Inspection Report

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

Dove Lane

7 Dove Lane, Harrold, MK43 7DF

Tel: 01234720019

Date of Inspection: 19 June 2014

Date of Publication: July 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
Meeting nutritional needs	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Safety and suitability of premises	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Turning Point
Registered Manager	Mr Alan Neate
Overview of the service	Dove Lane is a care home registered to provide accommodation and personal care for up to six adults who may have a range of care needs, including learning disabilities, physical disabilities and 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

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 19 June 2014, observed how people were being cared for and talked with staff. We reviewed information given to us by the provider.

What people told us and what we found

During this inspection, we gathered evidence against the outcomes we inspected to help answer our five key questions: Is the service caring? Is the service responsive? Is the service safe? Is the service effective? Is the service well led?

Below is a summary of what we found. The summary is based on our observations during the inspection, speaking with staff and looking at records.

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

Is the service safe?
We found that people's care and support was planned and delivered in line with their individual needs.

People living in the home were also protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

At our last inspection of Dove Lane on 25 June 2013, we found that people living in the home, staff and visitors were not always protected against the risks of unsafe or unsuitable premises. This was because some people's needs had changed over the years and the environment no longer met their physical needs in respect of easy access, adequate space and facilities. The manager told us then that the provider recognised the environmental deficits and a planning application to rebuild the home on the same site had been submitted and approved. However, no timescales were known at that time for the work to take place. We therefore gave the provider a compliance action, and asked them to tell us what they were going to do to improve the environment to ensure people's safety and wellbeing.

During this inspection we asked the manager and service manager for an update. We also looked round the building taking into account the physical needs of the people currently living there, and the facilities available. We were told that there were still no firm

timescales for the redevelopment of the service, but that the provider was still committed to making this a reality. We found that some improvements had been made in the interim, and although the environment would not be fit for purpose in the long term, we found on this occasion that the provider had taken reasonable steps to ensure people currently living in the home, were safe and cared for appropriately until such time that the redevelopment of the service can take place.

Is the service effective?
People's health and care needs had been assessed to establish their needs.
Although some people did not communicate using words, we observed that they were able to demonstrate their consent clearly through other methods such as actions and physical movement. People were encouraged to make their own choices and decisions, as far as possible, throughout our inspection. It was clear that staff understood people's needs well and knew how best to support them.

Through the course of the day we observed food and drink being regularly provided to people living in the home. The home's routines were flexible, and showed that people's individual preferences and needs mattered.

Is the service caring?
Everyone we observed looked well cared for.

We observed some positive interactions between staff and people living in the home. People were treated with dignity at all times.

Although people living in the home at the time of this inspection did not communicate verbally, staff continually included them in conversations and encouraged them to express their views using non-verbal methods of communication. The manager told us that they were committed to improving ways of communicating with people, in a meaningful way.

Care records that we looked at were personalised, and included information about people's individual preferences in respect of daily routines. We observed that preferences were taken into account and respected.

Is the service responsive?
We saw guidelines that had been written to support staff in managing specific care issues for some people living in the home. The guidelines we read were detailed and had also been reviewed recently. Our observations showed that the care and support provided to people accurately reflected that which was set out in their care records.

Arrangements were in place to support people who were at risk, for example because of limited mobility or poor nutritional intake. There was evidence that people's health conditions were being regularly monitored. Where needed, support had been sought from external professionals; to ensure people's welfare was protected and all their needs met. We noted in one person's records that their health condition had stabilised as a result.

Is the service well-led?
A registered manager was in place, who had worked at the home for a number of years.

It was clear from speaking with staff that they felt well supported and were clear about their roles and responsibilities.

We found that appropriate systems were in place to monitor the quality of service provision, and to give people the opportunity to express their views.

We found that the service was responsive to feedback from external agencies and professionals, in respect of improving the service provided to people living at Dove Lane.

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

During our inspection, we saw that people were consistently treated with dignity and respect. We observed some positive engagement between staff and people living in the home and people's individual diversity, values and human rights were recognised.

Although people living in the home at the time of this inspection did not communicate verbally, staff continually included them in conversations and encouraged them to express their views using non-verbal methods of communication. One person had a collection of photographs on a tablet computer, of people and places that were important to them.

The manager told us that they were trying to improve ways of communicating in a meaningful way with people living in the home. This included the planned introduction of photographs of all staff working in the home. Pictures of the home's vehicle and some activities were already in use.

Care records that we looked at were personalised and included information about people's individual preferences in respect of daily routines and social activities. Records supported the fact that people's preferences were taken into consideration, and we observed that staff were aware of these preferences and provided support accordingly. For example, a music session took place during the morning of our inspection and we observed one person walking away from this. Staff respected the person's decision to not join in with this activity and supported them in an activity of their choosing instead.

