Inspection Report

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

Rotherlea

Dawtry Road, Petworth, GU28 0EA

Tel: 01798345940

Date of Inspection: 04 June 2014

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We inspected the following standards to check that action had been taken to meet them. This is what we found:

Care and welfare of people who use services	✓ Met this standard
Management of medicines	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Staffing	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Shaw Healthcare Limited
Registered Manager	Mrs Deborah Embleton
Overview of the service	Rotherlea provides accommodation and personal care for up to 70 older people and people living with dementia.
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

We carried out this inspection to check whether Rotherlea had taken action to meet the following essential standards:

- Care and welfare of people who use services
- Management of medicines
- Requirements relating to workers
- Staffing
- Assessing and monitoring the quality of service provision

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 4 June 2014, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members and talked with staff.

We were supported on this inspection by an expert-by-experience. This is a person who has personal experience of using or caring for someone who uses this type of care service.

What people told us and what we found

At our previous inspection in November 2013, we found the service was not meeting minimum standards in three areas. We carried out this inspection to check the necessary actions had been taken to achieve compliance in these areas. We also inspected other areas as part of our routine inspection programme to answer our five questions. Is the service safe, is it effective, is it caring, is it responsive and is it well led?

The inspection team consisted of an inspector and an expert by experience. At the time of our inspection there were 68 people using the service. We spoke with six of them and relatives of another four in order to understand the service from their point of view. We observed the care and support people received in the shared areas of the home. We looked at records and files. We spoke with a unit manager and eight members of staff.

This is a summary of what people told us and what we found. If you wish to see the evidence supporting our summary please read the full report.

Is the service safe?

People who used the service told us they felt safe and comfortable in the home. One person said, "Yes, I'm very happy, I am well looked after and I feel very safe here." All the visiting relatives we spoke with said their family member was well cared for. They told us they felt assured their family members were safe.

We found the service carried out the necessary checks before staff started work and there was a robust recruitment process in place. There were sufficient staff to look after people safely. Processes were followed to ensure medicines were administered safely. We observed care workers helping people to move about the home safely using wheelchairs, frames and other equipment.

Is the service effective?

People told us that they were satisfied with the care and support they received. One person's relative said, "Very good. 10/10."

We found people's care and support were based on thorough assessments and detailed and personalised support plans. The environment people lived in had been adapted and decorated in a way that helped people to live well with dementia. Systems were in place to ensure care was delivered according to people's plans.

Is the service caring?

Relatives of people using the service told us support was provided in a caring way. One said, "Yes, it's brilliant. They know me, they know mum. Mum has been here two years. I can come in, make myself a cup of tea. I love it. It makes me want to come in." Another said "Quite nice, the people are friendly". People using the service told us they got on well with their care workers and had a good relationship with them. One person said, "I'm very happy; the people are very kind and look after us well."

Staff we spoke with were motivated to provide high quality care. They had a thorough knowledge of people's needs and how they preferred to have their care delivered. One member of staff said "I love working with the residents, I treat them like I would my mum, my dad, my grandparents."

Is the service responsive?

The service responded to changes in people's needs or circumstances. People told us staff responded promptly when they needed assistance.

We found the service assessed people's risks and adapted their care plans accordingly. Staff were aware of people's preferences, backgrounds and interests.

Is the service well-led?

Systems were in place to regularly assess and monitor the quality of service provided. There were processes in place to review and learn from incidents and accidents. People who used the service and their families were able to contribute their views about the service they received.

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

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent

judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Care and welfare of people who use services ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights. Assessments were in place to protect people from foreseeable risks and ensure their welfare and safety.

Reasons for our judgement

People's needs were assessed and care and support were planned and delivered in line with their individual care plan. People who used the service told us they were happy with the care at Rotherlea. One person said "I'm very happy; the people are very kind and look after us well. There's always something to do." Another person said, "It's all right here; I've no complaints at all." Another commented, "Yes, I'm very happy, I am well looked after and I feel very safe here." People were satisfied they received responsive care and support that met their needs. However, one person out of the six we spoke with said they were unhappy they were no longer living with their family. They said, "It's a different life." They said the staff were not unkind, but found them "indifferent".

