

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

Dimensions 2 Dunstans Drive

2 Dunstans Drive, Winnersh, Wokingham, RG41
5EB

Tel: 01189795362

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

Care and welfare of people who use services	✓	Met this standard
Cleanliness and infection control	✓	Met this standard
Requirements relating to workers	✓	Met this standard
Assessing and monitoring the quality of service provision	✓	Met this standard
Records	✓	Met this standard

Details about this location

Registered Provider	Dimensions (UK) Limited
Registered Manager	Mr Matthew Hull
Overview of the service	Dimensions 2 Dunstans Drive is a care home providing a service for up to four people who have learning disabilities or autistic spectrum disorder.
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'.

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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 3 September 2014 and 4 September 2014, observed how people were being cared for and talked with carers and / or family members. We talked with staff and reviewed information given to us by the provider.

We looked at all the information we hold about Dimensions 2 Dunstons Drive.

What people told us and what we found

The inspection team consisted of one adult social care CQC inspector. On the day of our inspection four people used the service. People who use the service were not able to communicate verbally with us. However, we were able to find out about their experiences of people using the service through observation and speaking with their family or representatives. We spoke with four people, two people's relatives, two care workers, and the registered manager. We observed staff interactions with people. Records relating to the management of the home were reviewed. These included two people's support plans, daily support records, incident records and the employment files for six staff members.

We considered all the evidence we had gathered under the outcomes we inspected, which related to people's care and welfare, Infection control and cleanliness, requirements relating to workers staffing, assessing and monitoring the quality of service provision and records. We used the information to answer five key questions; is the service safe, effective, caring, responsive and well-led.

This is a summary of what we found. The summary describes what people's relatives and the staff told us, what we observed and the records we looked at.

Is the service safe?

Relatives of people who use the service were complimentary of how the provider maintained people's safety. One relative told us "X feels safe there. X is definitely much happier there." Personal evacuation plans were in place to ensure people's safety in the event of a fire at the service.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards which applies to this type of service. The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to

this type of service. The service was safe because requirements in relation to the DoLs had been met. The registered manager had received training in relation to DoLs and was aware of the recent case law. They told us the people they provided care for did not have the capacity to determine where they wanted to live and all received a high level of support and supervision within the service. The registered manager informed us that they had started the process of submitting DoLs applications for these people following consultation with the local authority. This was confirmed by our observations during the inspection.

The service was safe because the provider had taken action to ensure people were protected from the risk of infection. People were cared for in an environment that was safe, clean and hygienic. People were protected from the risk of infection because protocols based on current Department of Health guidelines were followed.

We found the provider had put measures in place to improve the recruitment and selection process. This meant people who use the service were not placed at risk of being cared for by staff who were not suitable to provide their care and treatment.

Is the service effective?

The service demonstrated effective practices through the assessment of people's health and care needs. People's views about the type of care they wanted had been sought. People confirmed their involvement in the development of their support plan. We found staff had a good understanding of people's care and specific support needs.

The relatives we spoke with were complimentary about the care received. One relative told us "staff manage the (specific care) needs of X very well. I have confidence in them."

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others in relation to incidents. There was a system for monitoring and learning from incidents. The provider could identify possible trends that may require additional actions, such as risk assessments and the implementation of appropriate actions, to minimise the risk of occurrences to people and others.

The provider had taken action to ensure people's records and other records relevant to the management of the service were always accurate and fit for purpose. People's records and confidential staff information were stored securely.

Is the service caring?

People were supported by kind and supportive staff. One relative told us "The staff are very caring . Overall it is a very friendly place." All interactions we observed between the staff and people were respectful and courteous. We saw that care workers gave encouragement when supporting people. People were able to do things at their own pace and were not rushed.

We saw feedback from relatives was positive. People were complimentary about staff support and care. One relative said "They (staff) know X very well. They are good at meeting X's needs."

Is the service responsive?

The service was responsive. Relatives we spoke with confirmed they had been listened to

and provided examples of improvements made to the service following their feedback. One relative told us "I feel listened to; they take my ideas on board." Another relative told us that they could give their feedback on the service at the annual person centred reviews and when staff contacted them. A relative said "I find the person centred review helpful. There is an opportunity to put my suggestions for improvement forward. They (the provider) have acted on suggestions I have made."

We saw people's and relative's feedback was sought through meetings and surveys. The provider was responsive to comments from people, such as improvements to the supper menu and the implementation of a planned refurbishment of the service to meet people's wishes and suggestions.

Records confirmed people's preferences and diverse needs had been identified. Staff provided examples of care and support being provided in accordance with people's wishes, for example, in relation to activities and personal hygiene.

