

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

## Crawshaw Hall Medical Centre and Nursing Home

Burnley Road, Crawshawbooth, Rossendale, BB4  
8LZ

Tel: 01706228694

Date of Inspection: 28 May 2014

Date of Publication: June  
2014

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

<b>Consent to care and treatment</b>	✘	Action needed
<b>Care and welfare of people who use services</b>	✔	Met this standard
<b>Meeting nutritional needs</b>	✘	Action needed
<b>Staffing</b>	✔	Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✔	Met this standard

## Details about this location

Registered Provider	Crawshaw Hall Healthcare Limited
Registered Managers	Mr Adrian Andrew Mr Jainaraine Buluck
Overview of the service	Crawshaw Hall medical centre and nursing home consists of two adjoining buildings and is registered to provide personal and nursing care for up to 44 people. The nursing home accommodates people with a mental disorder or dementia and the medical centre accommodates people with a physical disability. Crawshaw Hall medical centre and nursing home are situated on the outskirts of Crawshawbooth. There is a car park for visitors and staff and accessible gardens for people living in the home.
Type of service	Care home service with nursing
Regulated activities	Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury

## Contents

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## Summary of this inspection

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### Why we carried out this inspection

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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.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 28 May 2014, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members and talked with staff.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

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### What people told us and what we found

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We considered all the evidence we had gathered under the outcomes we inspected. We used the information to answer the five questions we always ask:

- Is the service safe?
- Is the service effective?
- Is the service caring?
- Is the service responsive?
- Is the service well led?

This a summary of what we found:

Is the service safe?

The manager told us there were two Deprivation of Liberties Safeguards (DoLS) in place at the home. We saw up to date documentation relating to DoLS in place and had been signed and dated appropriately in one file. However documentation relating to DoLS in the second file we looked at was out of date. There was no record of action for review seen.

There was evidence of care planning in place for two of the four care files we looked at. However we saw out of date care planning in one file in relation to DoLS and no care plan in relation to the second DoLS. This meant staff did not have access to upto date information in relation to the specific care need of people living in the home.

We saw risk assessments were in place and had been updated in the care files we looked

at.

We looked at the duty rota and saw appropriate numbers of staff were in place to care for people living in the home. We were told the home very rarely used agency staff to cover sickness or holidays. This meant people living in the home received care from a regular and knowledgeable staff team.

Is the service effective?

We were shown an activity folder. There were details of people likes and dislikes and preferred activities in this. We saw evidence of activities taking place. A relative told us there had been a garden party the previous week, which people had enjoyed.

We looked at two training files in the home. We saw evidence that some training had taken place for example, person centred care, dignity in care and pressure ulcers. However not all staff had undertaken all training in the last year. An example seen was, only three staff members had completed training in dignity in care. The manager told us they would rectify this as soon as able.

There were copies of thank you cards on display in the link corridor to both units. An example comment was, 'On behalf of (Named person) family I would just like to thank you for the caring and professional way you looked after (Name person)'.

Is the service caring?

We undertook a short observation framework for inspection during the lunch time period in one of the lounges. We observed staff engaged in little meaningful conversation with the people they were assisting. People who used the service were not informed of meal choices of drinks they were offered.

We looked around the home and in both units. The bedroom we looked at had been personalised with personal items and mementos.

We spoke with people living in the home who told us, "I feel safe and cared for. They (staff) take us out and they do things. I feel involved in decisions about my care", "I am very happy here. If I ring my buzzer the staff come", "I am happy with my care the staff are fine" and, "I am well cared for and happy".

Is the service responsive?

We saw evidence of team meetings were taking place and staff we spoke with told us they attended the meetings and were able to voice their views.

There was evidence of resident and relative meetings taking place. Relatives we spoke with confirmed they were able to attend these and minutes. They were also sent copies of minutes to their home. This meant they were kept informed about the operation of the service.

Is the service well led?

There are two registered managers at the location, one based in the medical centre the other based in the nursing home. We spoke with the operations director on the day of our

inspection. We were told he takes an active part in the running of the home and is visible in the home.

We asked for feedback about the managers and operations director from members of staff and people who live at the home. We were told, "(Named operations director and manager) are easy to approach with any concerns", "(Named operation director) is brilliant" and, "(Named operation director) and the manager are very supportive, they are their all the time".

We saw evidence of staff meetings taking place, with notes and topics discussed. This meant people living in the home were cared for by and updated and informed staff team

We asked about how they monitored the quality of service provision. We were shown evidence of audits taking place on, care plans, falls and medications. Action plans had been developed to address any shortfalls. We saw the audits had been completed recently and there was evidence of previous audits taking place.

