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

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**CareTech Community Services Limited - 68 West Park Road**

68 West Park Road, Smethwick, Birmingham, B67 7JH  
Tel: 01215651632

Date of Inspection: 24 January 2013  
Date of Publication: February 2013

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

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</thead>
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<tr>
<td>Respecting and involving people who use services</td>
<td>✅ Met this standard</td>
</tr>
<tr>
<td>Care and welfare of people who use services</td>
<td>✗ Action needed</td>
</tr>
<tr>
<td>Safeguarding people who use services from abuse</td>
<td>✅ Met this standard</td>
</tr>
<tr>
<td>Supporting workers</td>
<td>✅ Met this standard</td>
</tr>
<tr>
<td>Complaints</td>
<td>✅ Met this standard</td>
</tr>
</tbody>
</table>
# Details about this location

<table>
<thead>
<tr>
<th>Registered Provider</th>
<th>CareTech Community Services Limited</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registered Manager</td>
<td>Mrs. Yvonne Whitehouse</td>
</tr>
<tr>
<td>Overview of the service</td>
<td>68 West Park Road is a care service that accommodates up to 12 adults with a learning disability.</td>
</tr>
<tr>
<td>Type of service</td>
<td>Care home service without nursing</td>
</tr>
<tr>
<td>Regulated activity</td>
<td>Accommodation for persons who require nursing or personal care</td>
</tr>
</tbody>
</table>
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'.

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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 24 January 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service and talked with staff.

What people told us and what we found

On the day of our inspection there were seven people living at the home. Some of the people had limited or no verbal communication skills and difficulty expressing their wishes clearly. We therefore spent some time observing what life was like for people who lived at the home. We spoke with three members of staff and the registered manager. We pathway tracked three people to see how their care needs where being met.

People told us that they were afforded dignity and respect and their independence was promoted. One person that we spoke with told us, "Staff always knock on my door".

Care was person centred so that people received care in the way that they preferred. However the lack of relevant and consistent information meant that care was not always planned and delivered in a way that was intended to ensure people's safety and welfare.

Safeguarding procedures were in place so that staff would recognise and report any allegations of abuse so that people were protected from the risk of harm.

People were cared for by staff who were supported to deliver safe care and treatment.

Comments and complaints people made were responded to appropriately. One person that we spoke with said, "I am happy with everything".

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 12 March 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  ✔  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 told us and we saw that staff knocked on doors before entering to ensure that people were afforded privacy and dignity.

People that were able to communicate verbally with us said that they had choices available to them and could make decisions based on them. One person that we spoke with told us, "I get up early as I am an early bird its my own choice". We saw that people were dressed in clothes appropriate to their age and gender although it was difficult to establish with some of the people if they had been involved in choosing their clothes. We saw that people's rooms were personalised and included pictures and items of importance to them. One person told us they had chosen the pictures in their room and it was decorated according to their personal preference.

We saw that meetings were held for people living at the home so they could express their views on the way that the service was delivered. We looked at the minutes of the last meeting, and we saw that people were given the opportunity to tell staff what they were maybe thinking and feeling. Meeting discussion included if people were satisfied with the support that they were given and if they were happy with the menu.

We saw staff actively engage with people and we heard staff talking to people in a dignified and respectful way and people responded positively. Staff instigated conversations with people and discussed things that were of interest to them. One person that we spoke with said, "I like it here, staff are nice to me".

Staff on duty on the day of our inspection were aware of people's needs and showed that they had a good understanding of them. This included an understanding of how people expressed their views and what they needed to do to support this. Examples included the use of sign language with a person with hearing impairment. Our discussions with some of the people living in the home and information in the care records reflected people's needs, wishes and choices. This would ensure that care was personalised and relevant to the needs of people.
Care and welfare of people who use services  
Action needed

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

Our judgement

The provider was not meeting this standard.

Lack of relevant and consistent information meant that care was not always planned and delivered in a way that was intended to ensure people’s safety and welfare.