The majority of the staff we spoke with had worked at the home for a number of years. It was clear that they knew people's needs well and understood how best to support them. They encouraged people to maintain their independence as far as possible but where support was required, this was provided in an appropriate and dignified way.

Different staff we spoke with described the funeral arrangements that had taken place recently for someone who had lived at the home for a number of years. It was evident that the staff had cared about the person, and comments received from a relative of the person

afterwards reflected this. We read that the 'affection and emotion' that staff had shared with the relative had made it the 'nicest funeral' she had experienced. We learnt that everyone living in the home had been given the opportunity to be part of the funeral allowing them to come to terms with their loss and to say goodbye to someone that had been a part of their lives for so long. This showed that people's feelings were taken into account and respected.

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

Reasons for our judgement

During this inspection we found that people's needs were assessed, and care and treatment was planned and delivered in line with their individual care plans.

We used a number of different methods to help us understand the experiences of people using the service, because people living in the home had complex needs which meant they were not able to talk to us about their experiences. We looked at care records for two people and observed the care and support being provided to all five people living in the home on the day of the inspection, to corroborate our findings and ensure the care being provided was appropriate for them. We also spoke with seven members of staff including the registered manager and service manager.

Everyone we observed looked well cared for in terms of their personal appearance. The majority of the people living in the home had lived there for almost 20 years, and it was clear that staff understood their needs well.

Care records we looked at showed that people's needs had been assessed to enable staff to develop appropriate and effective plans of care. The care and health plans we looked at contained detailed information, and had been reviewed recently to ensure the care being provided was still appropriate for each person's needs. Separate daily records were being maintained by care staff, to demonstrate the care provided to each person on a day to day basis. We noted some brief entries in some of these records, but this had already been identified by the manager. He told us he planned to remind staff of the importance of accurately recording the care and support provided to people.

We noted that there was a lot of paperwork in place with some duplication of information evident. Again, the manager acknowledged this and showed us that new care records were being introduced to try to condense the information, making it easier for staff to be clear about how to meet each person's needs.

We saw guidelines that had been written to support staff in managing specific care issues for some people living in the home. The guidelines we read were detailed and had also

been reviewed recently. Our observations showed that the care and support provided to people accurately reflected that which was set out in their care records.

Arrangements were in place to support people who were at risk, for example because of limited mobility or poor nutritional intake. There was evidence that people's health conditions were being regularly monitored. Where needed, support had been sought from external professionals; to ensure people's welfare was protected and all their needs met. We noted in one person's records that their health condition had stabilized as a result.

Although it was clear that people's health needs were being met, the provider may find it useful to note that there was no clear system in place to remind staff when people's next healthcare appointments were due. The manager said that they relied on a recall system where they received reminders from the respective healthcare professionals, but added that new paperwork which was in the process of being introduced would assist with this, making it much clearer to audit healthcare appointments internally.

We met one person who was living with Pica - an abnormal craving for non-edible substances. The home had taken steps to provide the person with an item which was designed to reduce the risks associated with the Pica. The provider may find it useful to note that although the person's care records reflected this, the risks of them choking on the item had not been made fully explicit. We spoke to the manager about this who told us the person had had the item for a number of years now and there had been no concerns about its use. However, he agreed to update the care records to better reflect the possible risk of choking, to ensure that all staff were clear and vigilant about supervising the use of this item.

People's social needs were taken into account. On the day of our inspection a musician provided entertainment to some of the people living in the home. It was clear from our observations that some people really enjoyed the session, and records showed that the musician visited regularly. We also found evidence of people taking part in regular activities outside of the home such as walks, visits to a nearby country park and meals /drinks out. People also had access to a spacious garden which some staff were getting ready for a forthcoming community 'open garden' day being held in the village. We noted that the staff had given up some of their own time to do this, which demonstrated their commitment and dedication to the home and the people living there.

Meeting nutritional needs ✓ Met this standard

Food and drink should meet people's individual dietary needs

Our judgement

The provider was meeting this standard.

People were protected from the risks of inadequate nutrition and dehydration.

Reasons for our judgement

During our inspection we found that that people were supported to be able to eat and drink sufficient amounts to meet their needs.

We found that people's individual dietary requirements had been assessed; to identify their individual preferences and requirements such as soft food options - if someone was at risk of choking or had difficulties with swallowing for example. Our observations found that people received the assistance that was described within their individual care records. This showed that staff were aware of people's specific requirements and were able to meet these in a consistent way.

