

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

Marie Stopes International Calthorpe Clinic

4 Arthur Road, Edgbaston, Birmingham, B15 2UL

Tel: 01179063194

Date of Inspection: 19 November 2012

Date of Publication:
December 2012

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

Respecting and involving people who use services	✓	Met this standard
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Care and welfare of people who use services	✓	Met this standard
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Management of medicines	✗	Action needed
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Requirements relating to workers	✓	Met this standard
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Supporting workers	✓	Met this standard
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Assessing and monitoring the quality of service provision	✓	Met this standard
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Records	✗	Action needed
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Details about this location

Registered Provider	Marie Stopes International
Registered Manager	Mrs. Alison Peters
Overview of the service	Marie Stopes Calthorpe Clinic is an independent healthcare clinic that provides termination of pregnancy services, contraception advice, and vasectomy procedures. The clinic does not have overnight beds.
Type of services	Acute services without overnight beds / listed acute services with or without overnight beds Community healthcare service Diagnostic and/or screening service Urgent care services
Regulated activities	Diagnostic and screening procedures Family planning Surgical procedures Termination of pregnancies 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'.

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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 reviewed all the information we have gathered about Marie Stopes International Calthorpe Clinic, looked at the personal care or treatment records of people who use the service, carried out a visit on 19 November 2012 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 staff and talked with stakeholders.

What people told us and what we found

During our visit we spoke with six members of staff in addition to the registered manager. During our visit we asked the nursing staff to notify people using the service that we were visiting and would be happy to speak to them. Two people agreed to speak with us about their views of the service they had received. People using the service told us that they were happy with the care they received at the clinic. They told us that their care and support needs were being met.

People told us that staff explained their care, treatment and support choices to them. This meant that they had the opportunity to be involved in making decisions about their care. A person using the service told us "The doctor talked me through all the treatment options."

We found that the systems for record keeping and managing medicines were not sufficiently robust and improvements were needed.

We found that the systems for monitoring the service to ensure that people received a quality service were satisfactory.

Marie Stopes International became the registered provider for this clinic in June 2012. During our inspection, we asked the commissioning team at the local primary care trust about the quality of the service the clinic provided. They did not have any information to share with us about the quality aspects of the service.

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 01 January 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 views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

We spoke with two of the people who were using the service on the day of our inspection. They told us that they understood the care and treatment choices available to them. Both people we spoke with told us that they had been fully involved in the decision to use the service and that they had been given enough information about the treatments available to them.

People told us that they had undertaken a consultation and that during this time staff had explained the treatment options available to them. A person using the service told us, "The doctor talked me through all the treatment options."

Comprehensive information booklets had been produced. Information included treatment options, what people could expect before, during and after their appointments, family planning advice and emergency care advice. The manager told us that they could produce this information in different languages and formats as required. This meant that more people would be able to access the information. This information was also available in a number of different languages on the organisation's web site. Staff told us that they could access an interpreter service if a person who was unable to communicate in English was attending the clinic.

People using the service were given a period of time between their consultation and their treatment. This meant that they had time to consider all of the information they had been given, before deciding whether to go ahead with the treatment or not. We found that counselling formed a core part of the treatment pathway. We were told that counselling was available to people before and after treatment, either over the phone or face to face. Information showed that for young people aged under 16, counselling was mandatory. Staff told us that a counsellor who worked for an external organisation was available in the clinic two days a week.

Before people received any care or treatment they were asked for their consent. Written records reviewed during our inspection further supported this. Consent forms were available in all of the care and treatment records reviewed. These had been signed by the

person using the service and staff providing the treatment. These included information on the risks involved with the treatment. One member of staff told us "We have been trained in getting people's consent but currently the doctors do this."

Arrangements were in place so that people's privacy and dignity was usually maintained. People told us that they had been treated respectfully and that their confidentiality had been maintained. People were greeted by their first names only and consultations and treatments were undertaken in private areas of the clinic. Discussions with staff during our visit showed that staff were aware of the need to protect the privacy and dignity of patients. One member of staff told us that they were concerned that people's dignity whilst in theatre was not fully maintained. We found that staff meeting records showed this was being discussed with the staff team and how it could be improved.

