

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

Homer Lodge Care Centre

23-26 Monson Street, Lincoln, LN5 7RZ

Tel: 01522530108

Date of Inspection: 29 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
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	Premierbell Limited
Registered Manager	Mrs Angela Ryan
Overview of the service	Homer Lodge Care Centre is registered to provide nursing services, rehabilitation and personal care for 47 older people. The service is located close to the centre of Lincoln.
Type of services	Care home service with nursing Rehabilitation services
Regulated activities	Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury

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'.

	Page
<hr/>	
Summary of this inspection:	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	6
<hr/>	
Our judgements for each standard inspected:	
Respecting and involving people who use services	7
Care and welfare of people who use services	9
Management of medicines	11
Requirements relating to workers	13
Staffing	15
Assessing and monitoring the quality of service provision	16
<hr/>	
About CQC Inspections	18
<hr/>	
How we define our judgements	19
<hr/>	
Glossary of terms we use in this report	21
<hr/>	
Contact us	23

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 29 July 2014, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members, talked with staff and reviewed information given to us by the provider.

What people told us and what we found

The summary is based on our observations during the inspection, speaking with seven people who used the service, two relatives, the deputy manager and six staff. In addition, we looked at care records, the management of medication, the recruitment and selection of staff, staffing arrangements and quality assurance.

We considered our inspection's findings to answer questions we always ask: Is the service caring? Is the service responsive? Is the service safe? Is the service effective? Is the service well led? This is a summary of what we found:

Is the service caring?

We found that the service was caring. This was because people said that staff were respectful, kind and attentive. They considered staff to be genuinely committed to helping them. Relatives were confident that staff were polite and courteous to people who used the service.

People were offered the opportunity to engage in a range of social activities. These included having one to one sessions with the activities coordinators, taking part in small group activities such playing board games and going on trips out.

Is the service responsive?

We found that the service was responsive. This was because staff knew about each person's choices and preferences about the care they wanted to receive. People said that their care needs were met in a flexible way. This involved staff being happy to adjust the assistance they provided according to people's changing needs and wishes.

However, we identified some defects in the accommodation. These reduced people's ability to receive care in a comfortable and dignified setting. We have said that the provider

may find it useful to make some improvements to further develop the service. These involve completing the repairs and redecoration necessary to ensure that all parts of the accommodation are finished to a normal domestic standard.

Is the service safe?

We found that the service was safe. This was because the provider had made arrangements to reliably implement the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. These measures are designed to ensure that people who have reduced capacity to make decisions receive the support they need so that they are protected from abuse.

We found that a number of important checks had been completed to ensure that new staff were trustworthy to care for vulnerable people. However, we have said that the provider may find it useful to make an improvement to further develop the service. This involves making additional checks on applicants who have previously worked in care settings. This is necessary so that assurances can be obtained about their good conduct.

Is the service effective?

We found that the service was effective. This was because people's individual needs for care had been properly assessed and they were receiving all of the nursing, rehabilitation and care services they needed. In addition, staff had ensured that people had seen their doctor and other healthcare professionals when necessary.

There were safe systems for ordering, administering and dispensing of people's medication. However, we found that some of the storage facilities in the medication room were not robust. We have said that the provider may find it useful to make an improvement to further develop the service. This involved ensuring that all medicines are stored in metal cabinets.

The number of staff employed and the way in which their work was organised enabled the provider to meet people's needs for care. However, the provider did not have a robust system for deciding when staffing levels needed to be altered in order to respond to people's changing needs. We have said that the provider may find it useful to make an improvement to further develop the service. This involves developing a clear and recorded system to assess how many nurses and care assistants are needed at any particular time.

Is the service well led?

We found that the service was well led. This was because people had been consulted about their experience of using the service. This meant that they could contribute ideas for improving the service.

There was a clear line of management. This meant that important decisions about organising someone's care were made by nurses. At the same time care assistants could use their own judgement for routine matters in order to provide a flexible service.

Records showed that a number of quality checks had been completed. These included care records and various health and safety matters. However, we concluded that checks of accommodation were not robust. This was because they had not always identified and quickly resolved obvious problems. We have said that the provider may find it useful to make an improvement to further develop the service. This involves ensuring that effective

checks are completed of the environment so that any defects can be quickly put right.

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

People were given appropriate information regarding their care. Documents showed that when people had been considering moving into the service they had been given written information about the facilities and services provided. People had also been told how they would be involved in making decisions about their care and support. This had been done so they could decide whether or not the service was right for them. A relative said, "Before we decided we had a look around and spoke to the manager. We immediately liked the homely feeling to the place and we felt free to ask all sorts of questions."