We have judged that this has a 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

During this inspection we pathway tracked three of the people living at the home. Pathway tracking helps us to understand people’s experience of the service they are using. We spent some time observing how they were being supported, asked staff about their needs and also looked at their care records.

The atmosphere in the home was calm and relaxed and people were seen to talk to staff easily and call them by their first name. This showed that people were cared for by staff who knew them well. From our observation and where possible our conversations with the people living at the home we saw that people were happy with the care that they received. One person that we spoke with said, "I like it here, staff check to see if I am ok".

Information contained in all of the care records that we looked was evidence of some areas of health monitoring such as weight checks and recordings of people’s fluid/diet intake. However we saw that one person with diabetes did not have any recordings of their blood sugar testing. A support plan was in place but it lacked sufficient detail to indicate how the person’s diabetes was to be managed and the relevant health care professionals involved. One member of staff told us that the person checked their own blood sugar levels but this was something that the person was reluctant to do. The manager told us that they were liaising with the specialist nurses to ensure that appropriate support and monitoring took place. However it was not clear how the person's diabetes was currently being monitored and managed. We looked at the person’s daily records and we saw that the person regularly had coffee with added sugar although staff reported that sweetener and not sugar had been used. Two of the three records that we looked at had health action plans that had not been recently reviewed. We also saw in one care records that the person lacked capacity, this was based on a capacity assessment undertaken, but we were unable to see information relating to the best interest decision for their medication. Lack of relevant information can place people at risk of inappropriate or unsafe care.

Records indicated that people had attended health appointments and were reviewed by professional such as the GP and dentist. Some of the people that we spoke with told us that they saw other professional to meet their health needs. One person told us that a
nurse from the behaviour management team visited them regularly to,”Talk about things”. They were able to express what they were thinking and feeling to help reduce any difficult to manage behaviour.

In all of the three care records for people using the service we saw that support plans and risk assessments were in place. Support plans included areas of personal care, communication and medication. Risk assessment included areas of personal safety, behaviour management and fire safety. Discussion with staff about the needs of people whose care records we looked at demonstrated to us that they were knowledgeable about people’s likes and dislikes as reflected in their care records. This meant that care was planned and delivered in a way that people preferred.

We saw that people's records carried a lot of information, and that this was potentially a barrier to their involvement. We also saw duplication of information and the use of different formats. We saw for example one person had three logs for professional visits it was not clear which one staff were referring to. In another person's care records there were two different types of accident reports being used consecutively. Each person had three separate folders and some of the information was duplicated in all three folders such as behaviour management plans and as required medication plans. The manager told us they were aware of the need to improve care records so that information was relevant and they had started the process of improvement. Lack of consistency in information about people’s needs could mean that care is not always planned and delivered in a way that was intended to ensure people's safety and welfare.

We saw that there were individual activity plans in place and people were supported to make choices in the daily activities that they participated in. All of the people that were able to verbally communicate with us said that were a choice of activities available to them. One person was at the day centre on the day of our inspection, other people sat and watched the television or played games such as darts which they said was their individual choice. We saw in one person's activity plan that they were due to go out with staff on an activity that they enjoyed. The person's daily records showed and they also told us that they had been out that afternoon. This meant that people's needs were delivered in line with their individual care plan.

We saw that the menu changed every week so that people had variety. People with special dietary requirements were also catered for and snacks such as fresh fruit was also available. During lunchtime we saw that people enjoyed their chosen meal. We saw and people that we spoke with said that they were able to enjoy hot and cold drinks when they wanted, this ensured that people remained hydrated.

We saw that all of the staff had received training in first aid within the last year and some of the staff that we spoke with were able to describe how they would respond in an emergency situation. This meant that there were arrangements in place to deal with foreseeable emergencies.
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 were aware from notifications that the provider had submitted to the commission that there had been a number of safeguarding incidents within the last year. The provider had in all of these cases responded appropriately to allegations of abuse by referring them to the local safeguarding authority.