Systems were in place to ensure that people using the service had a say in how the clinic was being run. 'Comment cards' were given to each person following treatment, in order to obtain their views about the quality of service they received.

A statement of purpose was available in the waiting room and included information about the clinic's aims and objectives, its corporate and local structure, and instructions for making a complaint. We saw that there was also information of interest on display in the waiting areas of the clinic. Information included sexual health advice, counselling services and advice about domestic violence. There was also information aimed at younger people about services available for them both within the organisation and within the local community.

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

There were thirty seven people booked for consultations, counselling or treatment at the clinic on the day of our visit. Surgical procedures were not being carried out on the day of our visit.

We spoke with two of the people who were using the service on the day of our inspection. Both people we spoke with told us that they were happy with the care and treatment they had received. We saw that there were positive interactions between staff and people using the service. A person using the service told us, "Brilliant- they have reassured me and put my mind at rest."

Marie Stopes International became the registered provider for this clinic in June 2012. The manager told us that the new provider was working towards improving the patient pathway. They told us that there had been previous concerns about how long patients had to wait at the clinic and that in recent months waiting times had been reduced. We were told that a new computer system was due to be installed and that it was anticipated this would further improve the patient journey. The manager told us that the clinic employed a client co-ordinator who people could approach with any queries whilst they were at the clinic. A member of staff at the clinic told us, "Patient waiting times have improved, patients don't tell me they have been waiting long."

We reviewed the care and treatment records of six people who had used the service within the previous week of our visit. This included people who had medical and surgical procedures. We also looked at a copy of the records for one person who had received treatment two months prior to our visit.

Prior to treatment, people attended the clinic (or another clinic within the organisation or within the community) for a consultation. An assessment was undertaken at this time. This included a medical and obstetric history of any previous pregnancies. Pre operative health checks were undertaken and after care arrangements were discussed. Scans were undertaken before procedures were carried out, to ensure that the age of the pregnancy was established. We saw that the records included information about the person's past medical history, any medication they were taking and allergies. A person using the service told us, "The doctor talked through the positives and negatives of both procedures."

There were arrangements in place to deal with foreseeable emergencies. Staff received regular updates of basic life support training as part of their mandatory training. We saw evidence that emergency response training exercises were being carried out at the centre. Where improvements had been identified follow up drills had been carried out to make sure these had been implemented.

There was a protocol in place for transferring patients to an NHS hospital in an emergency. A formal agreement was in the process of being completed with a local NHS hospital to support access to emergency acute care where deterioration in a person's health was observed. The manager advised that there had been no emergency transfers out of the clinic during recent months but that one patient had been transferred to hospital as a precaution.

We found that a 'discharge checklist' was in use. This included both clinical and non clinical processes that needed to be completed before a person was discharged from the clinic. This included the provision of post operative advice and guidance and access to advice if complications arose. People were provided with a 24 hour phone number to contact if they had worries after they were discharged.

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was not meeting this standard.

The registered provider does not fully protect service users against the risks associated with the unsafe use and management of medicines, by means of making the appropriate arrangements for the dispensing and safe keeping of medicines for the purpose of the regulated activities carried out at this location.

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

Appropriate arrangements were in place in relation to obtaining medicine. The service had a secure central store and medicine stock levels were managed from there by a dedicated member of staff. The receipt of medicines was recorded on arrival. The clinic and theatre areas obtained their supplies by completing a request form, which was then fulfilled by the central store. The receipt of medicines to the clinic and theatre areas was being confirmed by the nursing staff. This meant that medicines were being accounted for and there was minimal risk that these medicines could be used inappropriately.

Medicines were kept safely. We found medicines were kept in locked designated cupboards of which only authorised people had access to. We found that medicines requiring cold storage conditions were being kept in secure fridges.

We found however that the fridge temperature was not being monitored properly and therefore the service was not able to show that the medicines being stored in these fridges were being stored within the correct temperature range. Medicines stored at the correct temperature will ensure that they work effectively to treat the conditions they were prescribed for.