We asked about staff supervision. We were shown a supervision file for the staff working in the medical centre. We saw evidence that supervision had taken place recently and there were notes on topics that had been covered. We noted however supervision prior to this had not been undertaken for some time for example one person's file noted that the last supervision prior to April 2014 was October 2013. This is important to ensure staff have the opportunity to discuss their experiences of working in the home and identify any future training needs.

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

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## **What we have told the provider to do**

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We have asked the provider to send us a report by 18 July 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.

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## **More information about the provider**

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Please see our website [www.cqc.org.uk](http://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

### Consent to care and treatment

✘ Action needed

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

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### Our judgement

The provider was not meeting this standard.

People who used the service were not protected because suitable arrangements were not in place for obtaining and acting in accordance with consent

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.

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### Reasons for our judgement

We asked staff to tell us about the importance of ensuring people who used the service had given their consent to any care or activity. We were told, "I would ask them. If they say no I would inform the nurse in charge, go back and try again" and, "I would always ask them (people who used the service) what they wanted to do it is their choice at the end of the day".

We spoke with five people living in the home. We were told, "They (Staff) always ask permission and ask what you feel about it" and, "Staff knock before they enter my room". We observed staff speaking respectfully to people living in the home and knocking on people's doors before entering their bedroom.

We asked staff to tell us about their understanding of the Mental Capacity Act (MCA) (2005) and Deprivation of Liberty Safeguards (DoLS). Four of the six staff members we spoke were unable to demonstrate us with a clear understanding of the MCA (2005) and DoLS or explain the actions they would take if they were concerned about a person living in the home. This is important to ensure staff are aware of what to do if a person lacked capacity to make a decision for themselves.

The operations director provided us with two training files for both units in the home. We looked at one of the training files for the staff. We saw that only four of the 18 staff had received training in MCA and DoLS. The second training file identified 15 staff members had received training for MCA and DoLS in the last year. Two of the staff we spoke with told us they had not undertaken training in Mental Capacity or Deprivation of Liberties.

We were told there were two people currently living in the home who had documentation relating to DoLS. We looked at these care files. We saw up to date documentation relating

to DoLS was in place and had been signed and dated appropriately in one file. However documentation relating to a DoLS in the second file we looked at was out of date. There was no record of action for review seen. This meant there was the potential this person was being deprived of their liberty unnecessarily.

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

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**Our judgement**

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The provider was meeting this standard.

People who used the service received safe, effective and appropriate support to meet their needs and protected their rights.

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**Reasons for our judgement**

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There were two units within the Crawshaw hall medical centre and nursing home. We looked around the home and in several bedrooms. We saw people had decorated their bedrooms with their own personal items and mementoes. Both the medical centre and nursing home had a relaxed and friendly atmosphere and we observed staff interacting well with people.

We asked about activities taking place in the nursing unit of the home. The manager told us there were regular activities taking place. We were shown an activities folder in one of the units which detailed activities taking place. Examples seen were, listening to music, books, guitar playing and looking at photographs. There were details on each person's likes and dislikes noted and specific needs in relation to activities listed. We observed music being played at our inspection.

We spoke with five people living in the home about the care they received in the home. We were told, "I feel safe and cared for. They (staff) take us out and they do things. I feel involved in decisions about my care", "I am very happy here. If I ring my buzzer the staff come", "I am happy with my care the staff are fine" and, "I am well cared for and happy".

We spoke with a relative who told us they were very happy with the care their family member received in the home. We were told, "I am very happy with the care my (named person) is cared for , "The staff are very good I visit regularly" and, "I think it is fine here. At the weekend they had a garden party outside. My (named person) is supervised at all times and the home actions things straight away if there is any change".

We asked staff to tell us about the care files. We were told, "I involve people in their care plan. I go through everything with them. We have a handover every day" and, "The care files are reviewed every month with people".

We looked at four care files for people living in the home. We looked at two from each unit in the home. We noted in one of the units the files followed a clearer chronological order and had details such a referral letters to health professionals and reviews in relevant sections. There was evidence of care planning and risk assessments in place for

example, bed rails, feeding plans, pressure sore prevention and moving and handling in two of the care files we looked at, these had been reviewed recently. However in one of the files we saw there was no care plan in relation to their deprivation of liberties safeguards for staff to follow. This is important to ensure people living in the home were cared for by staff who had access to up to care plans relevant to their needs

We saw evidence of reviews from health professionals such as, chiropody, GP and nurse practitioner documented in peoples files and there were daily diary entries seen which detailed observations, care and activity taking place.