A three weekly menu was being followed which showed that people were offered four meals a day including supper. Although people living in the home were not able to fully participate in meal preparation, we observed some staff encouraging people to come into the kitchen as part of a sensory experience, so they could see the food being prepared and smell the meal as it cooked.

We observed people being given food, including snacks, and drinks on a regular basis throughout our inspection. We saw that people were given time to eat and drink, and the pace was not rushed. Assistance was provided in a discreet and helpful manner. One person had an afternoon appointment so their lunch was provided early, to ensure they did not miss out and feel hungry later. The meal looked appetising and appeared to be enjoyed by the person.

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 use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

During our inspection, we found that people living in the home 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.

Records demonstrated that the service worked to the Mental Capacity Act (MCA) 2005 key principles, which state that a person's capacity should always be assumed, and that assessments of capacity must be undertaken where it is believed that a person cannot make decisions about their care and support. We were able to see records that related to aspects of people's care where possible restrictions had been considered, but then deemed to be in their best interests in order to ensure their safety, health and well-being.

Records we looked at showed that staff had received training regarding the safeguarding of vulnerable adults between 2012 and 2013. The manager explained that he would be assessing individual staff member's knowledge around safeguarding matters, to determine whether there were any gaps in their knowledge that required further training. He told us that dates had just been released for refresher training which he intended to book.

We spoke with staff who all confirmed they had received training regarding the safeguarding of vulnerable adults. They told us they had not received classroom style training on this subject, but had received computer based, e-learning training instead. They talked to us about whistleblowing procedures and understood about different types of abuse. They were all very clear about the need to report concerns as soon as possible to their line manager, the manager above or even the Police. However, the provider may find it useful to note that some staff were not fully clear about the process to follow in the event of suspected abuse. This was because none were able to tell us about contacting the local authority safeguarding team, which is part of a local multi-agency agreed procedure, in the event of suspected abuse. The manager told us there had been no safeguarding referrals in respect of anyone living in the home since our last inspection, so staff had not had to put their learning into practice. He agreed to revisit the procedure however with all staff urgently.

Everyone living in the home required assistance to manage their finances. We looked at the financial records maintained by the home for two people. We found that the records were clear and overall demonstrated appropriate and safe systems in respect of safeguarding people's finances. We observed staff checking people's monies, which they told us happened daily, and saw that monies tallied with the amount stated in the financial records. Receipts were being obtained to support expenditure, and records of bank withdrawals and deposits maintained.

We did however find one anomaly in one person's records where we found they had paid more than they should have towards a regular music session that took place in the home. This was because people living in the home were taking it in turns to pay for the session, and the planned order for this to happen had not been followed by staff. We were also concerned that the person had slept for part of the music session we observed on the day of our inspection, so had not actively participated in it. We brought this to the attention of the manager who confirmed after our inspection that arrangements had been made to remedy the overpayment, and told us that the whole system for paying the musician would change in the future. He told us that from now on only people actively participating in the activity would contribute financially, and the cost would be divided by those people at each session, eliminating the risk of someone paying more than their fair share. The manager also told us that the new arrangements would be discussed with people's relatives and other relevant stakeholders in a meeting in July 2014, to ensure people were given the opportunity to agree, or discuss any concerns they might have, on behalf of people living in the home. We noted from looking at care records that written agreements were already in place for other aspects of people's finances such as staff costs when out for a meal and the purchase of personal care aids, where required. This showed that consideration had been given to safeguarding people from the risk of financial abuse.

Safety and suitability of premises ✓ Met this standard

People should be cared for in safe and accessible surroundings that support their health and welfare

Our judgement

The provider was meeting this standard.

The environment is not fit for purpose in the long term, given the needs of the people living there. However, we found on this occasion that the provider had taken reasonable steps to ensure people were protected against the risks of unsafe or unsuitable premises until such time that the service can be redeveloped.

Reasons for our judgement

At our last inspection of Dove Lane on 25 June 2013, we found that people living in the home, staff and visitors were not always protected against the risks of unsafe or unsuitable premises. This was because some people's needs had changed over the years and the environment no longer met their physical needs in respect of easy access, adequate space and facilities. Some aspects, such as the kitchen, were also tired and damaged and in need of repair. The manager told us then that the provider recognised the environmental deficits and was in the process of reviewing the accommodation. He also told us that as part of this process, a planning application to rebuild the home on the same site had been submitted and approved. However, no timescales were known at that time for the work to take place. We therefore gave the provider a compliance action, and asked them to tell us what they were going to do to improve the environment to ensure people's safety and wellbeing.

