Inspection Report

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

Preston Private

Midgery Lane, Fulwood, Preston, PR2 9SX

Tel: 01772796801

Date of Inspection: 22 January 2013

Date of Publication: February 2013

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

Respecting and involving people who use services	✖ Action needed
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Staffing	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Parkcare Homes Limited
Registered Managers	Ms. Siobhan Bailey Mrs. Gillian Bratt Mr. Paul Lewis
Overview of the service	Preston Private care home provides nursing and personal care only to 106 people. The home consists of four separate units. One unit provides personal care to people living with dementia, one personal care to older people and two units providing nursing care. The home is located in the Fullwood area of Preston. The home has three regulated activities. Accommodation for persons who require nursing or personal care, treatment of disease, disorder or injury and diagnostic and screening procedures.
Type of service	Care home service with nursing
Regulated activities	Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, reviewed information sent to us by other organisations, carried out a visit on 22 January 2013 and observed how people were being cared for. We checked how people were cared for at each stage of their treatment and care, talked with people who use the service, talked with carers and / or family members and talked with staff. We talked with stakeholders.

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

People told us what it was like to live at this home and described how they were treated by staff and their involvement in making choices about their care.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experiences of people.

On the day of our visit we saw that a church service and group activities had been arranged and people were encouraged and supported to participate.

People had their needs assessed and we saw that they were asked about their care and support and agreed to it. People told us they were treated with kindness and respect. People had care and support plans detailed their care needs. These were kept under review. People also told us they could choose the gender of their carer and staff respected this. The provider had policies and procedures in place to ensure people's dignity was respected but we observed people were not always treated as such.

We found family members were happy with the care of their relations

There were no rules imposed on people. Staff were trained to protect people and people said they were safe. They told us if they had concerns or complaints about their care but would speak with the manager or the staff if they needed to.

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

What we have told the provider to do

We have asked the provider to send us a report by 19 February 2013, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

More information about the provider

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

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

Our judgements for each standard inspected

Respecting and involving people who use services ✖ Action needed

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 not meeting this standard.

People's privacy, dignity and independence were not always respected.

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.

Reasons for our judgement

People said they were involved in the decisions about their care and the care they received. It was evident when speaking to people that they were involved in their care decisions if they wished to be.

One of the two people we spoke to and two of the three relative's said they understood the reference to a care plan. One person said, "Yes I have seen it and there's some paperwork in my bedroom. They (staff) come and fill in the amounts of drinks I have. I suppose to keep an eye on the amount I am drinking. I think I have been here about twelve months or so, hard to say but I am well treated, they are very polite staff all of them". Another person told us, "I am really well cared for. I think all the staff are very good. I have a favourite though, I call her …. and she's my little ray of sunshine. Things have improved since I complained and I'm much happier now".

The family member of a person living at the home told us that they could represent their relative's views and said, "I complained as there was no care plan in place to help Nan. I spoke to …. the manager and she agreed this was not dignified and it was addressed immediately. Since then things have improved and Nan's much happier. I think the staff do a great job and I am thankful that we were listened to". Another family member told us, "Mum seems quite happy. She likes to sit and read and I am happy to sit with her as she enjoys my visits. The staff call to see her regularly and offer drinks or biscuits. When she needs help I am asked to leave and appreciate they do ask me".

We saw that staff spoke respectfully to people when talking to them. Staff used polite and quiet tones of voice to respond to requests for help. We saw that staff explained to people how they were going to help and support them. We observed staff knocking on bedroom doors before entering them. We observed staff helping people to eat and drink and they were patient and took their time to offer them their food at a pace that suited them.

We observed some examples of poor practice during the inspection. On one unit we saw staff member take a hairbrush from the draw of a desk and then proceeded to use the same brush to brush the hair of four ladies sat at a table. The staff member did not ask people if they wanted their hair to be brushed. A staff member was seen to enter the bedroom of a person living at the home while the person was in their bedroom. The staff member did not knock or seek permission to enter and then removed a sling for a portable hoist from the person's wardrobe without asking and then left the bedroom. When we spoke to these staff about what we observed, one was concerned that there were no hairbrushes available and the other that the sling would be sent to the laundry after use. They did not recognise their inappropriate practice. Both staff said they had completed all their training which included providing individual care and treating people with dignity.

