

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

## Remyck House

5 Eggars Hill, Aldershot, GU11 3NQ

Tel: 01252310411

Date of Inspection: 16 February 2014

Date of Publication: March 2014

We inspected the following standards in response to concerns that standards weren't being met. This is what we found:

<b>Care and welfare of people who use services</b>	✓	Met this standard
<b>Safeguarding people who use services from abuse</b>	✓	Met this standard
<b>Staffing</b>	✓	Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓	Met this standard
<b>Records</b>	✗	Action needed

## Details about this location

Registered Provider	Mr T & Mrs S Kandiah
Registered Manager	Mr. Antony Gabaza
Overview of the service	Remyck House is registered to provide accommodation to up to 26 people who require personal care. The home is located in Aldershot, Hampshire.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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## Summary of this inspection

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### Why we carried out this inspection

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We carried out this inspection in response to concerns that one or more of the essential standards of quality and safety were not being met.

This was an unannounced inspection.

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### How we carried out this inspection

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We carried out a visit on 16 February 2014, observed how people were being cared for, checked how people were cared for at each stage of their treatment and care and talked with people who use the service. We talked with carers and / or family members and talked with staff.

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### What people told us and what we found

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The four people we spoke with who used the service were all positive about the care they had received at Remyck House. One person told us "I'm thankful that I'm looked after so well. I have a roof over my head and plenty of good food. What more would I need"?

We found that people who used the service felt they were safe and had confidence in the staff to protect them from abuse. One person we spoke with told us, "I'm very happy here and wouldn't want to move now. I'm very settled and I feel safe with the staff and manager here to look after me".

The four people and one relative that we spoke with all thought that staff numbers were adequate. One person said, "The staff know what they're doing and look after our needs very well. I never have to wait long and they always have a smile on their faces". A relative told us, "I drop in quite often, sometimes at odd hours and as far as I can see there are always enough staff.

We reviewed the registered manager's action plan produced in response to feedback from people, their relatives and staff. This demonstrated that the management had reviewed some working practices affecting the care and welfare of people and had made adjustments.

We found that because old material had not been archived and that all notes relating to each person were not stored in a central location there was potential for confusion and increased risk of inappropriate care being provided.

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

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### What we have told the provider to do

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We have asked the provider to send us a report by 21 March 2014, 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.

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### **More information about the provider**

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Please see our website [www.cqc.org.uk](http://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

### 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

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### Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

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### Reasons for our judgement

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

On the day of our inspection a total of 19 people had been living in the service although two of those people had been receiving in patient treatment at hospital. That meant that 17 people had been resident at the time of our inspection.

We arrived at the service at 6.00am on the day of the inspection and noted that care plans were in the process of being updated by staff on duty. We examined the care plans, and daily records of care for all 17 people present in the service. A daily record of care is a detailed record of all care delivered to a person on a daily basis and should record incidents, interactions and observations regarding apparent health, mood etc. All entries should have been dated, timed and signed by the person providing the care, witnessing the event or making the observation. We saw that, of the 17 daily notes we reviewed, 10 had been fully completed and seven were not up to date. We pointed out to the member of staff in charge that all seven out of date records showed that the people concerned had received a visit or check by a member of staff at exactly 1.00am. They told us that it was service practice to check people through the night at 1.00am, 3.00am and 5.00am and that they had been writing up the outcome of the visits as we arrived.

Seven of the daily records we reviewed had been incomplete. One record indicated that the most recent check had been carried out at 1.00am when the person had been recorded as being asleep in bed. However, the person to whom the record related had been awake, dressed and seated in the lounge enjoying a cup of tea when we had arrived at 6.00am.

A second incomplete record stated that the person had awoken and, at 1.00am had been seated in the lounge and had been given a cup of tea. When we arrived at 6.00am however, the resident had vacated the lounge and had returned to bed. We spoke with the

senior staff member on night duty regarding this and they told us that the person concerned had returned to bed at 1.30am. This had not been reflected in the daily notes.

This meant that, although staff had apparently carried out the checks as directed by the service policy, those checks had not been recorded in a timely manner.