After the inspection, the provider submitted an action plan to tell us that new flooring and kitchen units had been installed. Access to the garden had also been made better for people using a wheelchair through the provision of a ramp to the rear of the buildings. In July 2013, we received an update to say that an agreement had been reached to cost up plans to rebuild or refurbish the building with the intention that it would change to become a supported living service, once completed.

During this inspection we asked the manager and service manager for an update. We also looked round the building taking into account the physical needs of the people currently living there, and the facilities available.

The service manager told us that things had moved on slightly and that it had been concluded at a meeting the week previously, that the plans to change to a supported living service for six people, had been agreed. Costings for the project had also been completed but as yet there were still no firm plans in place regarding when this might take place. The service manager told us they were committed to making the plans a reality and that another meeting to finalise funding for the project had been arranged for October 2014.

During our walk round the building, we found the home to be in a fair state in respect of décor, fabrics and furnishings. It was also clean and odour free.

On the day of our inspection four of the five people living in the home were using wheelchairs to mobilise around the home. Staff we spoke with told us that they were "just" managing to meet people's needs in the current building, but this was getting more challenging as people's needs changed and they required more equipment to assist them with mobilising. They showed us how access and manoeuvrability within some of the rooms such as bedrooms and bathrooms had become quite difficult. It was said that some staff managed better than others. It was also clear that storage for large equipment was an issue, and this was likely to increase over time as people's physical needs changed. Staff told us about some changes that had happened since our last inspection, or were due to happen, in respect of equipment provision for people and one person moving to a different bedroom, to best support staff in meeting their needs within the existing building. The service manager confirmed that the service was committed to ensuring the health and wellbeing of both staff and people living in the home through the provision of equipment and adaptations, until such time that the full redevelopment of the service took place. They also confirmed that no one else with a physical disability would be admitted to the home until the building was fit for purpose.

We saw that some facilities, such as the laundry room, would remain inaccessible to someone using a wheelchair until the redevelopment of the service had taken place. Staff we spoke with told us that people were encouraged to participate in domestic tasks in other ways such as helping with cleaning their bedrooms and putting clean laundry away.

The provider may find it useful to note that the cupboard used to store equipment such as continence pads and disposable gloves was not locked. In the past, there have been reported cases in other services where people have come to serious harm or died because they had ingested and then choked on a glove. Staff we spoke with felt this was not currently a risk in this home as most people were dependent on staff to assist them with mobilising. However, the manager acknowledged that risk needed to be formally assessed because someone living in the home was at risk of ingesting non-food items.

It was clear from speaking with people that the redevelopment plans had been underway for some years, and the lack of progress was having an impact. We read for example in a satisfaction survey completed at the beginning of the year by a relative, on behalf of someone living in the home: 'Dove Lane is a great place to live where I have lived for many years. The thing we have been waiting eight years or more for is an extension to give us a bit more space like bigger bedroom. More toilets and showers and the decoration, carpets etc. [are] looking rather tired. I hope that one day soon it will all be made lovely for us all'.

Records showed that arrangements were in place to ensure the existing building was safe to promote people's health and wellbeing. For example, regular checks had been taking place to ensure systems and equipment used within the home, such as fire equipment and the gas central heating system, were safe and regularly maintained.

Although the environment is not fit for purpose in the long term, we found on this occasion that the provider had taken reasonable steps to ensure people currently living in the home, were safe and cared for appropriately until such time that the redevelopment of the service can take place.

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 systems to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

We found systems such as satisfaction surveys, meetings and internal audits were in place to monitor the quality of service provision and to give people the opportunity to express their views.

We saw the results of the most recent satisfaction surveys sent out to relatives of people living in the home between February and March 2014. In general, people were happy with the care and support being provided to their relative, although frustration with the lack of progress, in terms of plans to redevelop the service were evident. Despite this, the manager stated that he had not received any formal complaints since our last inspection. He also told us that a meeting was planned for 9 July 2014, to enable relatives and other relevant stakeholders to share their views and discuss any concerns they might have in respect of the service provided.

A range of internal audits had taken place since our last inspection, to monitor the safety and quality of the service provided to people living in the home. Some of these had been completed by senior staff working for the provider but not within this home. This meant that some of the audits had been completed by someone who was able to assess the service with a fresh pair of eyes. An action plan had been drawn up for the home which included areas identified through the audits for improvement. We saw that this covered a number of areas including face to face training for staff - including safeguarding of vulnerable adults training, assessing staff competencies and care plans. The provider may find it useful to note that the action plan did not contain information about who would take responsibility for driving these improvements, or the timescales that they would be achieved in. We spoke with the manager who agreed that this information would be added in.

Overall, our findings showed that the service had systems in place to monitor the quality of service provided to people.

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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