We found that the administration and dispensing of medicines were only carried out when they had been prescribed by a doctor. We found that the medical termination procedures were being carried out in accordance with the Abortion Act. We also found that appropriate arrangements were in place in relation to recording the administration of these and other related medicines.

We however found that the service was dispensing medicines to women to take home and administer at a later time. We found that these medicines were not being labelled and as a consequence this procedure was contravening the Medicines (Labelling) Regulations 1976 as amended. The lack of proper labels could mean that if any urgent treatment was needed there would be a lack of information about what medication had been prescribed and taken which could impact on timely treatment being administered.

We found that the ordering, receiving, storage and administration of Controlled Drugs used by the service was compliant with the guidance on the safer management of Controlled Drugs.

Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

We talked with people using the services but their feedback did not relate to this outcome.

We looked at the personnel files of four members of staff who were working at the clinic. The staff had been recruited by the previous registered provider of the clinic. Records were available to show that the new registered provider had updated the criminal records checks of existing staff members.

For nursing and medical staff, information about their registration with professional bodies was collected to ensure it was up to date and that the member of staff had the right to practice.

The clinic used the services of surgeons and anaesthetists who worked across several Marie Stopes clinics. We were told that their recruitment files and information was held either at their main place of work or at the providers headquarters. We asked for the information held for two medical staff. The manager was able to have information sent to us to show that the required checks were in place for these staff.

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

People told us that staff had supported them in a friendly, reassuring and understanding manner. One person using the service told us "No one has looked down their nose at me at all, they are really friendly here."

The staff team consisted of medical, nursing and non clinical staff. From our discussions with them during our visit, it was evident that staff had a good understanding of their job role. We were told that a rotation system had been introduced so that nursing staff worked in different areas of the clinic, rather than in one area. The manager told us that staff had received training, or were scheduled to receive training in areas where they had not previously worked.

During our visit, we spoke with nursing and medical staff and all had a good understanding of people's care needs. They were able to tell us what care and treatment people received and the reasons for this. Staff did not raise any concerns with us regarding staffing levels at the clinic.

The organisation offered a wide variety of training to the staff team. This included training for medical, nursing and non clinical staff. Staff records showed that recent training completed had included basic life support and contraception. We were told that staff had also completed controlled medication training and were awaiting certificates for this. Staff told us that they had undertaken recent training about a number of topics specific to their job roles. One member of staff told us "Training has really improved."

The manager told us that formal one to one meetings with staff had not occurred but that staff had informal supervision. We were told that a schedule for formal staff supervision was now being developed and as a starting point staff were having an appraisal. Staff told us that they were supported within their job roles. One member of staff told us "I have had one to one recently with my line manager. I feel very confident to approach her or the manager if I have any problems, the door is always open."

Staff were supported through regular staff meetings. These provided an opportunity for staff to discuss any issues affecting the clinic and their work there. A member of staff told us, "The manager sets a whole day aside for this, we can discuss any issues, anything we are concerned about."

Assessing and monitoring the quality of service provision

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

People who used the service were asked for their views about their care and treatment. Service satisfaction questionnaires were given to people on completion of their treatments so that they had the opportunity to put forward their views and any suggestions for improvements regarding the service they had received. Feedback obtained was sent to the clinic's head office for analysis and quarterly reports written based on the findings of these. This meant that it was possible for the organisation to monitor for any trends or themes in issues raised by people that had used the service.

We were told that as Marie Stopes International had only become the registered provider for this clinic in June 2012, that a report of the questionnaires was not yet available. We were told that this would be available soon. The manager told us that where any negative feedback had been received in questionnaires the clinic was made aware of these. We saw that the clinic had received two negative comments as part of the questionnaires, these related to clinic waiting times. Evidence was available to show that this was being addressed.

Staff told us that they knew how to report an incident, if one took place. Serious incidents were investigated so that the 'root causes' of the incident were identified. One member of staff told us, "We have incident forms in place and we report to the senior person. We always get feedback on incidents and how things were resolved."

