

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

Heathcotes(Wigston)

The Vicarage, Bushloe End, Wigston, LE18 2BA

Tel: 01246556453

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

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Heathcotes Care Limited
Registered Manager	Mrs Parveen Barot
Overview of the service	Heathcotes (Wigston) provides accommodation and support for up to eight people with autistic spectrum disorders and learning disabilities. The home is situated close to the centre of Wigston, Leicester and can be reached by private and public transport. The accommodation is over three floors and all the bedrooms have an en-suite washroom facility.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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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 6 May 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.

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.

What people told us and what we found

We recently undertook an inspection visit to Heathcotes (Wigston). We spoke with four people who used the service and reviewed three people's care records. During our inspection visit we also observed people who used the service and how they were supported by the home's staff. We spoke with five staff that supported people and reviewed their recruitment and training records. We also checked the records in relation to the management of the service. We considered all the evidence we had gathered under the outcomes we inspected.

Is the service safe?

People told us they felt safe with the staff that supported them. People were helped to take part in activities that were of interest to them and used other community facilities such as the leisure centre. Throughout our visit we saw staff treated people with respect. Staff helped people with their daily living skills and to do things that promoted their independence.

People told us they felt safe and secure because they were cared for in an environment that had been maintained. People were able to access all areas of home safely. Communal areas were suitably furnished, which made it homely and comfortable. People had decorated and personalised their room to reflect their interests and other things that were important to them. All the bedrooms had an en-suite washroom facility, which promoted their privacy and dignity.

We, the Care Quality Commission, monitor the operation of the Deprivation of Liberty Safeguards (DoLS), which applies to care homes. While no applications have needed to be submitted, proper policies and procedures were in place. Staff training records showed staff had been trained in Mental Capacity Act 2005 and DoLS. This meant that people

could be confident that their best interests would be represented and that their wellbeing would be met reliably.

The staff at Heathcotes (Wigston) had been recruited properly. Checks had been carried out on their background to help ensure they were fit and safe to work with people who used the service.

Is the service effective?

People told us that staff supported them with their daily care needs. Staff were attentive and understood the support each person required. People told us that staff helped to promote their independence, supported them to take part in meaningful activities and to access other social amenities in the community. Records we looked at confirmed that people's care needs were met safely and that they had access to a range of health care professionals. It was clear from our observations that staff had a good understanding of people's needs and that they knew them well.

Staff were trained and qualified for their job role. Staff understood how to support each person, which helped to ensure that any risks identified could be managed. The staff training matrix we reviewed showed that the provider had taken steps to ensure staff kept their knowledge and skills up to date and in line with current best practice.

Is the service caring?

People were supported by kind and attentive staff. Staff recognised how each person communicated and expressed themselves. This helped to ensure that people's comments and views about how they were cared for would be acted on. Staff were caring and vigilant to any potential risks that could be harmful to people. We saw staff helped people individually and in a manner that respected the person as an individual. People were involved to make decisions about their care needs, lifestyle and aspirations. Records we looked at showed people's views and preferences were taken into account and respected.

Staff were aware of people's preferred routines and interests. This included support to attend college, day centres and to use other community amenities. Staff encouraged people to be involved in daily living tasks to help promote their independence. People told us that staff helped them to keep in contact with their family, which helped to promote their wellbeing and family identity.

People were given information about the advocacy service when they moved to the home. Information was produced in a format so that it was suitable for the person to understand, which included the use of pictures and photographs. This meant that people could access additional support and advice when required. Staff had received ongoing training to provide people with the care they needed and knew how to access support from other health and social care professionals when required.

Is this service responsive?

People had the opportunity to visit the home to make sure it was the right place for them and that their needs would be met. People's needs had been assessed before they moved to the home. Staff had been trained to safely provide the care and support that people needed. People had access to health care professionals such as the doctor, to meet their health needs. Records confirmed people's preferences and expectations had been recorded, and the care and support had been provided in accordance with their wishes.

We talked to one person about life at Heathcotes (Wigston). They told us what they liked about the home and how the staff helped them. Their comments confirmed that their experience of living at Heathcotes (Wigston) had had a positive impact on them.

Staff were trained to support people safely and recognised signs that would indicate someone may be unhappy or had a concern. It was clear from our observations that staff understood their responsibility and how to protect people from any unforeseeable harm or risks.