We spoke with people living in the home about their involvement in planning their care. People told us they were involved in decisions about their care. Relatives we spoke with told us, "Care is discussed and agreed with me" and, "(named person's) care is discussed with me".

There were in house policies and procedures in place on care needs assessment, care plans and records for staff to follow.

**Food and drink should meet people's individual dietary needs**

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**Our judgement**

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The provider was not meeting this standard.

People who used the services nutrition and hydration needs were not appropriately met.

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

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**Reasons for our judgement**

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We spoke with the person who was working in the kitchen on the day of our inspection. We were told they were covering for the usual cook for the week. We were told there were two cooks to cover shifts.

We spoke with the staff member who prepared the meals and asked how they ensured food was served to people who used the service safely and at the appropriate temperature. We were told they followed the manufacturer's guidance. We spoke with the provider about our concerns in relation to recording temperatures of storage equipment and food. We were told they would ensure all staff who covered kitchen duties were trained in the correct policy and procedure to ensure people living in the home received food that had been checked and monitored appropriately.

We looked in the kitchen, and saw supplies of fresh and frozen goods in the home. We were told deliveries were received up to three times per week and there were no budget restrictions for supplies. We asked about the menu choices for people living in the home. We were told people would be asked about their choice of meal for the following day and would be offered alternative to the menu if they so wished. People living in the home we spoke with told us they were offered alternatives if the food was not to their liking. One person said, "(Named Owner) gets me what I like it is excellent, fantastic. If I wanted a snack they would get it for me" and, "The meals are very good we are given choices and options".

Family members we spoke with told us they were happy with the quality of food in the home and people's specific needs were being met for example, one person told us a pureed diet was provided to their relative and this was presented in an attractive way.

During the lunch time period we undertook a Short Observation Framework for Inspection (SOFI) in one of the dining rooms to see how people's nutritional needs were being met by staff. A SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. . We saw people were offered food that met their needs for example some people were observed to be eating a pureed diet.

There were 19 of the 22 people living in the home seated in the dining room and they were being supported by six members of staff. We saw some people were being assisted with their meals by the staff. We observed two staff members who were feeding people engaging in very little meaningful conversation with the people they were assisting. Neither person was informed of their meal choice or the drink they were offered.

One person living in the home was not given an explanation relating to what was being offered on their utensil as the food was given to them. On one occasion this person turned their face away from the food. We saw that no communication took place to identify their specific needs. We observed another person was offered food with no gaps to allow them to empty their mouth between mouthfuls of food or drink.

We observed a third person living in the home who was independent with their meal. We saw this person had protective wear over their clothes during lunch. We noted their face and protective clothes were soiled with food. Staff did not approach this person to offer support or a drink during the time of our observation.

We observed a member of staff assisting a person in the lounge with a drink. We observed the staff member was sat on the arm of the person's chair. We observed that no meaningful conversation took place. This meant we could not be confident people living in the home were assisted to discuss their views or wishes in relation to their hydration needs.

We looked in four people's care files. We saw evidence of care planning and nutritional risks assessments in place. We saw evidence of involvement from appropriate health professionals for example the speech and language therapy team in the care files we looked at. However in one file we saw staff had noted referral to the dietician was needed but we could not find evidence that this had taken place. This meant staff had not ensured appropriate measures were taken to ensure referral and assessment was taking place.

We saw evidence of people's weights recorded in three of the four files we looked at. The operations director provided us with updated information for one person care file we looked at and actions on results taken.

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

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## **Our judgement**

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The provider was meeting this standard.

People who used the service were safe and had their health and welfare needs met by staff with numbers of staff available to meet their needs.

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## **Reasons for our judgement**

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We looked at the duty rota for the home and saw there were sufficient numbers of staff in place. Rotas were clear and provided evidence of shift coverage and staff roles for example registered nurses and care workers. We saw there was a separate team for domestic and kitchen duties. We spoke with the manager who told us there was a full quota of staff employed at both the medical centre and nursing home and they used their own staff to cover holidays and sickness where possible.

The staff we spoke with told us there was enough staff on duty to care for people using the service. Comments received were, "There is always enough staff on duty. The home's policy is to phone regular staff if they are unable then I will try agency but we rarely use agency staff". Another said, "There is enough staff on duty. If there is sickness I will ask for cover. We go to the staff team first. If we use agency will go to same agency to try to get the same staff".