We did two SOFI observations during the visit. One in the unit providing personal care for people living with dementia and one on one of the two nursing units. Overall we saw positive interactions between staff and people living at the home. We saw that staff engaged with people, asked if they wanted a drink and sat and helped them. Staff were patient and offered choices of drinks. On the unit providing personal care for people living with dementia we saw that people were not engaged that often and people slept for long periods during the half hour observation. We observed a staff member attempting to preserve the dignity of a person by placing a protective covering around their neck but the staff member did not ask permission and placed the covering without talking to the person.

Care and welfare of people who use services ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

People we spoke to were complimentary about the staff. Some people said that they were treated with kindness and respect and carers understood their needs. One person commented, "I am just on my way to the church service and this nice young lady (activity staff) is helping me as she noticed I did not have my walking stick so has offered to walk with me then go and get it for me. That's very thoughtful".

People told us if they were not well staff would call their doctor. We were told the district nurse visits as well. Care records also demonstrated that the home had good arrangements in place for responding to people's changing needs and worked closely with community and NHS professionals such as district nurses and general practitioner's. We saw visiting doctors, chiropodist and health professional that visited care homes as part of the commissioning of services.
We spoke with visiting external professional. They told us they had been visiting the home for three weeks and so far has got a good reception from staff. The care home monitoring team were doing a pilot study. Preston Private was selected to take part because of the high number of emergency calls (999) from the service. The pilot was introduced to try to reduce the number of admissions to acute hospital settings. They said the pilot study included looking at the hospital discharge information, which was matched against the homes plans of care and care home notes to make sure they followed the discharge information/instructions through. Advice would then be provided to the home and general practitioner if necessary. They said that in general the home's plans of care were well written and they had no concerns or worries so far. They said, "I always get a good reception from the staff. They have been very helpful, but I have only spoken with the senior staff, so far. I intend to speak with the other staff this week, because it important they know who I am and what I do".

Not every person we spoke to could tell us what they thought about the service they received. We saw people were well dressed and attention had been given to their appearance. We observed how staff were attentive to peoples requests for assistance. Staff spoke to people respectfully and attended to personal care needs as required. People requiring support with their meal were given this with sensitivity. Comments from people about staff were "I don't think you will find anything wrong here." And, "It is just grand. We are very lucky to live somewhere like this. The staff are marvellous and really care about us."

We spoke to care staff on duty. They told us they followed care plans regarding people's care and could contribute to them. One staff member said, "The nurses are very good at asking us about resident's needs. … who I told you about. I gave the nurses a lot of information about her care and care plan as I spend a lot of time with her and got to know her. We spend more time with residents and get to know them much better so we can contribute to the care plans. It gives the nurse more personal information". Staff said that they were kept up to date with any changes in people's needs. They always had handover meetings between shifts and during these discussed people's care needs. Staff also told us they supported people to live as they wished and they helped them maintain their independence. One staff member said, "….. calls me …. and it's stuck. When she first arrived after her stroke she couldn't say my name properly and called me … She got used to saying it and her speech and mood improved quickly".

We looked at the care and support plans of three people and associated care documents. We saw that care and support plans were very detailed but lacked person centred information. For example in one person's support plan was recorded about their preference to personal care 'Staff to assist with a wash daily and bath at least once week'. There was no information as to what the person could or could not do for themselves, bath time routine or information about choosing their clothing.

Care and support plans covered people's needs around their known medical problems, mobility needs, dietary requirements, medication, daily care needs, and also social areas such as hobbies, activities and important relationships. We found people had an up to date plan of care that had been reviewed and daily records maintained. There was evidence in daily records staff followed care plans and responded to people's needs as required.

Risk assessments had been carried out. These were linked to peoples' welfare and safety. Staff were made aware of who may be at risk of falling, developing pressure ulcers, or may not eat enough. The management of these known risks was planned for with risk preventative measures in place.

We noted that relatives were signing care and support plans for people where they were considered to lack capacity to understand and make decisions about their care and treatment. One person whose care pathway we followed had their care plans signed by their family members. We did not see that the decisions that were agreed about the person's care and treatment had been agreed following a best interest decision. We were told that the family members had legal jurisdiction to make decisions but this information was not clear in the care and support plans. The provider might note that where people using the service are considered to lack capacity that any decisions made under legal guardianship or in their best interest should be clearly documented. This means that staff have guidance to follow when considering decisions they and others involved in their care may make on behalf of people in their care. This also means that staff have guidance to follow when caring for people who may lack capacity due to living with dementia and are able to relate this to the Mental Capacity Act or Deprivation of Liberty Safeguards.