We saw that each person had their own bedroom that was laid out as a bed sitting area so that they could comfortably relax in private if they wished. All bedrooms had a private wash hand basin and 14 also had a private toilet. A person said, "I have my own bedroom which is mine and I can go there when I like which is good."

We noted that staff respected people's privacy and dignity by knocking on bedroom doors before entering, ensuring doors were shut when assisting people with personal care and covering up people as much as possible to protect their dignity.

People were assisted to deal with their mail. Some people chose to deal with it themselves with assistance from staff. Others had chosen for it to be given to their relatives. People could make and receive telephone calls using the service's cordless telephone. In addition, people could access the internet by using the service's wi-fi connection.

People were supported in promoting their independence and community involvement. We saw that staff had kept in touch with relatives so that they knew about any important developments such as changes in people's health. We observed that people were free to receive guests whenever they wished. These measures meant that people were assisted to keep in touch with family and friends.

People's diversity, values and human rights were respected. This was because there were arrangements to respect the wishes of people who chose to only receive close personal

care from a male or a female member of staff. We saw that people had been supported to follow their religious and cultural beliefs. Arrangements in the service were organised to include people. For example, we saw that the chef spoke with people so that he knew what dishes they wanted to have on the menu on any particular day.

Records showed that people had been offered the opportunity to participate in a range of social activities such as playing board games, taking part in musical sessions and undertaking trips out. During the course of our inspection visit there was a quiet but engaged atmosphere in the service. We saw people chatting with each other and with staff. Several people were watching television in the lounge, some were reading the newspaper and some were relaxing in their bedrooms.

All of these measures contributed to people receiving a respectful and individual service. However, the condition of some parts of the accommodation did not fully contribute to people receiving care in a way that was dignified and respectful. We found that on the top floor the carpet in the hallway was badly worn and stained. Some of the seams had been crudely sealed with plastic tape. In this area the skirting boards were badly chipped and the painted walls were scuffed and marked. In some bedrooms where the walls had been repainted the finish had been applied carelessly. This had resulted in light-coloured paint staining the dark wood-effect window frames. These defects looked unsightly and detracted from the homely feeling achieved elsewhere in the building. The provider may find it useful to note that obvious problems with the decoration of the accommodation reduced its ability to deliver care to people in a comfortable and dignified setting.

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

Our judgement

The provider was meeting this standard.

People who used the service experienced care that met their needs and protected their rights.

Reasons for our judgement

Our inspection dated 07 February 2014 found that the provider had not made all of the arrangements necessary to ensure that people reliably received the care they needed. This was because aspects of how people's needs for care were assessed and the way in which some risks were managed were not robust. After the inspection the provider wrote to us saying that the systems it used to assess care needs and manage risks had been strengthened. This had been done to address our concerns so that people received safe care.

Our present inspection dated 29 July 2014 found that people's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We looked in detail at key parts of the care four people had received. We found that each of them had an individual written plan of care. These plans contained information about subjects such as helping people do everyday tasks, getting about safely and managing medical conditions. We noted that staff were familiar with the information contained in the plans. They said that the plans helped them to reliably provide assistance for people in ways that were right for them.

We saw that people were reliably receiving the assistance they needed and wanted. This included assistance with every-day domestic tasks such as washing and dressing, using the bathroom, getting about safely and taking medication.

We observed that staff were unhurried when they were helping people. In addition, we noted how they took the time to ask people how they were and to enquire if they needed anything to make them more comfortable. A person said, "I find the staff very accommodating and don't have any complaints. If I need them at night I've only got to ring and they'll get around to me as soon as they can. It can be a bit of a wait but that can't be helped". A relative said, "Overall, I've been quite happy with the care my mother receives. Of course there'll be niggles but in general when I call I find her to be well dressed and well cared for. I feel confident leaving her in the care of the staff."

At lunchtime we saw that when necessary people received individual help to dine in safety and comfort. Some people had their food and drinks specially prepared so that it was

easier for them to swallow. Others were being assisted to maintain a healthy weight by using high-calorie food supplements. When necessary staff were monitoring and recording how much people had to eat and drink. These measures were then combined with checks of people's body weight to help ensure that they were having enough nutrition and hydration to support their good health.

Records showed that when necessary medical attention had promptly been arranged including home visits by doctors and other healthcare professionals. This meant that people had received the healthcare they needed.