Is this service well led?

People's personal care records and other records kept in the home were accurate and up to date. People knew about the information in their care records because it was produced in a format that they could understand and the content was discussed with them. People's care needs were reviewed regularly to make sure any new needs could be met reliably. Records showed the home's staff worked with other agencies and services to help ensure people received their care and support that was co-ordinated and managed.

The home had a system in place to assure the quality of service they provided and acted on any feedback and comments received. Satisfaction surveys were used to gather the views of people who lived at the home and their relatives. Regular meetings were held with people who used the service and their relatives where they could make comments and give feedback on the quality of service provided. They also had the opportunity to comment on any proposed changes to the home that could affect their wellbeing. The complaints policy and procedure were used effectively for the benefit of people living at the home and for making continued improvement to the quality of service provided.

The provider and manager carried out regular checks to help ensure people's health, safety and wellbeing were protected. Staff received regular training to ensure people's needs could be met safely and reliably. Information from incidents and accidents had been analysed and used to identify changes and improvements, and minimise the risk of them happening again. Prompt action had been taken to improve the quality of service provided and put right any shortfalls that were found.

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

More information about the provider

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

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

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

Reasons for our judgement

People who used the service were given appropriate information and support regarding their care or treatment. Information about the home and the services provided was also produced in an alternative format using pictures and symbols to help people understand. Staff told us that people who were considering using the service were encouraged to visit to help them decide whether Heathcotes (Wigston) was the right place for them. One person told us they visited the home with their relative to make sure that their care needs would be met and that they felt comfortable with other people living at Heathcotes (Wigston).

People helped to make sure they understood the care and treatment choices available to them as much as possible. Staff communicated with people in a friendly and courteous manner. Staff told us most people were able to express themselves verbally or by using other means, which staff recognised. These included the use of sign language, words, pictures and that some people would point out to staff what they wanted. Our observations confirmed that staff were patient and responded to people's requests respectfully.

People told us that staff treated them with respect and listened to what they had to say. We saw staff took account of people wishes when they were helping them. Staff told us that people were involved in making decision about their care and their social interests and aspirations.

People were supported by the home's staff with regards to promoting their independence and community involvement. Each person had an individual activity plan which showed how they spent their time and what the activities they participated in. Staff described the range of activities they supported people to take part in, which included attending college, shopping, using leisure facilities and help with household tasks. Our observation during our visit confirmed that people were supported to pursue their interests at home and in the community.

We carried out a short observational framework for inspection (SOFI) to help us find out how staff respected people's rights, privacy and dignity. Staff were seen knocking on doors

before entering people's rooms. We noted that people's rooms could be locked by the person from the inside. We also noted that when staff were discussing people's individual circumstance, this was done in private to avoid being overheard. This meant people's privacy and confidentiality was maintained.

We looked at three people's care records and found that a pre-admission assessment and care plans were in place. The assessment process was designed to make sure that people understood the care and support available to them and that the home's staff could meet those needs. Records detailed each person's medical history, needs, preferred way to communicate and showed the decisions that had been made. There was additional information with regards to people's lifestyle, their interest and aspirations. Some care records had a copy of the assessment of needs and the care plan completed by the funding social care authority.

Care plans were developed from the assessment. Records showed that people had been asked how they wished to be supported. It was evident from our observations, review of records and discussion with people who used the service that people's diversity, values and human rights were respected at all times.

The manager told us that meetings were regularly held with people who used the service and the records of those meeting we viewed confirmed this. The meetings helped to gather people's views about the support they received and gave them an opportunity to make comments or suggestions for improvement. This showed people's views were taken into account about how Heathcotes (Wigston) was managed.

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

During our inspection visit we noted the home had a relaxed and happy atmosphere. We saw that people chose how they spent their time and staff respected their wishes. One person told us that they had 'settled in and liked the place'.

We carried out a short observational framework for inspection (SOFI) to help us find out how staff supported people with their care and support needs. We saw people were supported by kind and attentive staff. People looked comfortable with all the staff on duty and were confident to approach them. We saw that staff supported most people individually to help ensure they were safe. Staff helped people with daily living tasks and to do things that promoted their wellbeing. For example, one person was supported to make a hot drink for themselves, whilst another person got ready to go out for lunch. Throughout our visit staff showed patience towards people, offered encouragement and praise, when appropriate, which had a positive impact on them.

