person. We saw people's behaviour was monitored daily by the service through their OBS-LDA SC system. This system monitored different areas of people's behaviour and when new behaviours were presented this information was discussed at multi-disciplinary meetings. For example we saw notes from one meeting that had identified a change in a person's behaviour. We saw from the analysis that it appeared to occur during transitions to and from home. We saw that recommendations were put in place to support this person. This included being told two days before an activity to ensure the person could be supported effectively using

reassurance and key words. Goals identified at these meetings were person centred and aimed to support health and well-being, inclusion in the community, and independence. These goals were reviewed monthly and at each multi-disciplinary meeting. For example, one person had a goal to go on a day trip to the local town, we saw that this had been achieved.

We looked at the care file of one person who had 'limited speech' and 'repetitive behaviour'. We saw that a speech and language therapist had been involved with creating their communication support plan. This included guidance on the best ways to communicate to ensure this person could understand and be understood. We observed care staff adhering to this throughout the day. We saw the psychologist supported the development of behaviour support plans which were focused on understanding the behaviour and its triggers. The guidance encouraged staff to understand the meaning of the communication rather than the delivery. We observed this person being supported on the day and also spoke with staff who could tell us about this person's support needs. This meant that people's needs were assessed and care was planned and delivered in line with their individual care plan.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. We saw that one person's behaviour would on occasion 'present behaviours of concern'. We saw a detailed care plan which identified this behaviour and strategies to support the person. This had also been developed with support from a psychologist. We saw that when this persons care needs changed the service responded. For example, records showed reports of the person having difficulties swallowing some foods. We saw that speech and language therapist had been involved and recommendations put in place based on risk assessment. Care staff spoke with us about these recommendations and support plans had been updated.

We saw that people had regular access to social activity and activities of their choice. On the day of our inspection people attended a drumming session before returning home and later went trampolining. We also saw that people were offered aromatherapy massage, art therapy and other activities they enjoyed. We saw each person had regular health checks and visits to opticians, dentist and chiropody. People finances were managed appropriately, there were detailed arrangements in place with regard to appointees and the procedure for managing people's money. Each person's money was stored safety and all expenditure and income was recorded and monitored each time new staff became took over. Additional checks were done weekly to ensure that the system was working. On the day of our inspection records showed people's finances were correct.

People's care and treatment was planned and delivered in a way that protected them from unlawful discrimination. We saw from each care plan and our observations that people were at the centre of the culture at this home. One relative told us, "they are supported to be themselves and live life how they know how, but safely". Where people could not communicate freely staff were given guidelines to ensure that each person could still be heard and respected.

There were arrangements in place to deal with foreseeable emergencies. We saw there were personal emergency evacuation plans in place and all people using the service were reminded of the fire procedure regularly.

Safeguarding people who use services from abuse ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People who used 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 used 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. Staff had received training in safeguarding. Some staff had been on SOVA training the day before our visit. Care staff we spoke with knew what to do if they had concerns that someone was being abused and the signs to look out for. Care staff also knew where to go externally to report concerns such as the local safeguarding team or the Care Quality Commission.

The provider had a policy and procedure to ensure that any allegations of abuse were responded to appropriately. Care staff we spoke with were aware of this policy and where they would go externally if they needed to.

People who used the service were protected against the risk of unlawful or excessive control or restraint because the provider had made suitable arrangements in place. No alerts have been raised since our last inspection. One care worker told us, "we don't have any real problems, we have consistency in the staff team and everyone feels safe". There was a no restraint policy in place and care staff were trained in deescalating behaviour in order to act preventively.

Supporting workers ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

Staff we spoke with felt supported and received regular training. Staff received appropriate professional development. One care worker we spoke with had just completed their Level 3 Care qualification and told us, "if I said I wanted to keep going to the Level 4 I could".

We saw that staff received regular supervision and annual performance development reviews. We also saw that new staff had probationary periods where they were supported to develop into their role. The provider may find it useful to note that the supervision in one person's file did not have sufficient detail to show how the staff member was being supported having raised issues regarding online training and their health. We discussed this with the manager who arranged to provide further guidance to staff delivering supervision.

Staff had access to a wide range of training through online learning and face to face. All staff had regular mandatory training in health and safety, first aid and safeguarding. Staff also had specialist training in areas such as autistic spectrum disorder. This meant staff were able, from time to time, to obtain further relevant qualifications.

The provider had worked continuously to maintain and improve high standards of care by creating an environment that promoted clinical excellence. Care staff benefited from learning from professional advice and a culture that was clearly person centred. Staff were kept up to date with wider issues within the organisation through a weekly newsletter the chief executive distributed to ensure staff were clear on the direction for the trust. This meant that care staff were valued within the home and the wider organisation. One care worker told us, "it makes me want to work harder, because I feel valued".

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

The provider had an effective system to regularly assess and monitor the quality of service that people receive. The home had a series of audits carried out by a number of different staff within the organisation. Monthly Provider audits were conducted by other service managers within the organisation. These audits looked at care files, people's finances, medication and staff training. Action points were highlighted through these audits with an agreed timescale for completion. For example, we saw that one audit had identified a lack of information in people's daily notes. We saw that care staff had been given additional training following this feedback and notes we looked at were clear and of good quality.

People who used the service, their representatives and staff were asked for their views about their care and treatment and they were acted upon. Service user questionnaires were handed out to capture the views of people that used the service. Responses were used to improve the service. Views were also sought from relatives and those acting on peoples behalf. The feedback we saw was very positive. Relatives we spoke with told us that when they make suggestions they are taken on board. One relative told us, "we are always asked what we think, they clearly care and want us involved, if I have an idea they take it on board".

There was a procedure in place to ensure that that learning from incidents / investigations took place and appropriate action was taken as a result. We reviewed the incident and accident file and saw that there had been no accidents since our last inspection. We saw the incident and accident reporting policy and procedure which detailed how the process would work. We saw that accidents would be recorded and passed onto central office. This information would then be reviewed and feedback would ensure that lessons would be learned and applied across the whole service.

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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