People's care was planned and delivered in a way that was intended to ensure their safety and welfare. We saw that potential risks to people's health and safety had been assessed so they could stay safe from unnecessary hazards. This included helping people with reduced mobility to use hoists, walking frames, wheelchairs and raised toilets.

We saw that people had received their care in a safe way because they were protected from the risk of abuse. One of the steps the provider had taken involved giving staff written information and training about how best to implement the Mental Capacity Act 2005 and the Deprivation of Liberty safeguards. These measures are designed to ensure that people who have reduced capacity to make decisions receive the support they need. This includes seeking independent assistance for people so that decisions are taken that are in people's best interests. In addition, it involves ensuring that any restrictions that are imposed on someone's freedom are lawful and the least necessary. We noted that no restrictions were being used at the time of our inspection visit.

People's care was planned and delivered in a way that protected them from unlawful discrimination. We saw that the provider had a written policy that committed it to support people in ways that respected their diversity. We saw this in operation in that people of different ages and with different preferences and abilities were supported in accordance with their wishes. For example, there were arrangements to respect people's wishes if they wanted to follow a vegetarian diet.

There were arrangements in place to deal with foreseeable emergencies. We noted that there were written plans to respond to adverse things such as interruptions in the supply of electricity, water and gas. This meant that people could be confident that their accommodation and care needs would be reliably met.

The provider consulted with people about their care needs, provided them with prompt assistance, accessed healthcare services on their behalf and helped them to stay safe. These measures all contributed to people receiving care that responded to and respected their individual needs.

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

Reasons for our judgement

Our inspection dated 07 February 2014 found that the provider had not made all of the arrangements necessary to ensure that people reliably received all of the medicines they needed. This was because there had been occasions when medication had not been re-ordered and had run out. In addition, staff had not always correctly recorded occasions when people had declined to take medicines that had been prescribed for them. After the inspection the provider wrote to us saying that the systems it used to order medication and to record its use had been strengthened. We were told that these improvements had better enabled the provider to safely and reliably manage people's medication.

Our present inspection dated 29 July 2014 found that people were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines. A person said, "I get the nurses to do all my medicines for me. I think I'd get them mixed up now and so it's best they do them. I get them as regular as clockwork."

Appropriate arrangements were in place in relation to obtaining medication. This was because records showed there was a stock check system that identified when medicines needed to be reordered. They also showed that orders were promptly made and that when received medicines were checked in. We checked the supply of three medicines and found that there was an adequate stock and that all of the medicines were within their 'use by' date. A person said, "The staff handle all my medicines so I don't get in a muddle. I don't know the detail but they must re-order it for me because I've never known it to run out."

Medicines were kept safely. We saw that the medication store room was secure and kept locked when not in use. However, we noted that some stock medicines were only stored in locked kitchen cabinets rather than in metal storage units. The provider may find it useful to note that this arrangement reduced the security with which some medicines were stored.

There was a refrigerator that was used for medicines that needed especially cool storage conditions. Records showed that the refrigerator was working correctly.

We saw that additional arrangements had been made to store and record some medicines that needed special security.

Medicines were prescribed and given to people appropriately. Records showed that a doctor had prescribed each person's medication. The provider had a written policy and procedure for staff to follow when dispensing medication. This included double checking that the right medicines were being given to each person and making sure that they were being taken in the correct way. The nurses who dispensed medicines had received training and they knew how to manage medication in a safe and reliable way.

Medicines were disposed of appropriately. We saw that medicines and related medical equipment that was no longer required was stored securely until it could be disposed of in a safe way.

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 by suitably qualified, skilled and experienced staff.

Reasons for our judgement

Our inspection dated 07 February 2014 found that the provider had not made all of the necessary employment checks to ensure that only suitable and trustworthy staff were employed in the service. After the inspection the provider wrote to say that it had strengthened its recruitment and selection procedure. We were told that the new arrangements would ensure that more robust checks were completed before new members of staff were employed.

Our present inspection dated 29 July 2014 found that most aspects of the provider's recruitment and selection procedure were well organised and robust. People who used the service said that they were confident staff were suitable and trustworthy to provide care. One of them said, "The staff are very kind and helpful. They must choose them carefully because they're just caring people who want to do the right thing."

We examined the personnel files for three staff who had been appointed since our last inspection. Documents showed that people who wanted to work in the service had to complete an application form. As part of this they were asked to confirm that they were in good health and fit to complete their duties. Records showed that applicants had been interviewed and that careful consideration had been given to their approach to providing care and to their relevant past experience.