Staff we spoke with had a good understanding of people's needs and how they wished to be supported. Staff had read the care plans and were able to describe in detail each person's specific care needs and how they were to be supported.

We read three people's care plans, which were comprehensively detailed on the specific areas of care required, which was consistent with what staff had told us. That helped to ensure those needs would be met by the staff at the home and visiting health care professionals. We found people's preferences such as interests, daily routines and things that were important to them had been taken into account. This meant that people's care was planned and delivered in line with their individual care plan.

Care plans were person centred, which means that people's care is planned in a way that focuses on them as an individual. Care plans were produced in an alternative format so that it was suitable for the person to understand, which included the use of pictures and photographs. Records showed people's care needs were reviewed regularly, which helped to make sure the support provided was appropriate. We also noted that people had an opportunity to make comment about the care provided.

We saw risk assessments had been completed to help identify any potential risks to

people's safety and welfare and helped to develop strategies to minimise those risks. Risk assessments covered a range of topics, including road safety, handling finance and supporting people who may become agitated. There was guidance provided to staff to help ensure those needs would be met safely. This showed that care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

We saw that people had access to appropriate healthcare professionals such as the doctor and dentist. A record was kept of each appointment. The daily entries made by staff in the care records and the handover records showed that there was a culture of sharing information. This helped to ensure that staff were kept informed of any changes in order to protect people from the risk of receiving care that was inappropriate or unsafe.

There were arrangements in place to deal with foreseeable emergencies. Each person had a 'health action plan', which contained up to date information about their health, medication and communication including the emergency contact information for their relative and the doctor. This meant that accurate and up to date information was available should it be needed in any emergency situation.

The manager and staff were trained in the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). They understood their responsibilities to act in accordance with legal requirements if they had any concerns about a person's capacity to consent to care and treatment and the care records we reviewed confirmed this. At the time of our inspection visit the manager told us that no one using the service had their liberty deprived.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

People who used the service were supported by staff that understood each person's daily routines and how to keep them safe as far as practicable. We noted that there was a friendly rapport between them. People looked confident to approach staff and trusted them. When we asked one person how they were treated, they said, "This is a nice place because the staff are good."

People who used the service were protected from the risk of abuse because the provider had taken responsible steps to identify the possibility of abuse and prevent abuse from happening. Policies were in place that outlined the provider's expectation in relation to staff conduct and the actions staff should take to protect people from harm or risk.

Staff were aware of the policies that protected the people who used the service. They demonstrated their understanding of the types of risks that the people they supported may be vulnerable to. Staff gave examples of how they ensured people were protected from risks both at home and when they were out in the community. They referred to the care plans, which had guidance to help staff to ensure people were support appropriately.

Staff recruitment and training records we reviewed confirmed that staff had been given copies of the provider's policies during their induction. Staff training matrix and certificates confirmed that staff were trained in safeguarding (protecting vulnerable people from abuse), which helped to ensure their knowledge was up to date. Safeguarding procedures were discussed at the staff meetings. This helped to assure the manager and the provider that staff had a good understanding of safeguarding issues and were confident to take actions should they suspected someone was at risk of harm or abuse.

We spoke with staff about the systems that were in place relating supporting people with behaviours that challenge and the use of restraint. Staff explained that the care plans gave details of the types and circumstances that may necessitate the use of restraint and the safe techniques to be used. From our observation and the examples staff gave us it was evident that where possible, staff used distraction techniques to avoid any risks to the person and others who used the service. Staff had received training in restraint techniques and in NAPPI (non-abusive psychological and physical intervention). This provided staff

with the knowledge and techniques to assist them to take a person centred approach when supporting people safely.

Staff described the arrangements in place to support people with their money. People's money was kept secure and was accessible when required. The manager showed us the records of financial transactions kept for people who needed support to look after their money. Each transaction had a corresponding receipt. As part of the assurance system the provider regularly checked the financial records for each person to make sure their money was handled appropriately. This showed that people who used the service had confidence and trust in the staff who supported them.

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

People who used the service told us staff were kind and understood how to help them. They were confident that staff supported them safely and expressed no concerns about the staff that worked at Heathcotes (Wigston). Throughout our inspection visit we observed staff interacted well with people and each other. Staff spent quality time with the person they were supporting because each person required support that was personalised and tailored to their individual needs.