The four visiting relatives we spoke with said they were made to feel welcome, that there was a lovely atmosphere and everyone was very friendly. They said they were happy with the care their family member was receiving. One said, "Yes, it's brilliant. They know me, they know mum. Mum has been here two years. I can come in, make myself a cup of tea. I love it. It makes me want to come in." Other comments included "Very good. 10/10" and "Quite nice, the people are friendly". Another relative said, "Yes, it's nice and relaxed especially when [name] first came in he was a little unsettled but people didn't mind him wandering around, there's no rules". People were supported in a caring environment.

Staff we spoke with were motivated to deliver high quality care. They were aware of people's backgrounds and interests. They knew, for instance that one person's family were visiting later in the day and talked with them about it. One member of staff said "I love working with the residents, I treat them like I would my mum, my dad, my grandparents."

We observed care workers' interactions with the people who used the service in the shared areas of the home. Staff were aware of people's needs and preferences. We saw people were suitably dressed and well cared for. Staff interacted with people in a positive, kind and caring way. They were attentive and provided reassurance when needed. They

offered explanations of care in a way that people could easily understand and responded promptly to their needs. For example one person was prone to wandering and on one occasion blocked another person's view of the television. A care worker responded and calmly diverted them away from the area. People received responsive and effective care.

People who used the service were satisfied they did not have to wait for care and support when they needed it. One said, "Yes they answer the bell as quickly as they can." Others commented, "Oh yes, very good, they come quickly" and "Yes, usually they're very good, they talk to me." Staff responded promptly to requests for assistance.

At our previous inspection on 14 November 2013, we saw examples where people were put at risk because wheelchair foot plates were not being used to ensure people's safety. On this occasion we observed staff using safe practices when helping people to move around using wheelchairs, frames or other equipment. Attention was paid to people's safety when they were helped to move around.

We reviewed the care plans and associated files of four people who used the service. Their detailed assessments and care plans were documented in the files. The plans were person-centred and individualised. Support plans contained information required to deliver the necessary care according to the person's wishes and to achieve their desired outcomes. They contained specific plans where required. For instance one person had a personalised exercise plan. People were protected against the risk of inappropriate care by thorough and personalised care plans.

Care and support were planned and delivered in a way that was intended to ensure people's safety and welfare. At our previous inspection we found examples where appropriate records were not kept for people identified as being at risk of poor nutrition. On this occasion we found full records were maintained of people's food and fluid intake. Records showed the service had taken advice from a GP to determine the desired fluid intake for people who were living with dementia.

At our previous inspection we found inadequate action plans for people identified as being at risk of falling. On this occasion we found risks, such as those for falls and pressure injuries were assessed and effective action plans were in place. One person identified as being at risk of falls had a documented risk assessment. We discussed their case with staff who were able to describe how actions were taken to reduce their risk. Another person's records showed they had a grade two pressure injury in December 2013. They were treated effectively according to their care plan and in April 2014 they were recorded as having intact pressure areas. Where people were at risk, appropriate actions were taken to reduce or manage the risk.

People living with dementia were cared for in a friendly and lively atmosphere and the service was well equipped with resources for activities. There were opportunities for sensory exploration, for example a telephone corner with bird sounds, textured displays, mounted photographs of people living in the home, goldfish and hanging mobiles. Music of different styles played throughout the day. There were games and activities available for people to use themselves or when prompted by staff. Appropriate signs were in use, and decoration and ornaments to promote reminiscence were available in people's rooms and the shared areas of the home. People's rooms were identified by personal story boxes on the doors. People living with dementia were cared for in an environment that had been adapted to meet their needs.

