Inspection Report

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

Inwood House

10 Bellamy Lane, Salisbury, SP1 2SP

Tel: 01722331980

Date of Inspection: 07 August 2014

Date of Publication: September 2014

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

Care and welfare of people who use services	✖ Action needed
Management of medicines	✓ Met this standard
Safety and suitability of premises	✓ Met this standard
Staffing	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Salisbury Christian Care Homes (Inwood House) Limited
Registered Manager	Mrs Tracy Louise Penton
Overview of the service	Inwood House provides accommodation and personal care to up to 20 older people. Some people may have mental health needs.
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 7 August 2014, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service and talked with staff.

What people told us and what we found

One inspector visited the home and answered our five questions, is the service safe? Is the service effective? Is the service caring? Is the service responsive? 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 eight people using the service and receiving written comments from eight people using the service. We spoke with five staff, the manager and a director of the home. We reviewed six care plans and other relevant records.

Is the service safe?

Care plans instructed staff how to meet people's needs in a way which did not always clearly describe how to minimise risks for the individual. They were not always detailed enough to ensure staff cared for people in the safest way.

We found that unexplained injuries or bruising were not fully investigated and it was not clear what action if any had been taken to minimise the risk of recurrence.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. We found that the home understood when a DoLS referral should be made. The home had not made any DoLS referrals in 2014.

We found that medication was administered and recorded in a way which kept people as safe as possible. Staff were properly trained and their competence to administer medicines was checked.

The environment was suitably designed and well maintained. There were hand rails fitted throughout the building and enough space for people to use wheelchairs and other walking aids. Alarm bells were always available within people's reach.

The home had enough trained staff to enable them to work safely with the people who lived in the home. People told us: "bells are always answered quickly" and "if anything goes wrong the staff are there to help you."

Systems were in place to make sure that the manager and staff continually monitored the quality and safety of care offered to people.

Health and safety was taken seriously by the home and most of the appropriate safety checks had been completed. This reduced the risks to the people who lived in the home, staff and visitors.

People told us they felt very safe in the home. One person reflected the comments of everyone spoken with when they said: "I feel very safe, nobody's ever nasty or unpleasant to you and I love it here".

Is the service effective?

People's health and care needs were assessed with them, and/or their relatives, as appropriate. Care plans were detailed and clearly identified people's needs and how they should be met. They were reviewed regularly and changes were made to meet people's changing needs. We saw that staff gave support as described in individuals' care plans.

We observed staff meeting people's needs. Daily notes were detailed and of good quality, they described how staff met people's needs effectively.

The home offered people a comfortable environment in which to live.

Is the service caring?

People were supported by kind, caring and patient staff. We saw that care staff were attentive, encouraging and positive. Staff communicated with people and encouraged interactions between people using the service. People described staff as: "good company".

People's diversity, values and human rights were respected. Care plans were individualised and person-centred. We saw that people were always treated with respect and dignity by the staff team. We saw that people's choices and preferences were respected and their independence was supported.

Is the service responsive?

We saw that health care was sought in a timely way and the home co-operated with other health care professionals to make sure their healthcare needs were met. However, records of continued healthcare and appointments were not always properly recorded. It was not always possible to see if on-going healthcare was provided by the home.

The home had made changes and improvements as a result of ideas and discussions with people who lived in the home and their relatives.

We saw that the people were confident to approach any of the staff team or the manager if they had any concerns about their care. One person said: "I could talk to anyone, I trust them all".

The home demonstrated that they learnt from accident and falls investigations which they completed.

Is the service well led?

We saw that staff were well trained and meeting the needs of people was a priority of the staff team. We saw that communication amongst the staff team was good. Staff told us they all felt part of a strong staff team, whatever their role. They told us they felt: "valued" and felt their views were listened to.

The service had a quality assurance system which was generally effective. We saw records which showed that identified shortfalls and ideas people put forward were addressed. As a result the quality of the service was being maintained or improved.

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 13 September 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

Care and welfare of people who use services ✖ Action needed

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

Our judgement

The provider was not meeting this standard.

Care and treatment was not always planned and delivered in a way that was intended to ensure people's safety and welfare.