Audits and checks ensured people's safety and wellbeing was promoted. Where issues were identified, an action plan was formulated. Progress and completion of this was monitored. We saw issues were identified and actions completed appropriately.

Is the service well-led?

The service was well led. We spoke with relatives who told us that they felt the service was well led.

The staff were very satisfied with the leadership and the management of the service. Staff told us that they were able to call the registered manager if they had any concerns.

The provider had systems in place to regularly assess and monitor the quality of service that people received. In relation to staff training, systems were in place to ensure staff always received appropriate training to be able to deliver care to people safely and to an appropriate standard.

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

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

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

Our judgements for each standard inspected

Care and welfare of people who use services

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

People's support plans contained detailed social information such as their likes, dislikes and preferences in relation to food, drinks and daily activities. The support plans were clear and detailed and had been reviewed annually or sooner following changes in their care needs. People's needs were assessed and care and support to meet these needs was detailed in their individual support plan. Support plans provided staff with details of where assistance, prompting or support for the person was needed. Support plans we looked at gave clear guidance to staff about the management of people's epilepsy and medical equipment.

Staff we spoke with gave detailed examples of care they provided to people. This demonstrated their knowledge of people's needs and the appropriate support required. This was confirmed by relatives we spoke with. One relative told us "They (staff) know X very well. They are good at meeting X's needs."

We observed people communicating that they wanted assistance. We saw the staff provided whatever was wanted in a way that demonstrated a good knowledge of each individual person. One relative said "They (staff) know X very well. They are good at meeting X's needs." Staff training records showed us staff had completed training related to supporting people's specific care needs, for example, management of epilepsy and percutaneous endoscopic gastrostomy (PEG) feeding. A PEG is a feeding tube which passes through the abdominal wall directly into the stomach, so that nutrition can be provided without swallowing.

We saw that care workers gave encouragement when supporting people. People were able to do things at their own pace and were not rushed. Staff told us about actions taken to encourage people's independence. For example; the use of hand rails in the corridors at the service to enable a person to mobilise safely and independently. Another example was providing encouragement and support to a person to independently get themselves into the service's vehicle in readiness for a visit to a community activity. In the daily notes for

one person we noted the following recorded entry "X was supported to prepare breakfast and put out a teabag into the cup."

Care and support was planned and delivered in a way that was intended to ensure people's safety and welfare. The risk assessments and risk reduction measures, included in the support plans, were specific to the needs of the individual. These were in place to help staff minimise risk and protect people and staff from harm. These covered specific events and circumstances such as swimming, falls, use of bed rails, epilepsy and, choking when eating food.

People's involvement and their relatives was evidenced in people's records we looked at. Relatives we spoke with told us they and their family member had been involved in developing and reviewing their family member's support plan. They told us they had been consulted about the care their family member wanted to receive and were given opportunities to make suggestions for improving the support given. We saw annual person centred reviews included the person using the service, their key worker and their relatives or representatives. Pictorial documentation in an accessible format for people had been used when involving them in reviews of their care and support.

People received medical care when required. For example; we saw records that showed people had seen various healthcare professionals such as their doctor, chiropodist, optician, occupational therapist, hospital consultant, speech and language therapist, and dietician.

The registered manager told us they communicated any changes in people's care, health and support to staff during a handover meeting at the beginning of every shift and in the staff communications book. This was confirmed by staff we spoke with and in written handover records and the communications book we looked at. Relatives we spoke with told us the provider kept them informed of any changes in their family member's care. One relative told us "If X is feeling unwell they (staff) inform me."

The daily notes showed care and support were delivered in line with people's individual support plans. The written records provided detail of what care had been provided and who had provided the care.

There were arrangements in place to deal with foreseeable emergencies. Individualised personal emergency evacuation plans in the event of a fire at the service were accessible within each person's record. There were procedures in place for dealing with emergencies that may impact on people, such as flooding and loss of utilities. The procedures aimed to minimise the risks to people living in the home if any of the events occurred.

People should be cared for in a clean environment and protected from the risk of infection

Our judgement

The provider was meeting this standard.

People were protected from the risk of infection because appropriate guidance had been followed.

People were cared for in a clean, hygienic environment.

Reasons for our judgement

Our inspection on 27 January 2014 found people were not protected from the risk of infection because people were not cared for in a clean, hygienic environment when using one of the shower rooms.

Following that inspection the provider sent us a report on the actions they planned to take to meet the requirements in relation to cleanliness and infection control. During our visit on the 3 and 4 September 2014, we saw evidence that the provider had taken action to address these concerns. Improvements had been made to the shower rooms to ensure they were clean and hygienic.