We spoke with one of two activity co-ordinators on duty during our visit. They were knowledgeable and enthusiastic about adapting activities for people living with dementia. They sought to meet people's individual needs by providing one-to-one person centred experiences rather than large group activities. For instance one person used to be a piano teacher and communicated through singing. Another person had been a brownie leader in the 1950s and the service had researched arts and crafts from that era.

Activities were also provided according to a programme which could be adapted to meet people's preferences. On the day of our inspection it was a "pamper day" and people were given the opportunity to visit the hairdressers on the ground floor for hair dressing, nail care and massages.

The service promoted people's welfare through the provision of appropriate activities. For example, one person we spoke with said, "There's always something going on; we make things, have singsongs, quizzes, play cards." Another person told us they did not want to take part as they were a "private person". Staff we spoke with said it was important to give everyone the opportunity of taking part if they wanted to. Two of the visitors we spoke with said they would like staff to encourage their relatives more if they said they did not want to take part in activities.

Management of medicines ✓ Met this standard

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. Medicines were stored and administered safely.

Reasons for our judgement

Appropriate arrangements were in place in relation to obtaining medicines. The service had recently changed to a new pharmacist. Medicines were supplied each month by the pharmacist using a monitored dosage system (MDS) for tablets. Staff told us quantities of each medicine received were checked by two members of staff on arrival. The service ensured people's medicine was available to them when needed.

Medicines were safely administered. People's records contained information about their medicines. This included how they preferred to have their medicines administered, any allergies and instructions for the administration of medicines prescribed to be given "as required". Staff had information and guidance about medicines to enable them to be administered safely.

We observed part of the lunchtime medication round. Medicines were administered by the team leaders, and the medicine files contained a list of staff who were authorised to administer medicines. Tablets were popped out of the MDS blister packs into small pots and offered to people according to the instructions. We saw staff checked people had enough water and waited while they took the tablets in their own time. People were offered "as required" medicines such as pain killers and anti-nausea tablets, and received them if they said they needed them. The medicine trolley was locked if it was left unattended for a short period. Medicines were administered to people appropriately.

Appropriate arrangements were in place in relation to the recording of medicine. Medicines administered were recorded on people's medicine administration records (MARs). One set of MARs was kept with the medicine trolleys and completed by the team leaders. Another set for creams and ointments was kept in people's rooms and completed by the care workers.

We reviewed a sample of seven MARs that were kept with the medicine trolleys. These had all been completed according to the provider's instructions. This showed people received their prescribed medicines at the correct time.

At our previous inspection on 14 November 2013, we found arrangements for the recording of prescribed creams and ointments were not meeting the minimum standards. These were typically administered by care workers as part of people's routine personal care.

On this occasion we found improvements had been made in this area. We looked at the arrangements for 21 people who had been prescribed creams or ointments. In every case there were body maps in people's bathrooms for all the creams prescribed. This meant care workers had clear instructions how to apply people's creams.

In November 2013 we found a cream still in use past its expiry date and a number of labels where the date and name of the person could not be read. On this occasion all the creams and ointments we looked at were in date. We found two labels which had faded. Staff told us they were aware of this problem and had tried a number of methods to protect the labels. They felt fading was due to the quality of the labels and the conditions in which the creams were kept and used. A unit manager told us the service planned to monitor the quality of labels supplied by their new pharmacist. People were protected against risks associated with receiving the wrong creams or creams that were out of date.

In November 2013 we found the MARs for prescribed creams were not routinely completed and contained large numbers of unexplained gaps in recording. On this occasion we found MARs were in place for all prescribed creams. The records for 17 of the 21 people we looked at were complete with no gaps. The remainder had a small number of gaps, most of which were from the same two days. The provider may find it useful to note that team leaders we spoke with told us they believed the gaps were due to agency staff who were not familiar with the home's procedures.

