

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

Maple Lodge

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We inspected the following standards to check that action had been taken to meet them. This is what we found:

Consent to care and treatment	✓	Met this standard
Care and welfare of people who use services	✓	Met this standard
Safeguarding people who use services from abuse	✓	Met this standard
Management of medicines	✓	Met this standard
Staffing	✓	Met this standard
Supporting workers	✓	Met this standard
Assessing and monitoring the quality of service provision	✓	Met this standard
Records	✓	Met this standard

Details about this location

Registered Provider	Maple Health UK Limited
Registered Manager	
Overview of the service	Maple Lodge is a small residential home registered for five people with learning and physical disabilities and who have autism.
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

We carried out this inspection to check whether Maple Lodge had taken action to meet the following essential standards:

- Consent to care and treatment
- Care and welfare of people who use services
- Safeguarding people who use services from abuse
- Management of medicines
- Staffing
- Supporting workers
- Assessing and monitoring the quality of service provision
- Records

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 4 October 2012, talked with people who use the service and talked with staff.

What people told us and what we found

The registered manager is no longer working at Maple Lodge. The provider has been asked to notify us when they have completed the deregistered process.

People who lived at Maple lodge had very complex needs and they had different ways of telling us about their experiences. On the day of the inspection, we observed that people were supported by staff who engaged with them in an encouraging and direct way. The staff were aware of the individual needs, communication styles and behaviour of people who used the service.

Maple Lodge had made improvements since our last inspection in June 2012. These included reviewed and updated care plans, risk assessments and behaviour management strategies. Consent to care and support arrangements had been implemented and person centred activities were now in place which gave people more choice and control in their lives.

The changes made to the administration of medication in the home meant that people were kept safe and protected from the risks associated with the management of medicines. Staff training and support had improved in order that the staff could perform their caring role satisfactorily.

A quality assurance system was now in place which included action plans, regular audits to check quality and safety, better recording and information sharing about people's needs. People at Maple Lodge could be assured that systems and processes were in place to keep them safe and to protect their rights.

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

Consent to care and treatment

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

Where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

Reasons for our judgement

At our last inspection on 26 June 2012 we had moderate concerns about the ways in which people living at Maple Lodge were able to give consent to their care and support. These related to the service not having a policy or procedures in place. Consent forms in people's files were out of date and no records were maintained of decisions made in the best interests of people who used the service.

We asked the provider to respond with an action plan telling us what they would do to achieve compliance. We received the action plan within the timescale given. The provider wrote to us on 27 August 2012 and told us that a consent form had been implemented for each person in relation to their individual care and support plan. A consent form for the sharing of information about them would be developed and consent would be sought from relatives. They told us that this would be in place by 07 September 2012. Our inspection of 04 October 2012 was to check if improvements had been made.

People at Maple Lodge had very complex needs and were unable, due to a number of reasons, to consent to their care and support. We were told by the manager that assessments about people's abilities to make informed choices had been completed and formed part of their support plan. We saw that these had been signed and dated by the manager.

We saw that Mental Capacity Act assessments in one person's file were dated 2011 and had not been reviewed. The manager told us that these were out of date, not appropriate for the person and if Mental Capacity Act assessments were needed, they would be completed as and when required. This information would be kept on the person's care file in order for the staff to be aware of consent issues. No Mental Capacity Act assessments had been required since our last visit.

The service had a policy and procedure in place to ensure that people's best interests were protected and staff had received training in the Mental Capacity Act 2005 and deprivation of liberty safeguards. We saw certificates of completion of this training in the staff files we looked at.

The manager told us that consent forms regarding the sharing of information had been discussed with people who used the service and their relatives and relatives had signed consent as people who used the service could not. The manager told us that discussions had taken place with relatives about the process regarding consent to care and support issues. This ensured that the service communicated effectively with relatives and they were involved as and when necessary on behalf of their family member.

The service had a system in place for people to be supported and enabled to make choices and decisions. This would ensure that their rights were protected and respected and decisions made in their best interests.

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

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

At our last inspection on 26 June 2012 we had moderate concerns about the care and welfare of people who lived at Maple Lodge. These related to the lack of care planning, risk assessments and activities.

We asked the provider to respond with an action plan telling us what they would do to achieve compliance. We received this action plan within the timescale given. The provider wrote to us on 27 August 2012 and told us that person centred care plans would be implemented; people would be involved when their care plans were written and reviewed and an audit tool had been implemented to ensure that care plans remained robust. Additionally, risk assessments would be completed and a new system for recording incidents would be implemented.