The outcomes of the investigations of incidents were fed back to the clinical governance committee. A member of staff who worked at the clinic told us, "Clinical governance has improved, guidelines and protocols are in place. They gave us all copies of these and explained any changes to us."

A range of internal audits had been completed by the clinic, this included patient records, hand hygiene and infection control. Areas where improvements were identified as needed were fed back to staff at team meetings. These took place on a monthly basis at which client feedback, clinical outcomes, staff training issues, incidents and complaints were discussed.

We found that the registered provider had quality monitoring arrangements in place. An audit had been completed in October by the provider's quality assurance team to assess if

the clinic was meeting essential standards of quality and safety. The audit identified some areas where improvements were needed. The manager told us that the clinic had recently received this report and a meeting was arranged for the following week to complete an action plan to address any issues highlighted.

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

Our judgement

The provider was not meeting this standard.

People were not always protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were not always maintained.

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

The Abortion Act 1967 requires that two doctors provide a certificated opinion, formed in good faith, that at least one and the same ground for a termination of pregnancy as set out in the Act, is met. One of the ways in which the regulations provide for doctors to certify this opinion is in an HSA1 form. If using the HSA1 form, both of the certifying doctors must complete the form as required and sign and date the certificate. The opinion of each doctor is required to relate to the circumstances of the individual person's case. During our visit, we looked at a random sample of medical records for seven people who had undergone a termination of pregnancy. We found no evidence that the forms were being signed by doctors prior to consultations taking place.

After a termination of pregnancy, a record of the procedure was submitted to the Department of Health. The record should be signed within 14 days of the procedure. We were told that it was the clinic's policy for the doctor to complete the form on the same day, after the procedure. We found that on one day, the doctor had not fully completed nine records.

We found that improvements in the quality and availability of some records were needed. We identified a number of shortfalls regarding records relating to the staff team. Staff records did not include evidence of all training completed by staff and needed to be updated. For example, we were told that staff had received recent training that included controlled medication and clinical observations but this was not evidence in staff files we looked at. The manager told us that she planned to complete a training matrix for the staff team to help address this. We were also informed that staff had also been recently assessed regarding competency in some areas, but records of this were not available in staff files we looked at.

We identified a number of shortfalls in the care records and medicine administration charts we reviewed. Medication records were designed so that they recorded the date they were prescribed but did not have a section to record the date they were administered. Some of the patient records we looked at had gaps, for example missing staff signatures or times of treatment were not recorded. Our discussions with the manager showed that the clinic was still using a patient records format that was in use at the clinic with the previous registered

provider. We were informed that the clinic would be using computer based patient records in the New Year. The manager told us that the issue of gaps in records would be addressed as the system would alert the person completing the records to any gaps.

We looked at the records of four people who had a surgical procedure at the clinic. For three people, surgical safety checklists had been used in order to reduce the risk of complications arising as a result of surgical procedures. For one person, a record of the surgical safety checklist was not available.

Some records could not be located promptly during our visit, this included the outcomes of audits that had been completed regarding infection control, hand hygiene and record keeping. We received copies of these after our visit to the clinic.

Records and discussions with staff showed that recent improvements had taken place regarding the storage and confidentiality of records. One member of staff told us "Now all the files are locked away, record security has improved."

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
Diagnostic and screening procedures	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010
Family planning	Management of medicines
Surgical procedures	How the regulation was not being met:
Termination of pregnancies	Fridge temperatures were not being monitored properly and therefore the service was not able to show that the medicines being stored were within the correct temperature range. The service was dispensing medicine to women to take home and administer at a later time. These medicines were not being labelled and as a consequence this procedure was contravening the Medicines (Labelling) Regulations.
Treatment of disease, disorder or injury	
Regulated activities	Regulation
Diagnostic and screening procedures	Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010
Family planning	Records
Surgical procedures	How the regulation was not being met:
Termination of pregnancies	The quality and availability of records did not always support the delivery of safe and effective care. Staff records did not include evidence of all training completed by staff. There were gaps in some patient records and some records could not be located promptly during our visit.
Treatment of disease, disorder or injury	

This section is primarily information for the provider

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 01 January 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.

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