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

Pegasus Care Home

65-67 Beeches Road, West Bromwich, B70 6HQ
Tel: 01215532900

Date of Inspection: 31 July 2014
Date of Publication: September 2014

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

<table>
<thead>
<tr>
<th>Standards</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Care and welfare of people who use services</td>
<td>Met this standard</td>
</tr>
<tr>
<td>Safeguarding people who use services from abuse</td>
<td>Met this standard</td>
</tr>
<tr>
<td>Management of medicines</td>
<td>Met this standard</td>
</tr>
<tr>
<td>Requirements relating to workers</td>
<td>Met this standard</td>
</tr>
<tr>
<td>Assessing and monitoring the quality of service provision</td>
<td>Met this standard</td>
</tr>
<tr>
<td>Records</td>
<td>Action needed</td>
</tr>
</tbody>
</table>
## Details about this location

<table>
<thead>
<tr>
<th>Registered Provider</th>
<th>Pegasus Care Homes Limited</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overview of the service</td>
<td>Pegasus care home provides care accommodation and personal care for people with learning disabilities.</td>
</tr>
<tr>
<td>Type of services</td>
<td>Care home service without nursing</td>
</tr>
<tr>
<td></td>
<td>Domiciliary care service</td>
</tr>
<tr>
<td>Regulated activities</td>
<td>Accommodation for persons who require nursing or personal care</td>
</tr>
<tr>
<td></td>
<td>Personal care</td>
</tr>
</tbody>
</table>
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'.

<table>
<thead>
<tr>
<th>Contents</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Summary of this inspection:</strong></td>
<td></td>
</tr>
<tr>
<td>Why we carried out this inspection</td>
<td>4</td>
</tr>
<tr>
<td>How we carried out this inspection</td>
<td>4</td>
</tr>
<tr>
<td>What people told us and what we found</td>
<td>4</td>
</tr>
<tr>
<td>What we have told the provider to do</td>
<td>5</td>
</tr>
<tr>
<td>More information about the provider</td>
<td>6</td>
</tr>
<tr>
<td><strong>Our judgements for each standard inspected:</strong></td>
<td></td>
</tr>
<tr>
<td>Care and welfare of people who use services</td>
<td>7</td>
</tr>
<tr>
<td>Safeguarding people who use services from abuse</td>
<td>8</td>
</tr>
<tr>
<td>Management of medicines</td>
<td>10</td>
</tr>
<tr>
<td>Requirements relating to workers</td>
<td>11</td>
</tr>
<tr>
<td>Assessing and monitoring the quality of service provision</td>
<td>12</td>
</tr>
<tr>
<td>Records</td>
<td>13</td>
</tr>
<tr>
<td><strong>Information primarily for the provider:</strong></td>
<td></td>
</tr>
<tr>
<td>Action we have told the provider to take</td>
<td>14</td>
</tr>
<tr>
<td><strong>About CQC Inspections</strong></td>
<td>15</td>
</tr>
<tr>
<td><strong>How we define our judgements</strong></td>
<td>16</td>
</tr>
<tr>
<td><strong>Glossary of terms we use in this report</strong></td>
<td>18</td>
</tr>
<tr>
<td><strong>Contact us</strong></td>
<td>20</td>
</tr>
</tbody>
</table>
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 31 July 2014, observed how people were being cared for and talked with carers and / or family members. We talked with staff.

What people told us and what we found

We last inspected this service on 16 July 2013. At that time we found that peoples care records had not always been signed by the person or their representative. We also found that records were not always in place to support people who had behaviours that might challenge. We found that referrals for manual handling assessments had not been made and that risk assessments had not been reviewed. At this inspection we found that these issues had not been adequately addressed.

On the day of our inspection there were five people who lived at the home. The home had spaces for six people to live there and another six people to have respite there. Nobody was on respite care at the time of our inspection. We talked with the manager and looked in detail at the care records for three people. We observed how people were being cared for in the home and sat with two people in the lounge area. We visited on a weekday and we spoke with two relatives. We talked with three staff members and spoke with one professional who had regular contact with the home. We looked at three staff files, and three records of people who lived at the home.

Below is a summary of what we found. The summary describes the records we looked at and what people using the service and staff told us.

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

Is the service safe?

Staff understood their role in safeguarding the people they supported. There were enough staff on duty to meet the needs of people who lived at the home. The manager had a good understanding of issues around safeguarding and their role in protecting people. Staff understood how to safeguard people they supported. There were policies and procedures in place to make sure that unsafe practice would be identified and people would be protected.