Relatives told us the service was always clean and tidy when they visited the service. One relative said "It all seems clean when I go there." We saw all of the service was clean and tidy. A review of the records of daily cleaning checks for August 2014 showed all cleaning tasks had been completed by staff. This meant people were protected from the risk of infection because people were cared for in a clean, hygienic environment.

There was an identified infection control lead for this service. They were responsible for ensuring the reference file on infection control available for all staff was kept up to date. There was a copy of the provider's policy for infection control and protection, dated January 2013 in this file. This policy was based on the Department of Health Code of Practice on the prevention and control of infections and related guidance (2008). There was also guidance on, for example, hand washing, the correct use of personal protective equipment (PPE), effective cleaning of soiled linen and laundry, cleaning up bodily spillages, and safe handling and disposal of clinical waste. Having guidance and procedures in place meant staff and people were protected from the risk of acquiring health care associated infections.

When we looked at the staff training records we found eight out of a total of nine staff had completed training in infection control. One staff member had just started employment at the service was expected to complete infection control training before the completion of

their induction. We spoke to two members of staff who confirmed that they had received training and were knowledgeable in the correct procedure for dealing with spillage of bodily fluids and the use of personal protective equipment.

We saw hand washing gel and personal protective equipment such as aprons and gloves were available for staff use to reduce the risk and spread of infection. We saw separate mops and buckets were used for kitchen and bathroom and lounge areas. They were colour coded with the area they should be used in. Guidance on the correct coloured mop and bucket to use was kept in the infection control file and displayed in the utility room. We saw a copy of a Control of Substances Hazardous to Health (COSHH) assessment on body fluids for the service. The purpose of this assessment was to identify the risks to staff and the precautions to be taken for people living, working and visiting the service. This meant people, staff and visitors were protected from the risk of infection.

During our visit we saw clinical waste was stored securely in a yellow waste bin. There was a contract with an external company to collect and dispose of this waste safely. This meant clinical waste did not present a risk to people's health and safety. Unauthorised people did not have access to waste materials.

Requirements relating to workers

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

At our inspection on 27 January 2014 we found the provider did not have an effective recruitment process in place. We found appropriate checks were not always undertaken by the provider before staff began work. We found two staff files did not contain a full employment history. The provider was unable to provide a satisfactory written explanation for these gaps in employment histories. For one of these two staff members, proof of conduct checks from previous health and social care employers were not completed. There was a risk that people who use the service would be cared for by staff who were not suitable for the role. Following that inspection the provider sent us a report on the actions they planned to take to meet the regulatory requirements in relation to the recruitment of staff.

During this inspection, we saw evidence that the provider had taken action to address these concerns. The provider had put measures in place to strengthen the recruitment, interview and selection process for the employment of new staff. The registered manager told us existing staff recruitment files had been reviewed to ensure all of the required pre-employment checks were completed.

We reviewed six out of nine staff recruitment files. This included the files of three staff employed at the service since our last inspection. We found the following pre-employment checks were carried out: proof of identity, recent photographs, Disclosure and Barring Service (DBS) criminal history checks and a full employment history. Where there were gaps in employment history we found satisfactory written explanations within each staff member's file. Other pre-employment checks included checks on the right to work in the United Kingdom, assessment of fitness to work and confirmation of qualifications and experience. We noted proof of conduct checks were obtained from previous health and social care employers where appropriate. These checks were completed to ensure that people who use the service were not placed at risk of being cared for by staff who were not suitable for the role.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

Reasons for our judgement

The provider had systems in place to regularly assess and monitor the quality of service that people received. These included collecting feedback from people, their relatives and staff. The registered manager told us relatives had been asked to provide feedback on each staff member as part of their annual performance review. This was confirmed by relatives we spoke with. We looked at the feedback from one relative and noted their comments about all staff being very caring, sensitive and knowledgeable about their family member's needs.

The registered manager told us a survey went out to people and their relatives annually. This survey asked people what they thought about the quality of support provided. We saw the outcome of the last survey for 2013-14. The provider may like to note that the results of this survey were not solely in relation to this service. From the information in the survey it was unclear which service any identified shortfalls related to. The registered manager told us that if there had have been any identified shortfalls for this service they would have been informed by their line manager.

Relatives we spoke with told us they were happy with the quality of care provided. One relative commented, "I Know X is very happy. X is definitely happy there."