The provider told us these would be in place by the end of August 2012. Our inspection of 04 October 2012 was to check if improvements had been made.

Maple Lodge provided care and intensive support for four people with high support needs. Two people needed one to one support, and two people needed two to one support and all had two to one support when outside of the home in the community. The manager told us that improvements had been made for one person since our last visit as they now only needed one to one support. This gave the person more independence and control in his life.

The care files for the people who used the service had all been reviewed. We looked at the care files belonging to all four people in the home. These files contained all relevant details relating to the person's life including a personal profile about them; a support and care plan; a health plan; risk assessments; consent forms; details of medication and behaviour and intervention strategies.

More activities were noted to be available and were tailored to the needs of the individual. One person said "I like to go out, I really like to go out, and I'm going to play golf."

When the person was asked if they would like to go out now, they replied that they would like to go in five minutes. This request was respected by the staff.

From the daily living records we saw, people were offered more choices and were able to make decisions about what they wanted to do, when they got up, and what they wanted to eat. The way that staff recorded people's feelings and behaviour was respectful.

All the files we saw were up to date and signed. They were person centred and gave staff an understanding of the person's current needs as well as information about them and their history. Staff had signed to say they had read the care plans.

Staff told us that the information in the care files was more organised and contained all what they needed to know. They used the daily living activity log and the incident record book mostly so they understood how the person was feeling and what their day or night had been like when they came on their shift.

One staff member told us that staff were using Makaton (a form of sign language) a bit more to help to communicate with one person who used it. They told us that a refresher course was needed as there were now a number of new staff who required the training.

The sexual awareness training course to understand and support people who used the service with their sexual expression was to be held in July 2012. The manager told us that this had been cancelled as it was no longer relevant. The provider may find it useful to note that consideration should be given to this course being planned for the future.

Communication and hospital passports (pictorial guides about a person's needs) had been completed with people to aid communication about their needs. These were written in an appropriate format and in a simple and clear style. We saw that one person had a set of his chosen pictures on a key ring that he could take out with him.

Audits of the support and care plans and risk assessments were now in place to monitor the recording of relevant information about people's changing needs. We saw these had been completed. Reviews of people's needs by the local authority had been completed and notes of these meetings were in each person's care file. This ensured that people's care and welfare was monitored effectively.

A new system for recording incidents and episodes of challenging behaviour had been implemented. Staff completed reports of incidents, the intervention taken, and the outcome of the incident. These records were monitored and reviewed on a weekly basis to ensure that people's needs were being met, and that patterns of behaviour were identified and staff acted appropriately when incidents occurred.

Care for people who used the service was now planned, delivered and tailored to meet people's changing needs.

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

At our last inspection on 26 June 2012 we had major concerns about the safeguarding of vulnerable people who lived at Maple Lodge from abuse. These related to procedures for restraining people; lack of staff training in how to protect people; and staff not having the relevant skills and being inappropriately dressed.

We asked the provider to respond with an action plan telling us what they would do to achieve compliance with this standard. We received this action plan within the timescale given. The provider wrote to us on 27 August 2012 and told us that all staff would be trained in restraint techniques; the whistle blowing policy would be made clear to all staff; the skill mix of staff would be looked at, as would the use of agency staff. The staff dress code would also be addressed.

The provider told us that this would be in place by the end of September 2012. Our inspection of 04 October 2012 was to check if improvements had been made.

Since our last inspection, the systems for keeping people safe and protected had been improved. We saw that a comprehensive behaviour management strategy had been developed including procedures for incident recording, guidance and protocols about physical intervention and restraint and the monitoring and auditing of those systems were in place. One staff member told us that processes were clearer now especially in how to take care of people, what triggered their behaviour and how to respond to them to keep them safe.

All staff had been trained in restraint and physical intervention except for two staff members. One person was a new employee and was completing their induction and the other person was on the Securicare training course on the day of our inspection. Staff told us that the training was really useful but it needed to be done in conjunction with the behaviour management strategies used in the service. They felt that it would then feel more relevant to their job.

To improve the care and support for people at Maple Lodge, there had been some staff changes. The manager told us that they had transferred some staff from other similar homes owned by the Provider to Maple Lodge. This had improved the skill mix of the staff team and increased the level of experience the staff team had in order to care

appropriately and effectively for people.