We saw people were cared for in an environment that was safe and clean. One relative
told us, "He's clean and he's well looked after and he seems happy."

The Care Quality Commission monitors the operation of the Deprivation of Liberty safeguards (DoLs) and the Mental Capacity Act 2005, which applies to care homes. The manager had an understanding of these safeguards which ensured people's rights and choices were protected.

Is the service effective?

People received the care and support they required to meet their needs and maintain their health and welfare. Staff had been provided with up to date training in a range of topics including first aid and food hygiene. Care plans were linked to people's individual needs, for example, in relation to nutrition. Staff had a good understanding of people's care and support needs and knew them well. The service worked well with other agencies and services to make sure people received their care safely and effectively. One staff member told us, "Everybody is really helpful, I've done loads of training."

Is the service caring?

Relatives told us staff were caring and kind. Staff told us they were clear about their roles and responsibilities to respect people's privacy and dignity. We saw that staff were polite and attentive to people and understood their needs and preferences. We saw the staff and manager were patient and gave encouragement when supporting people. All the staff we spoke with expressed kindness towards the people they supported. A member of staff told us, "There's a lot of empathy here with the clients, I'd have my relative move in here."

Is the service responsive?

We spoke with the manager who told us she involved other professionals in people's care when their needs changed. This was so people's care could continue to be provided safely and appropriately. A community nurse told us, "I've always been very happy with them. They are always amenable to any suggestions from us.‖ People who lived at the home and their relatives were involved and their choices were acted upon. A member of staff told us, "There's a really good personal relationship with people, staff go the extra mile."

Is the service well-led?

The manager was aware of their responsibilities in meeting the essential standards of quality and safety. Staff felt well supported and records we reviewed confirmed that staff were appropriately trained and supported to carry out their role safely. Staff told us they were clear about their roles and responsibilities. There was a clear structure of supervision responsibilities within the staff team. Staff felt supported to do a good job. A relative told us, "The owner is absolutely brilliant, always really helpful."

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

What we have told the provider to do

We have asked the provider to send us a report by 01 October 2014, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.
Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

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

<table>
<thead>
<tr>
<th>Care and welfare of people who use services</th>
<th>Met this standard</th>
</tr>
</thead>
</table>

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

We saw that people who lived at the home had very limited verbal communication and expressed their preferences and wishes by gestures and behaviours. We observed that people were happy and comfortable in their home during our inspection. We observed interactions between people and staff and saw people were well cared for. We saw that the home was clean and fit for purpose. During our visit, staff were welcoming and friendly.

The manager told us that they always carried out an assessment of need before a new person moved in, and where possible introductory visits had been arranged. This meant people were being cared for in a home that had systems in place to assess people's needs prior to them using the service.

In July 2013 we found that referrals for manual handling assessments had not been made. Following that inspection we asked the provider to make improvements to these areas. During this inspection we found a referral for a new wheelchair had been made, but not followed up. A senior member of staff told us the person still had their old wheelchair. There was one manual handling risk assessment that had been partly completed but not finished on one file. This meant that the person may not have the correct wheelchair to keep them safe and comfortable.

During this inspection we saw care plans that showed each person's welfare and safety had been considered. They were personalised and in a plain English format. They contained information about peoples' choices and support needs and included dietary information, body charts, and appointment tracking with other professionals. We saw that recommendations made by a speech and language therapist had been implemented on the persons care plan, staff we spoke with confirmed they knew about the persons dietary needs. All the staff we spoke with had a clear understanding of people's needs and preferences. This meant that the home had systems in place to keep people safe and well.
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

The home had a safeguarding and whistle blowing policy which we saw was available to staff in the staff handbook. We saw the staff training schedule which included safeguarding training and was up to date. Staff all received adult safeguarding training which was refreshed annually. Staff we spoke with said they had received safeguarding training, and all of them spoke with confidence about how to recognise any abuse and how to report it. One staff member told us, "Safeguarding issues are always followed through." This meant that the provider had taken steps to protect people who used the service from abuse or the risk of abuse.

The manager told us that no one in the home was restrained in any way and that staff used behaviour management techniques to support people. A community nurse told us, "They do very well and involve the behaviour management team if there are any issues." The manager told us people could leave the home when they wanted as the staff to people ratio was very high and there were enough staff to take people out if they wished to go. During our visit we observed people. People looked well cared for and relaxed in their home. Most people went out for a pub lunch but one person decided to stay at home to listen to music. We saw the person was supported to do that. This meant that people's rights and choices were being respected.