None of the people that we spoke with reported any concerns to us. People made positive comments such as, "Staff are lovely" and, "It's very nice here". One person that we spoke on the day told us of a safeguarding incident that they had reported involving a member of staff, they said their concerns had been looked into. The provider notified us of this incident and two others that related to allegations about members of staff. We saw that appropriate action had been taken to ensure the concerns were fully investigated. This meant that any concerns raised by vulnerable people were acted on without any assumptions being made. We were told by the registered manager that the home had an appropriate system of recruitment in place. We looked at four sets of staff records to see if Criminal Record Bureau checks (CRB) and appropriate references had been undertaken. We could not see evidence on the day of our inspection as this information was stored in the providers head office. Following our inspection we received evidence to confirm that the members of staff had appropriate references and Criminal Records Bureau (CRB) checks before they had commenced their post. This provided some assurance that people were cared for by suitable staff.

We saw that the provider had a safeguarding and whistle blowing policy in place so staff were clear of their roles and responsibilities. Some of the staff that we spoke with told us that they had sufficient confidence to whistle blow on poor practice should the need arise.

All of the staff that we spoke with told us that they were aware of the need to safeguard people from harm and were able to explain their role in protecting vulnerable people. All of the staff that we spoke with said that they had received recent safeguarding training and were able to explain how they would respond to any allegations of abuse and escalate concerns. One member of staff that we spoke with said, "I would report it to the manager and if they did not listen I would take it higher until action was taken". This would ensure that concerns about poor care would be acted on.
A number of the safeguarding referrals that the service had made to the local safeguarding authority related to a particular person living at the home who could display behaviour that was difficult to manage. We saw that the person had a behaviour management plan in place and arrangements had been made to ensure the safety of other people living at the home. Following intervention by the service the person’s behaviour had stabilised and there had been no further incidences.

We saw in people's care records that where appropriate behaviour management plans were in place. The plans helped staff to understand triggers that may escalate behaviour that may challenge and showed staff how to work with people in a positive way. We observed staff responding to people in a calm and relaxed manner. Staff that we spoke with were aware of triggers to people's behaviours and how to respond appropriately. Staff told us that the aim was to divert or distract people from what was upsetting them and calm them down safely. This reflected the behaviour management training that staff had received.

The manager and staff told us that no physical restraint was used on people using the service, but techniques used for difficult to manage behaviour were focused on prevention and de-escalation. The aim was to diffuse the situation safely and not use restraint. When there were challenges presented by people living at the home we saw incidents were recorded. This meant systems were in place to respond to difficult to manage behaviour safely and included documentation of any incidences.

Our conversations with staff showed that they had knowledge of the Mental Capacity Act. This included how the act related to people living in the home. In all the records that we looked at we saw that where relevant capacity assessments were undertaken. Information available showed that some people living at the home had family members and relevant health care professionals involved in their care. This would ensure people lacking capacity could be identified, their needs assessed and best interest decisions made on their behalf.

The manager told us that no Deprivation of Liberties Safeguards (DOLS) applications had been made, but they were aware of the process of making applications to appropriate supervisory bodies. This would ensure that when restrictions were necessary to safeguard people this would be done according to legal requirements so that people were not restricted beyond those legally placed so as to protect them.
Supporting workers

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

Met this standard

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

We looked at how staff were trained, supported and supervised to provide safe care. The manager told us that the current staffing team was made up of twenty four members of staff, this included their role as the registered manager. The manager was on duty on week days and on the weekends if required and said they were not included in staffing numbers so could concentrate on the management of the home. The manager told us that an on call management system was in place so that staff had access to relevant support and advice.

All of the staff that we spoke with were generally happy with the support that they received and told us that the manager was approachable and support was readily available. Staff told us that they worked together to provide good care. One member of staff that we spoke with said, "It's a nice place to work in". Another member of staff told us, "We work well as a team". This showed a positive team atmosphere.