People living in both units in the home we spoke with told us, "The staff are good, I love them", "The staff are fine" and, "They could do with more staff at times for example, when getting up". Relatives we spoke with confirmed they saw regular staff members in the home when they visited. We were told, "There is always plenty of staff" and, "There is always plenty of staff around and I see the same faces". This meant people living in the home received care from a regular staff team that had knowledge of their needs.

We asked to see evidence of training for staff in the home. We were shown two training files which had evidence of staff training in both of them. Examples seen were, for example, food hygiene, person centred care and pressure ulcer prevention.

We discussed the use of two training files with operations director who confirmed they would look at incorporating these together to ensure monitoring of staff training is timely and easy to access.

## 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

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### Our judgement

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The provider was meeting this standard.

The service was managed well to help ensure people were provided with a good quality service and safe, effective care.

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### Reasons for our judgement

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There are two registered managers. One for the medical centre and one for the nursing home. Both were on duty on the day of our inspection. The registered managers were responsible for the day to day operation of the service.

We spoke with the operations director about how they ensured quality monitoring was taking place in the home. We were told the operations director takes an active part in the running of the home and is visible in the home. We were shown evidence of audits taking place on, care plans, falls and medications, there were notes on topics and actions seen. We saw these had been completed recently and there was evidence of previous audits taking place. People who used the service were protected against risk because the manager regularly monitored the care provided to them.

We asked the five staff we spoke with about staff meetings. We were told these were taking place and staff were able to discuss their views. We were told, "I attend staff meetings and am able to bring my views". We saw evidence of minutes from staff meetings detailing attendees and topics covered.

We saw resident and relative meetings were taking place and there was a copy of minutes detailing resident and relative attendees and topics covered. Family members we spoke with told us meetings were taking place and they received copies of minutes to their home if they were unable to attend. Two family members we spoke with told us they received a newsletter with updates from the home.

There were thank you cards on display on a notice board in the home. We asked the operations director how long they had been there as there were no dates seen. We were told they had been received in the last year. There were positive comments on them. An example was, 'No words can express our thanks and gratitude to all the staff'.

We asked people living in the home about the managers. We were told, "(named operations director) is good, he chats to me and we have meetings", "(named owner) and the manager are very nice". Relatives of family living in the home told us, "The manager is

very good",

We spoke with staff members about the managers, operations director and owner. We were told, "(named operations director and manager) are easy to approach with any concerns", "(named operation director) is brilliant" and, "(named operation director) and the manager are very supportive, they are their all the time".

We asked about staff supervision. We were shown a supervision file for one of the units in the home. We saw evidence that supervision had taken place recently and there were notes on topics that had been covered. We noted however supervision prior to this had not been undertaken for some time for example one person's file noted that the last supervision prior to April 2014 was October 2013. We spoke with the operations director about this who told us they would put measures in place to ensure all staff employed in the home received regular and timely supervision. Staff we spoke with told us they received supervision form the manager.

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 activities	Regulation
Accommodation for persons who require nursing or personal care	<b>Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010</b> <b>Consent to care and treatment</b>
Treatment of disease, disorder or injury	<b>How the regulation was not being met:</b> The registered person did not have suitable arrangements in place for obtaining, and acting in accordance with the consent of service users in relation to the care and treatment provided for them (Reg 18).
Regulated activities	Regulation
Accommodation for persons who require nursing or personal care	<b>Regulation 14 HSCA 2008 (Regulated Activities) Regulations 2010</b> <b>Meeting nutritional needs</b>
Treatment of disease, disorder or injury	<b>How the regulation was not being met:</b> People who used the service were not protected from the risks of inadequate nutrition and hydrations because support was not appropriately provided for the purposes of enabling service users to eat and drink sufficient amounts for their needs. (Reg 14 (1) (c)).

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 18 July 2014.

**This section is primarily information for the provider**

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.

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**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.

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**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.

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**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

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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)

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### **(Registered) Provider**

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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'.

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### **Regulations**

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We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

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### **Responsive inspection**

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This is carried out at any time in relation to identified concerns.

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### **Routine inspection**

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This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

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### **Themed inspection**

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This is targeted to look at specific standards, sectors or types of care.

## Contact us

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Phone: 03000 616161

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Email: [enquiries@ccq.org.uk](mailto:enquiries@ccq.org.uk)

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Write to us  
at: Care Quality Commission  
Citygate  
Gallowgate  
Newcastle upon Tyne  
NE1 4PA

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