The use of agency staff was being monitored and the maximum number of agency staff on any one shift was limited to two. We saw on the rota for the week 24-30 September 2012 that five agency staff had been used. We were told that only one agency was used so that all the agency staff were skilled and aware of the needs of the people at Maple Lodge. The use of agency staff would decrease when the recruitment for new staff was completed.

The staff dress code and appearance whilst at work had been addressed in a staff meeting held in July 2012 and staff had signed to say they had read the minutes of the meeting. The dress code was also dealt with in individual supervision sessions with staff. We saw that staff were dressed in an appropriate way in order to undertake their role and responsibilities.

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

At our last inspection on 26 June 2012 we had moderate concerns. These related to the way in which people were not protected against the risks associated with medicines because the provider did not have appropriate arrangements in place to manage medicines. There was also insufficient guidance for staff on the use of some medicines.

We asked the provider to respond with an action plan telling us what they would do to achieve compliance with this standard. We received this action plan within the timescale given. The provider wrote to us on 27 August 2012 and told us that the administration of medicines had been reviewed by the Primary Care Trust and that staff would be assessed for competency and medication updates in training would be put in place.

The provider told us these would be in place by the end of August 2012. Our inspection of 04 October 2012 was to check if improvements had been made.

On this visit to the service on 04 October 2012, we found that medicines were stored securely for the protection of people who used the service. The temperature of the area where medicines were stored was monitored and recorded regularly to ensure the quality of medicines used.

Systems were in place to record when medicines were received into the service, when they were given to people and when they were disposed of. We looked at the records for all four people using the service on the day of our visit. These records were in good order, provided an account of medicines used and demonstrated that people received their medicines as prescribed.

Where people were prescribed medicines on a 'when required' basis, for example to control their behaviour, we found that the guidance provided for staff on the use of these medicines had improved. The provider may find it useful to note that it is important that this information is kept at the point of use, for example with the medication records.

In the provider's action plan received before our visit, they told us that staff responsible for the administration of medicines were to be 'assessed for competency' and this assessment was to be repeated on a 'quarterly basis'. We found evidence to show this had been done. We were also told that 'medication audits were done on a weekly basis'. We found evidence to support this also.

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

At our last inspection on 26 June 2012 we had moderate concerns about the level and competence of staff who worked at Maple Lodge. These related to the level of experience and skills of staff, the management of the staff rota, and the use of agency staff.

We asked the provider to respond with an action plan telling us what they would do to achieve compliance with this standard. We received this action plan within the timescale given. The provider wrote to us on 27 August 2012 and told us that staff with more skills and experience would be placed at Maple Lodge; rotas would be monitored by the manager; new staff would be recruited; agency staff who knew people at Maple Lodge would be made permanent, and the use of agency staff would be monitored and reduced to only two on any one shift.

The provider told us these would be in place by the end of September 2012. Our inspection of 04 October 2012 was to check if improvements had been made.

The manager told us that changes had been made to the staff team in order to meet the needs of people using the service. Two new staff members had started work, and one of these was from the agency used by the service. Three staff with the relevant skills and experience of caring for people with high support needs had been transferred from other homes owned by the Provider.

The manager told us that they were in the process of recruiting more staff and looking at ways of recruiting more staff with the experience and skills required which was a challenge.

The rota was being managed more effectively and this had reduced the need for so many agency staff. The rota was being monitored so that a senior staff member was always on duty to undertake medication administration. This ensured that people would be given their medication in the right way and at the right time.

The manager told us that they had tried to minimise the impact of all the staff changes on people who used the service. The changes to the management of the service had improved the level of the service for people who used the service and the staff. Improvements in the behaviour of people who used the service and their general wellbeing had been recorded. For example, one person had been assessed as only needing one to one support now.

Staff also confirmed that they thought things had improved for people who used the service.

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

At our last inspection on 26 June 2012 we had moderate concerns about the support systems in place for staff who worked at Maple Lodge. These related to the level of skill and experience of the staff; and the monitoring of staff practice.

We asked the provider to respond with an action plan telling us what they would do to achieve compliance. We received this action plan within the timescale given. The provider wrote to us on 27 August 2012 and told us that staff without the relevant skills and experience required would be replaced by staff who did have those skills and that staff practice would be monitored.

The provider told us these would be in place by the end of September 2012. Our inspection of 04 October 2012 was to check if improvements had been made.

The manager told us about the changes which had been made for a better mix of staff with the relevant skills and experience in the staff team.