We saw three separate folders which contained safeguarding alerts, notifications to us and accidents and incidents. All the folders were up to date and contained accurate and appropriate information. We saw a safeguarding referral the manager had made the day before our inspection. We checked the information within the home and found that the referral was appropriate and had been recorded within the appropriate records. This meant that the manager had processes in place to ensure that safeguarding concerns were followed up and appropriate actions taken.

The manager told us about the processes used within the home to make sure people's money was available to them. They told us about the financial handover that was done daily and signed by two members of staff, and the person if possible. We saw that the receipts and cash were kept securely in a locked cupboard in the manager's office. Each
person had their own tin to keep their cash separate. We saw that the manager audited the finances every month. This meant that there were systems in place to protect people from financial abuse.
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.

Reasons for our judgement

The manager told us that there had been a series of medication errors within the home. We saw that these had been notified to us. The manager showed us the new system and chemist being used within the home. There had been no medication errors since the new system came into operation. The manager told us of the system of ordering medication and checking it when it came into the home. There were systems in place to account for medicines prescribed, received into the home and either administered or returned to the pharmacy. Medication administration records (MAR) were maintained with initials alongside each prescribed dose time. The MAR sheets we looked at were accurate and up to date. The MAR sheets were also used to record incoming medication. This meant the home had a safe process for receiving and administering medication.

All medicines were kept in a store room which was locked. We saw that inside the room the medicines trolley was locked. The majority of medicines came in blister packs and we saw that other medication was clearly labelled and stored safely. We saw a locked fridge that was only used for medication that needed to be kept cold. The temperature of the fridge was monitored and we saw up to date recording of the temperature. This meant the home had measures in place to ensure medication was stored safely and correctly.

The manager and all the staff we spoke with said that they had been trained in administering medication. The new system for administering medication included a physical count of tablets not in blister packs at every administration. We saw that each count had been signed by two members of staff. The manager also completed a competency assessment with any member of staff who needed it, and after any medication errors. We saw monthly medication audits which were completed by the manager. This meant that the home had a system in place that checked that people were receiving their prescribed medication correctly and safely.
Requirements relating to workers

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

Met this standard

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

We spoke with the manager who told us about the recruitment process for new staff. We saw that the process ensured staff were not discriminated against, and records of applications and interviews were on all the files we looked at. The application forms contained a full previous employment history, and in two of the three files had a pre-employment medical check. We saw the recruitment process included all staff had a current police check. There was also a photograph of every member of staff on the records we checked. The staff files we looked at all contained two references. This meant that the manager had information about the staff's character and evidence that they were fit and able to carry out the role.

The manager also showed us a staff training schedule that made sure all staff had up to date training. It included training in areas such as food hygiene, infection control, manual handling and first aid. All the staff files we looked at contained training certificates. One staff member told us, "The training is brilliant, the managers are good and I feel competent in my job, I love it." This meant people were supported by staff who were qualified to deliver good quality care.

All the staff we spoke with confirmed that they had regular staff meetings and we saw minutes from the staff meetings. One staff member told us, "It's good here, as far as I know everything is fine and people really care. The manager is lovely." This meant that people were cared for by staff that were supported in their role.

We saw the disciplinary procedure which was made available to staff in their handbook. The manager told us about a recent issue with a member of the staff team that resulted in disciplinary action being taken. We saw the comprehensive records relating to that action and the final outcome had been clearly documented. The response of the manager was proportionate. This meant that the manager had a fair and effective process for dealing with staff who did not perform to a satisfactory standard.
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 a system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

We saw records of home meetings that people attended and staff meetings that took place every month. We saw that the home meetings included people and discussed areas such as menu planning and shopping trips and holidays. A relative told us, "We get invited to the meetings and we try to attend. The home is good in my opinion, X is always kept nice and his bedroom is kept clean."

The most recent satisfaction survey for people who used the service was July 2013. The manager told us that a new survey was about to be given out. We saw an activity planner on each person's file we looked at. They had been produced in a pictorial format and the manager told us how people were involved in the production of them. The manager also told us about the new key worker system that had been introduced to further ensure peoples involvement in the running of the service. This meant that people who used the service were asked for their views about their care and treatment and they were acted on.