Most of the necessary security checks had been completed before the staff had begun work. These included obtaining checks from the Disclosure and Barring Service to show that staff did not have relevant criminal convictions and had not been guilty of professional misconduct.

In addition, the provider had obtained references for the staff from their previous employers. However, in the case of one person the provider had not sought all of the assurances it needed from the person's previous employers. The provider may find it useful to note that this shortfall reduced its ability to ensure that the person concerned was suitable to be employed in the service.

The provider had a system for responding to concerns about staff. This was because the manager knew what steps to take to inform the Disclosure and Barring Service if a

member of staff was no longer fit to work in health and social care. This agency is responsible for alerting other employers to historical problems to be considered before someone is allowed to work again with vulnerable people.

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

We noted that there were 40 people living in the service at the time of our inspection. Records showed that there was always a nurse on duty. During the day and evening she was supported by five or six health care assistants. At night the nurse was assisted by three care assistants. There were also other staff who completed catering, cleaning and laundry tasks.

We saw that the staffing arrangements enabled people to receive the assistance they needed. When people used the call bell to request assistance it was quickly answered. We observed that staff promptly responded when people who were seated in the lounge asked for help to use the bathroom. A person said, "The staff are always here and so I feel reassured because I'm not on my own like I would be in my own home. The staff are very busy but they'll always make time for you and they're happy to help."

We were told that staffing levels were altered so that there were always enough staff on duty to respond to people's changing needs. However, there was no formal or recorded system by means of which the provider reached a judgement about how many nurses and care assistants needed to be on duty. The provider may find it useful to note that this shortfall increased the risk that not enough staff would be on duty to promptly and safely respond to people's needs for care.

We saw there were systems that contributed to people receiving consistent care. These included having handover sessions at the beginning and end of each shift. At these meetings each person's needs had been reviewed so that the support they received had been appropriate for their current circumstances. A person said, "You get used to the staff, it's normally the same people each day so you get to know them and they know how we like things."

Records showed there had been regular staff meetings when staff had discussed how to promote good team working. This had included deciding how particular tasks should be completed so as to avoid duplication and omission.

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.

Reasons for our judgement

People who used the service, their representatives and staff were asked for their views about the care and support provided and they were acted on. We saw that there had been residents' and relatives' meetings at which people could choose which subjects they wanted to discuss with staff. In addition, the provider had invited people to complete an annual quality assurance questionnaire. The results of the questionnaire completed in 2014 showed that in general people were satisfied with the care and facilities provided in the service. We saw that the provider had made arrangements to act on any suggested improvements. This involved the manager preparing an action plan to demonstrate to the provider's senior manager that people's voices had been heard and that their suggestions had been put into operation

The provider took account of complaints to improve the service. We saw that people had been made aware of the complaints system. Documents showed that the provider had an effective system for investigating and resolving concerns. This meant that lessons could be learned to help develop the service for the future.

Decisions about care and treatment were made by appropriate staff at the appropriate level. We noted that there was a clear line of management in the service. Records showed that each shift was led by a nurse who was authorised to make important decisions about the care people needed to receive. During the evenings, nights and weekends there was always a senior manager on call if staff needed advice.

Quality audits had been completed of key measures such as the management of medication to ensure that medicines were being ordered, stored, administered and disposed of in a reliable way. Records showed that key health and safety checks had also been completed. These included ensuring that the fire safety system, gas appliances and the electrical wiring installation remained in good order. These things helped to ensure that people received care and support in an environment that promoted their wellbeing.

Documents showed that the provider's senior manager visited the service each month in order to check that people were being cared for in the right way. However, we concluded

that the review of the standards achieved by the accommodation had not always been robust. For example, we found that the carpet at the entrance of one bedroom was rucked up and constituted an obvious trip hazard. This was in addition to the other defects with the accommodation we have listed earlier in this report. The provider may find it useful to note that lack of a robust system to assess and repair all areas of the accommodation foreseeably increased the risk that defects would not be promptly addressed.

There was evidence that learning from incidents/investigations took place and appropriate changes were implemented. Accidents had been analysed so that contributory factors could be identified and action taken to reduce their impact in the future. This included some people being given extra help so that they did not have falls.

Records showed that national developments in good practice such as new guidance about the use of medicines and equipment had been received and acted upon. This was so that people had been protected from medicines or equipment that might no longer have been safe.

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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