Safeguarding people who use services from abuse ✓ Met this standard

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

We observed people in the home. They seemed relaxed around staff and expressed themselves freely and openly and moved around the home as they wished. We observed staff were attentive to people's needs and approached people calmly. Staff treated people with respect when they spoke to them and maintained people's dignity when providing support. For example when speaking to a person using the service and their family member in their bedroom we were asked to leave while staff provides help with personal care.

People who could talk to us told us they felt safe in the home. People described staff as 'lovely', friendly' and 'a good laugh'. People expressed confidence in raising any concern they had with staff. We were told the manager was about and had time to talk to them. One person said they had made a complaint about their personal care and this was responded to promptly and that the manager had asked them if there had been an improvement. They said, "I was unhappy and ….my granddaughter spoke to ….the manager. She's been to see me to see if things have improved and I said yes overall. I'm not afraid to say what I think and can tell the manager or any of the staff if I wasn't happy".

We asked staff how people determined their day. They told us there were no rules imposed on people such as when they got up or went to bed. There were no institutional practices they were expected to follow. People could determine how they lived their lives.

The home has their own Policies and Procedures in place to inform staff about how to recognise abuse and what action they should take to report it. Further guidance and information about this was also available, including Lancashire County safeguarding adults' policy and procedure.

We talked to staff. They were clear about what to do if they had any concerns and indicated they would have no hesitation in informing the manager if needed. They were aware of Whistle blowing (reporting bad practice) in reporting concerns about the operation of the home. We talked to five staff about safeguarding training. We were told that staff had a deadline to complete all the training they must complete so they could work safely. Three of the five staff said they had completed safeguarding adults training and one

could not recall. All of the staff were able to describe what they understood to be sings of neglect or abuse and we received some good examples. Staff said that the majority of training was completed over the internet. One staff member told us, "It's all e learning now. I keep getting one answer wrong on safeguarding. If you get one wrong you have to start all over again and the questions change. I suppose that's good but when you have to complete the training by the date I'm feel under pressure and not remembering where I've gone wrong. I'm going to do it again now while I am on shift and ….. the clinical manager is going to support me". Another staff member said, "The e learning is harder the safeguarding questions change if you get it wrong. The training we use to have was easier as the questions were the same. Yeah this training makes you think more". Another told us, "The e learning was quite challenging but I completed it. You put it into practice without thinking. I saw a staff member leave a drink by a resident and they didn't help them with it at first and I thought if they just left it there that would be neglect".

The manager told us that the records held in the home about training were inaccurate and that was why all training had to be repeated by all staff within a given time scale. We were told that staff had brought to the attention of the management team that training had been singed off without their knowledge and when they had gone to complete training their electronic records relevant professional bodies and partner organisations informed. Staff told us they been trained in the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Staff had a good understanding of their duty of care to protect people using the service from harm.

Any risks to the wellbeing and safety of people using the service were identified. How these risks would be managed was agreed and written into care and support plans for staff to follow. These were reviewed regularly.

Staffing ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

We looked at the staff rota for the week. This showed the number of staff on duty day and night at any one time but was not used as a judgement that staff was sufficient. Through our observations we saw that staffing levels at the time of the inspection were adequate. Sufficient numbers of staff were on duty to ensure people's welfare and safety was promoted. We found care staff were deployed to different units within the home to ensure continuing support for people. In addition to carers the provider employed staff for housekeeping duties and regular maintenance. In discussion with the manager about monitoring the quality of service delivery. The manager told us they had increased staffing levels on nights on the Nursing units in response to key performance indicators about the dependency levels of people on these units.

We spoke to people about the numbers of staff on each unit. One person said, 'Staff are lovely, good girls and I am well cared for. I was asked if I minded being cared for by the men or women and said it did not bother me".
Another person said, "I like … she is my key favourite. Always checking on me".
The staff we spoke to said they had the time to offer personalised care to people living at the home. Staff was complimentary about the staffing levels on the nursing units. Staff spoken to said they had time to assist people with their personal care and were not rushed. One staff member said, "I would always say an extra pair of hands would be nice but we are not rushed, busy yes, but not rushed. It does not matter how long you take with each resident as you do what they want to". Another staff member said, "We work as a team, we talk to one another and assist one another as needed. Yes we are busy but we have time to help residents when they need it. Staffing levels haven't reduced we have nineteen residents and still have the same number of staff as if we were full. The nurses always help out and are there for advice and support. Occasionally you get asked to move to another unit to help out at short notice when someone rings in sick. I just feel that the staff that do that are letting everyone else down".
One staff nurse said that staffing levels could be increased and said, "If I need extra staff I will ask the manager. Staff have been increased on nights as we have a lot of dependent people".