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

We found that people's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. The six plans of care we looked at contained the relevant information to enable staff to appropriately support people, in the way they preferred. Overall care plans included a life history and a 'my support plan at a glance'. The support plan at a glance was one side of A4 paper which described the things that were most important to the individual. However, some important risk issues such as mobility were not included in the short care plans. This meant that if staff used them as a guide for care they may not be aware of specific risks to individuals.

We saw that care plans were detailed, clearly identified people's needs and the actions that needed to be taken to meet those needs. Daily notes were up-to-date and showed that the individuals' needs were met in the way they preferred. Examples included a note on a care plan saying 'I no longer wish to be supported to vote' and 'people who I wish to be involved in my care'. They included a record of people's emotional and physical well-being.

We observed twelve people in the dining areas over the lunchtime period. We saw that staff were responding appropriately to people's needs. Staff responded quickly and sensitively if people either asked for or indicated that they needed help.
The eight people we spoke with told us that they were happy living in the home. People told us: "it is a lovely place to live". Five people then discussed the merits of the home and decided they could not think of any bad things about living there.

Plans of care were reviewed monthly and were up-dated as people's needs changed. We saw that the six plans of care had been regularly reviewed during 2014 and any necessary changes had been made. Examples included changes in mental health needs and

changes in mobility. We saw that annual reviews were held and people were involved in making any changes to their support plan.

We found that care and treatment was not always planned and delivered in a way that ensured people's health, safety and welfare. The plans of care we looked at included a safety section which noted areas of high risk. The descriptions of how staff were to keep people safe were lengthy and complex. Some risk assessments lacked detail and did not contain the necessary information to minimise risks to people. An example included no note of skin frailty in a lifting and handling risk assessment.

Health care records were kept and included referrals to external professionals such as GPs, chiropodists and opticians. We saw that the home recorded areas of well-being, as necessary. These records included people's weight, food and drink intake. Charts included 'target' intake but they were not always completed consistently. For example some staff completed them by recording 'drank all' and some recorded the exact quantity of fluid taken. This meant that it would be difficult to see if people had reached their 'target' fluid intakes.

We found that health care records were not always in chronological order and were not always complete. We saw examples of GP and specialist referrals and a note of what needed to happen as a result of consultations. However we were unable to see that follow up appointments or appropriate actions had been taken. Examples included a person's return from hospital which was not recorded on their health notes. The outcome or action to take of a discussion with the GP about a stomach problem was not recorded. This meant that it was not possible to clearly see if people's health needs had been met. However, people told us that they received good health care and the GP visits the home on a weekly basis.

The home kept body maps and records of any unexplained bruising. We saw that a GP or nurse appointment was made for anyone who had sustained an injury. However, the home did not investigate unexplained bruising. The manager and senior carer told us that all bruising was recorded and the circumstances of how they might have occurred were discussed with the GP. The discussions with the GP were not recorded. This meant that people could be at risk of abuse by others or reoccurrence of the circumstances that caused the injury.

People who needed support to control behaviours that were distressing or harmful to themselves or others were not admitted to the home. However, a very few people developed behaviours which needed special assistance. We saw that basic behaviour plans were in place. We found that they were not detailed enough to support staff in the safest way of dealing with distressing or harmful behaviours. We noted that the service made referrals to the community psychiatric team, as necessary.

People's diversity, values and human rights were respected. Any cultural needs, religious beliefs or special physical needs were noted on plans of care along with the action needed to meet those needs. Examples seen were end of life care choices and support for independence and privacy.

We saw staff responding to people's requests for assistance promptly and discreetly. Staff were able to interpret people's body language and other non-verbal signals which showed that they needed help or attention. People told us that they were treated with respect and dignity at all times. We saw that people could bathe independently, at their request,

depending on their needs.

The manager told us when a deprivation of liberty safeguards (DoLS) referral may be required. The manager told us that everyone in the home had capacity, currently. We saw that 13 of the 15 care staff had completed up-to-date Mental Capacity Act 2005 and DoLS awareness training. The other two staff had training booked for 4 September 2014.

People told us that they had opportunities to attend activities. The home had an activities co-ordinator and staff supported activities when possible. We saw that groups were organised by external specialists and regular outings were organised. Pub lunches were organised every two weeks and people visited garden centres and the seaside. On the day of the inspection a group was being held in which people were enabled to express their feelings. They chose the topic of living in residential care. Eight people who attended the group wrote their comments about what it was like to live in the home. Comments included, 'we are comfortable', it is really nice, friendly and happy with plenty to do' and 'it's like a home from home'.