All of the staff that we spoke with felt that they had the right knowledge and skills to care for people living at the home. This was apparent from some of our observations on the day, we saw staff using conversation to engage with people living at the home and most of the people responded positively. People that we spoke with were generally happy with staff and said they were supported well. One person that we spoke with said, "Staff take me out to have my nails done". Another person commented about staff, "I like all of them".

All of the staff that we spoke with staff said they received an induction when they started their post and this had prepared them for their role. All of the staff that we spoke with said that they had undertaken training in core areas such as adult safeguarding, medication and health and safety. Staff also said that they had received training relevant to the needs of the people that they cared for this included areas such as the Mental Capacity Act, Deprivation of Liberties Safeguards (DOLS) and challenging behaviour. We saw evidence to support that relevant training took place. The manager confirmed that a training schedule was in place which meant that staff had to undertake training in key areas each year. There was no system in place to record overall staff training but the manager told us that this was being developed. At present staff training was recorded on each individual staff file however there was a system in place to ensure any outstanding training could be identified.

Staff said regular team meetings took place which ensured that staff were kept updated.
and important information was shared. We saw evidence that regular team meetings took place this included meetings for senior staff. Staff told us they received handover before each shift. This ensured appropriate information was communicated such as changes in health needs.

All of the staff we spoke with told us that they had regular supervision but could not recall recent appraisals. We looked at four staff files and saw evidence that regular supervision took place but were unable to see evidence of any recent appraisals. The manager confirmed that not all of the staff had received an appraisal but that they would be commencing staff appraisal as a matter of priority. The provider may find it helpful to note that appraisals ensures that staff are given ongoing support and development opportunities.
Complaints  ✔  Met this standard

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was a complaints system available that was effective in responding to people’s concerns.

Reasons for our judgement

None of the people that we spoke with raised any complaints with us. One person told us that if they had a complaint they would, “Tell the manager”. Another person said that a complaint that they had previously raised had been investigated and they were happy with the outcome.

We saw that the provider had a policy in place to ensure that complaints were dealt with effectively and efficiently. The aim was to acknowledge the complaint within three working days and a formal response within ten working days. This would ensure that people received feedback in a timely manner and that people’s complaints were fully investigated and resolved, where possible, to their satisfaction.

The policy stated that the complaints process should be given to the people in a format that met their needs. We saw that information on how to complain was available to people living at the home in an easy to read format. This meant that the information was accessible to people.

All of the staff that we spoke with were able to demonstrate how they would respond to complaints. This would ensure that if people raised any complaints they would be dealt with by staff who could support them if they needed assistance.

We saw that a system was in place to monitor and log complaints so that they were managed according to the providers policy. We saw that compliments and complaints forms were available for people to give their feedback. People living at the home had the opportunity to raise any issues during meetings held. The manager told us and we saw that no recent complaints had been made.
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.

<table>
<thead>
<tr>
<th>Regulated activity</th>
<th>Regulation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accommodation for persons who require nursing or personal care</td>
<td><strong>Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010</strong></td>
</tr>
<tr>
<td>Care and welfare of people who use services</td>
<td></td>
</tr>
</tbody>
</table>

**How the regulation was not being met:**

Regulation 9 (1) (a) (b) (ii)

The registered person must take proper steps to ensure that each service user is protected against the risks of receiving care or treatment that is inappropriate or unsafe, by means of the carrying out of an assessment of the needs of the service user and the planning and delivery of care in such a way as to ensure the welfare and safety of the service user.

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 12 March 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.

<table>
<thead>
<tr>
<th><strong>Met this standard</strong></th>
<th>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.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Action needed</strong></td>
<td>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.</td>
</tr>
<tr>
<td><strong>Enforcement action taken</strong></td>
<td>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.</td>
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</tbody>
</table>
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.