Medicines were kept safely. When not in use the medicine trolleys were locked and secured to the wall in a locked room. Locked refrigerators were available for medicines which needed to be kept below room temperature. Daily checks were made on the refrigerator temperatures and the ambient temperature in the medicine rooms. Appropriate facilities were in place for the storing and recording of controlled drugs. The administration of controlled drugs was signed by two members of staff. We saw managers checked the controlled drugs register several times a month. People were protected against risks associated with medicines that were not stored according to the manufacturers' and other guidance.

Requirements relating to workers ✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff. The provider had effective recruitment processes.

Reasons for our judgement

Appropriate checks were undertaken before staff began work. We looked at the files of five members of staff chosen at random. Records showed that the appropriate checks had been undertaken. Their files had evidence of at least two references, proof of identity and right to work in the UK, and Criminal Records Bureau (CRB) or Disclosure and Barring Service (DBS) checks. Where agency staff were used, the files showed the agency provided a staff profile. This contained information about CRB or DBS checks, references and visa status. The provider ensured that people were cared for and supported by employees who were suitable to carry on the regulated activity.

There were effective recruitment and selection processes in place. A manager described the recruitment process which included an application form and interview. All interviews were conducted by a manager and one other person. They followed a standard format, and all candidates received scores in the areas covered.

References and CRB or DBS checks followed a successful interview. The records showed that gaps in candidates' employment history were followed up and investigated. Records also showed that employees' contract start dates were after references and other checks had been followed up. There was an effective recruitment process in place designed to ensure care workers were able to deliver the care and support required.

Successful candidates had a six month probation period during which they undertook an induction at the home and at the provider's head office. Employees also completed the Common Induction Standard workbooks. The provider had recruitment and selection procedures designed to ensure care workers were prepared to do the job required of them.

Staffing ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

At our previous inspection on 14 November 2013 we found there were not enough qualified, skilled and experienced staff to meet people's needs. On this occasion staff and a unit manager told us the service had re-assessed a number of people's needs since then. As a consequence people had been found alternative services which were better able to meet their needs. Staff said this had reduced the number of people with a higher dependency and so reduced the workload for existing staff. Staff told us there were now fewer people who required two care workers to assist them.

At the time of our inspection there were 68 people using the service. They were accommodated on two floors in units comprising ten bedrooms. Each unit had a small kitchen and dining and sitting areas. During the day and evening shift the four units on the first floor were supported by six care workers with a team leader, and the three units on the ground floor by five care workers with a team leader. In addition there were two activities coordinators and ancillary staff such as laundry, domestic and kitchen staff. Overnight there were seven care workers and one team leader for the two floors.

A unit manager told us these staffing levels were based on a number of hours care per person which reflected their needs. If people seemed to be requiring more than this, the service kept a detailed diary of their care over a 48 hour period in order to verify the hours needed. There was a system in place to assess the adequacy of staffing levels if people's needs changed.

During our visit we saw the calculated level of staffing was maintained, and staff rotas showed the level of staffing was maintained at other times. Staff we spoke with told us the planned staffing levels were provided at all times and arrangements were made to cover absences. Rotas we looked at showed up to a third of care workers on some shifts were agency staff. The unit manager we spoke with told us the provider was aware of the high proportion of agency staff and was trying to reduce it. However, recent drives to recruit more directly employed staff had not resulted in sufficient candidates of the required quality.

We spoke with eight members of staff including two team leaders. Care workers gave us different views of whether their workload was manageable and if they were able to support

and care for people to the required standard with the numbers employed. Some recognised that their workload had reduced as people with more complex needs had moved to other services. One care worker said they were busy but it was workable. However others said they wished they could offer people more quality time each day: "We do our best but we're always very busy." Another said, "Staffing is improving but it's still an issue. Agency staff don't know our home's residents as well." The team leaders we spoke with told us staffing levels were sufficient provided there were not too many agency staff on the shift who were unfamiliar with the home and the people living there.