A visiting professional told us: "it is one of the best homes I visit". One person reflected the comments made by others when they told us: "I feel very safe, nobody's ever nasty or unpleasant to you and I love it here".

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

We found that there were appropriate arrangements for obtaining and recording medicines. The home used a monitored dosage system. This meant that each dose of medication had been prepared by the pharmacy and sealed into packs. Medication was ordered by the home on a monthly basis, or more often if necessary, according to prescriptions issued by the GP. The medication deliveries were checked in by staff. Any unused medication was sent back to the pharmacy or appropriately destroyed and records of the disposals were kept.

We saw that medicines were kept and administered safely. The medication was administered by senior care staff who told us that they received up-dated medication administration training on an annual basis. The medication file included photographs of individuals, medication protocols and guidelines and medication administration sheets (MAR). The MAR sheets we looked at were up-to-date and accurate.

The home was using some medications prescribed to be taken as necessary to assist with pain relief and anxiety. We saw that individual's had protocols and guidelines for their use. The medication file contained individual notes of how people, who were unable to clearly communicate when they were in pain, expressed pain. An example included, 'monitor behaviour and facial expression'.

Medication was kept in locked cabinets in a locked room or cupboard. The provider may find it useful to note that storage areas and the fridge temperature was checked regularly but not recorded on a daily basis. This meant that it may not be identified quickly enough if temperatures were outside of the recommended levels.

Senior carers audited medication records at least twice a week and reported any concerns to the manager. The supplying pharmacy audited medication annually. The pharmacist from Wiltshire Care Commissioning Group (CCG) audited the homes medication systems and records on July 21 2014. No major concerns were noted.

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.

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

Reasons for our judgement

The provider had taken steps to provide care in an environment that is suitably designed and adequately maintained. The home was arranged over three stories with access to the top floor via a lift. There were hand rails fitted throughout the building and space for people to use wheelchairs and other walking aids.

The lift had broken down on the day prior to the inspection. The provider had put an emergency action plan in place to ensure people were as protected from the inconvenience and discomfort this caused as possible. A meeting had been held with people to ensure that they agreed with the actions being taken. We noted that plans had been approved for the re-siting and replacement of the ageing lift.

Most areas of the home looked well-kept and well maintained. The home was clean and hygienic with no offensive odours. Some parts of the home looked 'tired' and in need of redecoration. However, we saw that the home was in the process of being refurbished in many areas. The communal sitting area had recently been refurbished and people told us: ''they were very pleased with the result''. The provider may find it useful to note that a grab rail in one bath was missing. This meant that people may find it difficult to get out of the bath and may be at risk of slipping. We spoke with people who used the bath who told us they were: ''perfectly comfortable'' and found it easy to get out of the bath.

The service had re-developed their garden to provide interesting outside space that people could enjoy. The garden was attractive, well-kept and well used by people who lived in the home. People told us they: ''loved the garden''.

Alarm bells were available in all rooms and some people were provided with neck pendant alarms, as appropriate.

One of the directors of the home conducted regular environmental checks. They developed maintenance and refurbishment plans. These plans were signed and dated when completed.

The home had a maintenance person who they shared with another home. They were able

to respond quickly if any minor repairs were required. We saw that health and safety maintenance checks were completed regularly and that portable appliances, fire extinguishers and fire alarms had been tested in a timely way. However, the provider may find it useful to note that the gas appliance and periodic electric wiring tests were due to be carried out and had not been arranged, at the time of the inspection. The provider may find it useful to note that safe water temperature checks were completed for individuals but generic water checks were only completed every six months. This meant that any failure of hot water control valves may not be identified quickly.

We saw work place Health and Safety risk assessments that covered all areas of safety in the home. Examples included general storage, the lift and use of the lawn mower. Control of substances hazardous to health (COSHH) procedures were in place. We looked at fire records and saw that the home had conducted two fire drills in 2014.

The home ensured the people who lived in the home were secure. Examples of security arrangements included the front door being locked at all times and the rear access gate being locked at night. Keys for the locked gates and doors were easily accessible at all times. The front door could be alarmed if and when necessary.