We reviewed the complaints file and saw there were no recordings for 2014. None of the relatives we spoke with felt they needed to make a complaint. Relatives we spoke with told us they would feel comfortable raising concerns with any member of staff. Two relatives we spoke with confirmed they had been listened to and provided examples of improvements made to the service following their feedback. This helped to ensure that their family member received a good quality service at all times. One relative said "I find the person centred review helpful. There is an opportunity to put my suggestions for improvement forward. They (the provider) have acted on suggestions I have made." Another relative told us "They (the provider) always ask for my suggestions for appropriate

holidays for X." Relatives told us they could speak with the registered manager as required. This meant that relatives of people who use the service were asked for their views about the care and support of their family member and they were acted on.

We found where improvements to services were required, these were made. For example a relative told us the provider had replaced carpets with laminate flooring in the communal areas of the service following feedback from a physiotherapist. Laminate flooring enabled two people to mobilise at the service more independently.

Examples of audits undertaken included quarterly provider compliance and monthly health and safety. Where issues were identified, an action plan was formulated. Progress and completion of this was monitored. We saw issues were identified and actions completed appropriately. For example, following the health and safety audit in August 2014 the provider installed plastic covers over the fluorescent lighting in the kitchen and staff office. We saw minutes from a staff meeting held on 19 August 2014. We noted staff were reminded to empty the clinical waste bin daily and ensure the outside clinical waste bin was kept locked at all times. Epilepsy care plans for all individuals were reviewed by a health care specialist in response to a provider compliance audit. The provider had taken action to address these issues to improve the service and ensure people's safety.

The provider also completed quarterly compliance audits to monitor the quality of the service. Audits and checks helped to ensure people's safety and wellbeing were promoted. We saw in the compliance audit dated 12 June 2013 mandatory training had not been completed by all staff who had been employed at the service for more than 12 weeks. We noted this had been satisfactorily addressed by the provider by the time of the next compliance audit on the 17 October 2013.

We saw minutes from staff meetings held on 9 April and 19 August 2014. We noted staff were given the opportunity to provide feedback on the service. Issues and suggestions for improvements in relation to health and safety and a person's mealtime support were discussed. This meant that staff were asked for their views about the service and they were acted on.

Information provided by the registered manager showed there was a system for reporting, recording, and monitoring adverse incidents. We noted adverse incidents were recorded and appropriate action had been taken by the provider to minimise risks to people using the service. For example, following one incident a referral was made to the physiotherapist for clearer guidance for staff on the provision of physical support to ensure the safety of a person when they are walking. Risk reduction measures were put into place by the provider. This meant people who use the service were protected from the risk of unsafe care. This was because the provider learnt from incidents and following investigations took prompt action to minimise the risk of repeat incidents.

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

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

Reasons for our judgement

Our inspection on 27 January 2014 found people's confidential records were not securely stored. This meant there was a risk of access to confidential information by unauthorised personnel, including people visiting the home. People's records were not always accurate and fit for purpose. This meant the provider could not be assured that support planned to meet the needs of people had always been delivered to ensure their health, safety and welfare. There were incomplete records relating to people employed. This meant that the provider could not be sure staff employed were suitable to provide care.

Following that inspection, the provider sent us a report on the actions they planned to take to meet the requirements in relation to the secure storage, accuracy and fitness for purpose of all records relating to the service.

We saw that the provider had taken action to ensure people's confidential records, including daily notes, were securely stored in the office. This meant people's confidential information was not accessible to unauthorised people, such as visitors to the home. Confidential staff records were stored securely in a locked filing cabinet which was only accessible to the registered manager. The registered manager explained to us that some of the staff recruitment data was also stored as computer based records. We saw these records were accessible only by the registered manager and were password protected. The provider had a policy providing guidance on storage and disposal of records. Archived records were stored securely. Records relating to people, staff and the management of the home could be located promptly when needed.

We reviewed people's support plans, risk assessments, daily records and staff handover records. We saw evidence that there was clear recording of the care provided. Records were signed by the staff who had made the entry. People's support plans contained detailed records about them. All risk assessments had been reviewed since our last inspection. We noted people's hospital information records were complete. These records were recently updated to ensure the most current information was available for staff when people had to go to hospital or see other professionals. When people had received care from visiting health professionals such as the GP or specialist health care practitioners there was documentation to ensure staff had a record of the advice given. Epilepsy

management was an example of such advice given. This meant that people were protected from the risk of receiving inappropriate care because each person's records were accurate and fit for purpose.

There were complete records relating to people employed. We looked at the recruitment files of six out of nine staff and found all of the required pre-employment checks had been completed. This meant that the provider ensured staff employed were suitable to provide care.

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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