Three visiting relatives acknowledged that the home had been short staffed recently but that staffing levels were improving and that it was important to keep permanent staff. One relative said "It's not perfect but they take a lot of care. Staffing levels and continuity make a difference. [name] had not been in long and there was a lot of agency staff, he would be restless and go wandering, looking for a familiar face."

People who used the service told us there enough staff to meet their needs when they were needed. One person said "Yes they answer the bell as quickly as they can." Others said, "Oh yes, very good, they come quickly" and, "Yes, usually they're very good, they talk to me."

We observed the care people received in the shared areas of the homes. Staff delivered care and support in a calm, professional manner. Where people needed two care workers to help them move about, there were two available. If people asked for assistance, staff were able to respond without keeping them waiting. Staff were able to engage with people and talk with them about their interests and family. There were enough staff to meet people's needs in a timely manner. However, the provider may find it useful to note that staff, team leaders and visiting relatives all pointed out the difficulties involved in employing a high proportion of agency staff.

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. Systems were in place to learn from incidents and accidents.

Reasons for our judgement

People who used the service were asked for their views about their care and support. People and their representatives were able to respond to the provider's quality assurance survey, and there were also regular meetings for people who used the service and their relatives. We saw records of surveys of people who used the service dated 9 June 2013 and 15 April 2014. These were organised in three themes: wellness (food, safety and respect), happiness (support, independence and environment) and kindness (inclusion and responsiveness). We noted that following feedback from these surveys actions had been taken. These included improving awareness of the service's complaints procedure and the provision of more religious and cultural activities. The provider sought people's views and responded to them.

The most recent survey of relatives was dated June 2013. It showed the service had been judged "good" or "very good" by all those who responded. Comments included: "I am extremely happy with every aspect of care at Rotherlea. Lovely, caring staff." and "Very impressed by the kindness and patience shown". Relatives we spoke with confirmed there were regular meetings and they received minutes.

Staff were able to contribute their views about people's care at various meetings: there was a meeting for team leaders and senior care workers every two months, and other meetings were organised in reasonably sized groups, for instance for night shift staff. We saw the programme for future meetings and the minutes of meetings held. Staff we spoke with were satisfied they were listened to if they had ideas or suggestions to improve the service for people. The provider sought the views of staff and people's representatives about the quality of service delivered.

There was an effective system for monitoring the quality of service. There was a programme of three-monthly internal audits. These included medication, infection control, catering, care plans, the environment of the home and staff matters. Some of the audits were carried out by managers and some by senior staff. We reviewed the records of the audits. Actions were identified and followed up. Actions identified included improvements to the recording of quantities of medicines carried forward from one month to the next.

Other improvements identified were the use of moulds to make the presentation of pureed foods more attractive, regular cleaning of curtains and blinds, and minor repairs and replacement of lamps and light bulbs. Where internal audits identified actions to improve the service they were carried out.

A sample of people's care plans were reviewed as part of the three-monthly programme of audits. This meant that the service received by individual people was also monitored regularly.

The results of the three-monthly audits were used to generate a service improvement plan with actions, timescales, responsibilities and dates achieved. In addition to the internal audits, there was an annual review by the provider's head office. Again this contained actions, responsibilities, dates and status. This showed there was a system in place to monitor and track progress on actions identified.

Incidents and accidents were recorded and followed up. The unit manager told us incidents were recorded and tracked on a computer system. We saw the printout from this system which was being analysed at the time of our inspection. The unit manager told us the system alerted them to any person who had been affected by two or more incidents. Data was also analysed according to the time and location of incidents. The provider had a system for following up incidents and reviewing any lessons to improve the quality of service offered.

We discussed with the unit manager recent incidents that had been notified to us in accordance with regulations about notifications. We found these had been followed up and appropriate actions taken.

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

Phone:	03000 616161
Email:	enquiries@cqc.org.uk
Write to us at:	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA
Website:	www.cqc.org.uk