The home had fire and generic evacuation procedures to be followed in event of emergencies. There were comprehensive contingency plans describing what action staff should take in the event of different types of emergencies and if the home became uninhabitable.

Staffing ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

There were enough qualified, skilled and experienced staff to meet people's needs. The minimum staffing ratios were three care staff in the mornings and two in the afternoons. Night staff consisted of one waking night staff and one sleeping in staff member. Care staff were supported by the manager, ancillary staff and activities co-ordinators. We looked at rotas for July 2014 and saw that staffing levels did not fall below those specified as minimum.

People told us that there were plenty of staff about and said ''bells are always answered quickly.'' Another said: ''if anything goes wrong the staff are there to help you''. Staff members told us that although: ''you could always use more'' there were enough staff to give a very good standard of care to people.

Staffing shortfalls were covered by staff working extra hours. The manager told us that she was able to make decisions about staffing numbers on a day-to-day basis. She reviewed people's dependency level and the fluctuating number of people living in the home regularly. She had the authority to make any adjustments to staffing numbers that they felt were necessary to ensure people's comfort or safety.

Staff members told us that they had good training opportunities and did ''plenty of training''. Training records showed that seven of the fifteen care staff had completed a professional qualification. The trainer for the home told us that people's individual training plans were reviewed four times a year. We saw they were currently developing a new recording system that would be easier to use and up-date.

Staff members told us that they were supervised regularly and felt well supported. Supervision consisted of observations of individual staff's provision of care and 'conduct/reflective accounts' where individuals discussed care issues with senior staff. We saw that staff received an annual appraisal. They told us that they felt part of a very good team. Staff said that the directors and manager of the service listened to their views and they felt valued.

People who used the service described staff members as ''very good'' and ''good company''.

We saw staff relating to people confidently and respectfully. People sought out staff to interact with on a social level and appeared to be confident to ask for help. We saw staff checking that people, who did not ask for help or assistance, were comfortable.

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.

Reasons for our judgement

We found that the provider had a system to regularly assess and monitor the quality of service that people received. The system was generally effective. However, the provider may find it useful to note that some shortfalls in the individual risk assessment and care planning system had not been identified. The home manager completed a variety of audits. These included three monthly accident monitoring, four monthly medication audits and six monthly training reviews. We saw that the last three monthly audits were completed in May 2014. The last medication audit was completed in June 2014. Each audit consisted of a check list of areas to look at and a section called issues noted in the past six months. If any issues were identified an action plan was put in place to improve the shortfall.

Directors of the company worked in the home on a regular basis and held meetings with the management team as and when necessary.

People who used the service, their representatives and staff were asked for their views about their care and treatment and they were acted upon. Feedback questionnaires were sent to people who lived in the home and their relatives every six months. The last questionnaire was sent in May 2014 and we saw that all the feedback received was positive. People's plans of care were reviewed monthly and individual's views were sought. The home held regular relatives and residents' meetings. Additionally meetings were held to discuss any unusual events or issues. The activities co-ordinator listened to people's ideas and views such as better use of the garden. The home had provided a greenhouse and people were making their own hanging baskets and growing their own plants for next season. Staff and people who lived in the home told us that they felt that the manager and directors of the home listened to them and acted on any of their views or ideas.

There was evidence that learning from accidents and falls investigations took place and appropriate changes were implemented. The manager monitored accident and falls reports monthly to ensure that any necessary actions had been taken. We saw accident forms which described the actions taken and how to minimise the risk of recurrence. The actions were transferred to care plans for individuals, as necessary. All accidents and falls

were entered on a 'log' so that 'trends' and/or repeated incidence could be easily identified.

The provider took account of complaints and comments to improve the service. A complaints leaflet was available so that relatives or people who used the service were able to access it easily. The home reported they had received no complaints in 2013 and 2014.

One person said: ''I would complain to any of the staff if I need to but I've never had to''. Another said: ''I could talk to anyone, I trust them all''. One person wrote a comment which said, 'if we didn't like it here we wouldn't be here'.

This section is primarily information for the provider

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.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	**Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010** **Care and welfare of people who use services**
	How the regulation was not being met: The registered person was not taking the appropriate steps to ensure each service user is protected against the risk of receiving care or treatment that is inappropriate or unsafe. Regulation 9. (1) (b) (i) and (ii).

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 13 September 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:

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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