The director checked the home every two months. We saw that these audits were completed and up to date. They contained action plans. The directors' audit did not look at all areas within the home. The manager showed us a new audit they intended to introduce that looked at other areas within the home. We saw that this new audit had a scoring system. The manager might like to note that the current system of auditing was not robust. This meant that the service was being partially assessed and monitored. However we saw that plans were in place to improve this.

We saw a complaints log and a new complaints leaflet that was being produced. We saw the homes complaints policy. We saw the complaints process was made available to people in an accessible format within their care plan. We spoke with a relative who told us about a complaint they had made since the last inspection. The relative told us that they were aware of the complaints process and that it had been dealt with in a way that included them. The manager showed us the paperwork relating to the complaint which was comprehensive and appropriate. This meant that we saw there were systems in place to ensure complaints were listened to and acted upon.
Records

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was not meeting this standard.

People were not protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were not maintained.

We have judged that this has a moderate impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

During our inspection we found that people's care records had not always been signed by the person or their representative to ensure that people had been involved in their care planning. We also found that records were not always in place to support people who had behaviours that might challenge.

We looked at three people's records and there was no evidence that people or their representatives had signed the care plans or been involved in the care planning process. Although care was being delivered to meet people's individual needs, their involvement in the planning of this was not being recorded.

During our last inspection we did not find evidence of people having behavioural management support plans, and that records were not in place to support people who had behaviours that might challenge. We looked at two people's records who staff told us had behaviours that might be considered challenging. Neither person had a behaviour management plan within their records. The manager told us that behaviour management team had been consulted but that the plans were not available. A community nurse told us "Their paperwork was a bit dodgy, but it seems a bit better now." We did not find any improvements had been made in relation to behaviour management recording at the service since our last inspection.

We found that risk assessments had been reviewed up to March 2014 but not after that date. This meant that if people's support needs had changed these had not been recorded to ensure that records reflected the care and support people required to keep people safe.

We found that although care was being delivered to meet people's needs during our inspection the records in place at the service did not reflect this. People were not being protected against the risks of unsafe care as records were not being adequately updated and maintained.
Action we have told the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that were not being met. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

<table>
<thead>
<tr>
<th>Regulated activities</th>
<th>Regulation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accommodation for persons who require nursing or personal care</td>
<td>Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010</td>
</tr>
<tr>
<td>Personal care</td>
<td>Records</td>
</tr>
<tr>
<td></td>
<td>How the regulation was not being met:</td>
</tr>
<tr>
<td></td>
<td>There was no record that care records had been signed by the person or their representative.</td>
</tr>
<tr>
<td></td>
<td>There were no records that behavioural management plans were in place to support people safely.</td>
</tr>
</tbody>
</table>

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider’s report should be sent to us by 01 October 2014.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.
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:

<table>
<thead>
<tr>
<th>Standard</th>
<th>Regulation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Respecting and involving people who use services - Outcome 1</td>
<td>17</td>
</tr>
<tr>
<td>Consent to care and treatment - Outcome 2</td>
<td>18</td>
</tr>
<tr>
<td>Care and welfare of people who use services - Outcome 4</td>
<td>9</td>
</tr>
<tr>
<td>Meeting Nutritional Needs - Outcome 5</td>
<td>14</td>
</tr>
<tr>
<td>Cooperating with other providers - Outcome 6</td>
<td>24</td>
</tr>
<tr>
<td>Safeguarding people who use services from abuse - Outcome 7</td>
<td>11</td>
</tr>
<tr>
<td>Cleanliness and infection control - Outcome 8</td>
<td>12</td>
</tr>
<tr>
<td>Management of medicines - Outcome 9</td>
<td>13</td>
</tr>
<tr>
<td>Safety and suitability of premises - Outcome 10</td>
<td>15</td>
</tr>
<tr>
<td>Safety, availability and suitability of equipment - Outcome 11</td>
<td>16</td>
</tr>
<tr>
<td>Requirements relating to workers - Outcome 12</td>
<td>21</td>
</tr>
<tr>
<td>Staffing - Outcome 13</td>
<td>22</td>
</tr>
<tr>
<td>Supporting Staff - Outcome 14</td>
<td>23</td>
</tr>
<tr>
<td>Assessing and monitoring the quality of service provision - Outcome 16</td>
<td>10</td>
</tr>
<tr>
<td>Complaints - Outcome 17</td>
<td>19</td>
</tr>
<tr>
<td>Records - Outcome 21</td>
<td>20</td>
</tr>
</tbody>
</table>

**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.