The provider's policies on recruitment provided written guidance for the recruitment and selection of staff. The five staff recruitment files we looked at all contained a completed application form detailing their experience, qualifications and previous employment. Appropriate checks had been undertaken before staff began work. Those included a minimum of two satisfactory references being obtained, confirmation of qualifications and a check with the Disclosures and Barring Service, known as 'DBS'. This is a check to help ensure applicants are suitable and safe to work with vulnerable people. The manager told us that the provider had arrangements in place to periodically check the suitability of staff with the Disclosures and Barring Service. That showed the staff recruitment and selection processes were effective, which protected people who used the service.

Staff we spoke with confirmed that they had completed a formal recruitment process which included a formal interview and their qualifications and experience being checked. They had only been offered employment upon receipt of satisfactory pre-employment checks. This was consistent with the evidence we found in the staff recruitment files.

The provider had comprehensive induction training for all new staff. The induction covered topics such as the provider's policies, procedures, practical training, working alongside an experienced member of staff and their competency and practice assessed. Staff were trained in 'NAPPI' (non-abusive psychological and physical intervention). The training was designed to help ensure staff had the skills and knowledge to assist them to take a person centred approach when supporting people with behaviours that challenge. The staff training matrix we looked confirmed staff had completed training to help ensure they understood their job role and trained to support people safely. Staff told us that staff received regular support and training to carry out their job role. This meant that the provider and people who used the service could be confident that staff were qualified, competent and trained for their job 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.

Reasons for our judgement

People who used the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. People told us that staff asked them about their lives and how they wished to be supported. One person explained that since they had moved to the home they had been asked about the things that they liked to do and if they needed any extra help. This also provided them with an opportunity to comment on how well things were working and helped to ensure any new needs or risks could be managed.

We reviewed three people's care records and found that assessments and care plans had been completed and reviewed on a regular basis. Information was produced in an alternative format so that it was suitable for the person to understand, which included the use of pictures and photographs. Daily entries and other records such as health checks we looked at showed that people's health and wellbeing was monitored. It was evident from the records we had reviewed that decisions about care and treatment were made by the appropriate people and staff at the appropriate level.

The manager explained that they had various systems in place that helped to gather people's views about the service. People who used the service had regular meetings which provided them with an opportunity to be involved in planning social events and make comment or raise concerns about the service. These meetings took place individually and in small groups. Records of those meeting were produced in written and pictorial format, which helped people to understand and to make comment about things that were important to them. There was regular contact and feedback from the relatives of people who used the service. Notes of the meetings showed that people were asked for their views about the quality support that was provided and asked whether there were things that they would like to change.

The provider's quality and satisfaction survey were sent to people who used the service, their relatives and stakeholders such as commissioners. The results were analysed and any issues and comments to help improve people's quality of life were detailed in the action plan for the manager to address. There was evidence to demonstrate that the provider monitored the service to help ensure the service acted on feedback and the

improvements made benefited those people who used the service.

The provider had a range of policies, procedures and guidance for staff. A regional manager visited the home on a monthly basis to assess and monitor the quality of service provided. We saw copies of these completed audits, which covered all aspects of the service and an action plan. Checks were made to ensure people's care needs were met reliably; feedback from people who used the service and staff, checks on the environment and review of records relating to the management of the service records. The checks were comprehensive and monitored that the necessary improvements were carried out reliably. Records we looked at showed equipment such as hoists and fire safety equipment was regularly serviced and maintained.

The provider's complaints procedure was given to people when they moved into the home and included the contact details for support and advocacy services. Information was produced in an alternative format to help people understand how to make a complaint. The service had not received any complaints since it was registered. Staff told us they recognised signs that would indicate that someone may be unhappy. They described the actions they would take if people were unhappy about any aspect of their care or lifestyle, which was consistent with the complaints procedure.

Staff confirmed that they were supported to carry out their job roles. We saw evidence that staff meetings took place regularly and that staff received timely support, supervision and appraisals. Staff were kept up to date about any changes to policies, procedures and how to support people that used the service through the daily handover meetings at the start of each shift. The staff training matrix showed that staff skills, competence and practice were kept up to date. This helped to assure the provider that the home's staff carried out their job role correctly and in line with the provider's procedures and best practice.

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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