Support and supervision systems for the staff had been improved. These included competency checks; bi-monthly supervision sessions; more regular staff meetings and training opportunities. Support for the manager was also in place with regular management support and development meetings. We saw evidence that two of these meetings had been held.

Three staff meetings had taken place since our last inspection in June 2012. The manager told us that communication with staff had improved and was welcomed by the staff. Observation of practice and competency checks were discussed as part of supervision and personal development. We saw observations of a staff members care practice which had taken place and showed their interaction with a person who used the service. A list of staff appraisals was planned for March 2013 as the manager explained that ensuring staff were trained and supervised was the priority at the present time.

We looked at the files for three staff members. These contained signed supervision agreements, copies of supervision sessions which had been signed by the staff member and the manager, work performance sessions and a personal development record.

Staff told us that the training they had received at Maple Lodge was very good. Staff felt

people were better looked after because staff now had more experience of looking after people with complex needs. Staff also felt better supported by the management.

A training programme had been developed which showed which staff had received what training and when and when training needed to be updated. This showed that training for staff was organised and planned.

Training for staff had included health and safety, fire safety, safeguarding vulnerable adults from abuse (SOVA), Mental Capacity Act 2005, managing challenging behaviour, medication, risk assessments, inclusive communication, restraint and physical and intervention, data protection, confidentiality and record keeping. Some staff had also attained a National Vocational Qualification in Care (NVQ).

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

At our last inspection on 26 June 2012 we had major concerns about the lack of systems in place to monitor the quality of the service. These related to the monitoring of the management and administration of the service, assessments of need, and seeking the views of people using the service and their families.

We asked the provider to respond with an action plan telling us what they would do to achieve compliance with this standard. We received this action plan within the timescale given. The provider wrote to us on 27 August 2012 and told us that a quality audit process would be in place and surveys for people who used the service and their families would be developed.

The provider told us these would be in place by the end of July 2012. Our inspection of 04 October 2012 was to check if improvements had been made.

The home had developed a policy on quality assurance that was now in place for the management and staff to follow. We saw records of audits that had been completed for medication, infection control, staff files, observation of care practice and analysis reports of the incidents recorded. Discussion of practice in relation to behaviour management and incident systems that were now used by the service had also taken place.

Reviews of people's care needs had been undertaken and the support they required was recorded appropriately. This was accessible to the staff so that they could care for people effectively and safely. Care and support plans, risk assessments, behaviour management systems were all in place which ensured that people were getting a good quality service.

Two management meetings had taken place since our last inspection and the manager had an ongoing action plan of tasks and activities to ensure the effective running of the home. The manager told us that these meetings would be an ongoing process so that changes could be implemented when required and the improvements made so far were maintained.

The changes in the staff team had meant changes to people's key workers. The manager told us that this provided an opportunity for new staff to work with people in a more person centred way. These arrangements were being developed at the time of our inspection.

An easy read survey was being developed to gain the views of people who used the service. However, the manager told us that this had not been implemented due to all the changes being made at the service. This would be developed for the future. People told us they had been involved in talking about their care arrangements and what activities they wanted to do.

The service user meeting in July 2012 noted that people gave their views about what colour they wanted their bedrooms to be and one person wanted a new television. A staff member told us that the television had already been purchased and painting and decorating people's rooms would be done in the near future.

The management had held a meeting in June 2012 with relatives of people at Maple Lodge to discuss the service offered to their family member. All relatives said they were happy with the care their family member received at Maple Lodge. A further meeting was to be arranged with relatives as it was felt this was a useful way of involving and communicating with people about the quality of the service.

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

At our last inspection on 26 June 2012, we had moderate concerns about the records relating to people who used the service, the management of the home and medication.

We asked the provider to respond with an action plan telling us what they would do to achieve compliance with this standard. The action plan we received on 27 August 2012 did not contain any information relating to records. Our inspection of 04 October 2012 was to check if improvements had been made.

We looked at records relating to people who used the service and some of the staff such as care and support plans and staff employment files. The records we saw for people who used the service and staff were comprehensive and up to date with relevant information. Risk assessments and behaviour management strategies were in place and were being monitored monthly.

All information relating to people's care and support and their personal history were in accessible formats so that they could read and understand them.

Medication records were found to be complete and we saw evidence of effective monitoring of medication and competence assessments for staff.

All records were organised, readily available for staff to consult, and were stored securely.

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 dentists and other services at least once every two years. 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 but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

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. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. 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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