Staff said they were supported and listened to. One staff said that new staff members were not left to work alone and said, "New staff are paired up with someone who has worked at the home a while, to show them what to do." "I feel supported by the managers of the unit. I can always go and discuss any concerns with them." "We get supervision from time to

time. We talk about what we do well and anything that could be improved and if we need any extra training. We get an appraisal every year." They said training, such as first aid, fire and moving and handling was provided each year, but most training was done over the internet. One staff member told us. "I am OK with this e-learning because I have done it a few times now. There are set times during the day when we can go in turn and do some training."

We received positive comments about the new management structure. The manager had only been in post since September 2012 and clinical services manager from January 2013. We received positive comments from staff about the management structure. Staff said the managers were supportive and approachable. One staff said, "….. the clinical manager is so laid back. I went to talk to him about something was stressing me and he was so calm and listened. After speaking to him I thought how calm I was and wondered why I had got so stressed, what was all that about. He helped me understand why I felt stressed". Another staff member said of the manager, "… is alright, approachable and listens. I have been and talked to her a few times and she's listened to what I said and thanked me. She's making changes and some people are not happy. Maybe they don't want or like change but it's for the benefit of the residents and staff".

Assessing and monitoring the quality of service provision ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

We looked at the quality assurance system in place. We saw the home had been accredited with Investors in People in 2012. A business plan had not yet been developed.

We saw evidence that meetings were held for people using the service and relatives. The manager said the meetings were repeated in the evening and weekends so people living at the home and relatives had the opportunity to attend. The January meeting has a guest speaker attending to offer advice and talk about financial issues and insurance. We saw evidence that meetings had taken place. We also saw minutes of the regular staff meetings held at the home and health and safety meeting.

The manager had introduced a daily meeting of staff that were in charge of each unit. These took place at 14:00 each day and were attended by manager and clinical services manager. We observed the meeting that took place on the day of the inspection. Each unit representative talked about any changes in people's needs, any visits from external professionals and anything significant relating to people using the service. The managers also shared important information that could be cascaded to staff in each unit.

The manager undertook a range of audits at the home. These included;
Medication, the environment, infection control, out of hour's manager visits and daily walks round audit by the manager. The home had a clinical governance audit conducted twice a year, based on the outcome areas of the essential standards and action plans were developed in accordance with the results. The manager clarified that they audit process did not cover auditing of care and support plan and agreed this would be added into the audit process.

The provider had commissioned an 'Insight' special feedback report which looked at how the home was being managed. This included gathering information from a range of different people and sources. We saw that the home was being redecorated and people living there said how nice the redecoration was. A major refurbishment of the home is due to start in spring time.

We were told that surveys for people using the service were sent out annually, but were returned to head office, so the home did not receive responses. The provider might like to

note that providing the home manager the outcomes of the surveys received provides them with an opportunity to address shortfalls in service provision by action planning. Surveys were completed by staff in 2012 and results made available to the public in the home. Results were produced in pie charts giving an overview of results for easy interpretation.

Evidence was available that a monthly report was submitted by each unit manager to the home manager, which covered areas such as, weights of people using the service, monitoring for the development of pressure ulcers, infections, dependency levels and the use of bed rails. This information was used to develop key performance indicators for the home. These had been introduced to assess various areas of care needs. If concerns were raised for example if a person had lost a significant amount of weight then this that was automatically identified so that the manager could track if there was an issue on one unit or within the home in general. We talked to the manager about the quality assurance of the home and they said, "We have a five year plan for the home. Our priorities are to have all the staff training completed, ensure that staff understand their roles and responsibilities when caring for people, support the development of staff, continue with the decoration and then a major refurbishment. That's just the first year".

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 Diagnostic and screening procedures Treatment of disease, disorder or injury	**Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2010** **Respecting and involving people who use services**
	How the regulation was not being met: 17(1)(a). People that use services were not always treated with consideration or respect when personal care was being provided or when staff were engaging with them.

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 19 February 2013.

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 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.

Contact us

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