One person's daily care record stated that checks had been completed at 1.00am, 3.00am and 5.00am. The notes indicated that in all three cases that the person had 'refused to be checked'. We asked the senior staff member on duty what this meant and they told us that the person concerned had stated a definite wish that checks should not be carried out. This was because they had not wanted to be disturbed by staff entering their room during the night. The provider may find it useful to note that in spite of this, the person in charge described going into the person's room at the times recorded. We asked where this decision had been recorded and, after a short delay, we were shown the relevant entry in the care record. We questioned why the person's decision, which was clearly recorded in their plan of care, had been ignored. No explanation could be given. This meant that, despite stating a clearly recorded wish about their choice of whether to be checked throughout the night, that person's wishes had not been complied with. This matter was raised with the registered manager who provided guidance to staff during the shift handover meeting at 8.00am. This meant that although one person's wishes had apparently been ignored, staff had been able to account for their health and well-being at two hourly intervals during the night.

We noted that separate additional care notes had been maintained in respect of four people who used the service whose care needs were considered high. We saw that detailed entries had been made in respect of each of the four people and that the care was compatible with that outlined in the person's care plan. However, we saw that these notes had been kept in a separate folder and not copied into the person's daily notes. This meant that staff reading the daily notes of the four people whose care needs were considered highest would not have read a full account of what had taken place without referring to a separate folder. However, we noted that the oncoming shift received a thorough verbal update on each person's care and current location during the 8.00am handover meeting. This meant that although the care notes relating to people who used the service were not kept in one central location, staff had received a thorough verbal briefing on people's health and well-being during the shift handover meeting.

As part of our inspection we spoke with four people who used the service and with a relative. We also spoke with staff. The four people we spoke with were all positive about the care they had received. One person told us "I'm thankful that I'm looked after so well. I have a roof over my head and plenty of good food. What more would I need?" A relative we spoke with told us, "The care they provide here is very good and the manager always keeps us informed of what is happening." This meant that people and their relatives were satisfied with the care provided at Remyck House.

When breakfast was served, we saw that people had been offered a choice of where to take their meal. Some enjoyed breakfast in the lounge while others made their way to the dining room to eat. Some people had been supported to eat breakfast in their room.

During our visit we saw that the chef on duty had ensured that people received the drinks and breakfast they had requested. In addition the chef was seen to interact kindly with people who used the service and, in one instance, they alerted a member of care staff to the personal needs of one resident. We saw staff in the lounge area encouraging people to

eat and drink. This was done patiently and gently. The chef told us, "There is a choice of cereals and toast for breakfast this morning and people can ask for a cooked breakfast of egg and bacon if they prefer. Not many people want a cooked breakfast though." This meant that the choice of people within the service was supported when it came to the breakfast service.

The provider may find it useful to note that some of the choices on the current menu had been unpopular with people who used the service. The chef had devised a new menu to more closely reflect the choices of people who used the service. Although this had been handed to the provider for a decision and for permission for the change to be implemented some weeks before our inspection, no decision had been communicated by the provider. This meant that the change in the menu along with the intended promotion of people's choice had been delayed as a result of the provider's failure to notify staff of their decision.

We found that there were arrangements in place to deal with foreseeable emergencies.

We noted that the service had a published procedure that covered emergencies which could be expected to arise. We saw that the emergency procedure included information for staff on the actions to be taken in the event of such situations as a power cut, fire and flood to ensure the health, safety and welfare of people who used the service. This meant that the provider had an effective emergency procedure in place.

The registered manager told us, "Thankfully we haven't had to test it recently but we have a good plan and the staff know what to do. Being close to the town centre, the emergency services are not far away". The four staff that we spoke with confirmed that they had been trained in basic life support and emergency procedures. This was confirmed by checking staff training records. This meant that the service had arrangements in place to respond to medical and other foreseeable emergencies.

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

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## **Our judgement**

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The provider was meeting this standard.

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

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## **Reasons for our judgement**

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

On our arrival at the service we were required to announce ourselves via a security intercom to gain access to the service. We were then asked to produce and wear identification and to sign the visitor's book in the reception. A member of staff told us, "This is to make sure that we know who is in the building and who they are visiting". This meant that the provider had taken steps to protect staff and people who used the service by preventing unidentified visitors from entering the premises.

We noted that the service had a current copy of the Hampshire County Council (HCC) Safeguarding Adults Multi Agency procedure. The registered manager told us that this document and the service guidance in relation to safeguarding and whistleblowing were available in the manager's office for the use of staff. We reviewed the guidance and noted that a flowchart outlining the HCC procedure and including current contact numbers had been displayed on the notice board in the manager's office. This meant that staff had access to current guidance on preventing abuse from occurring and how to respond when abuse was suspected or reported.

The service training records indicated that all but one of the care staff had received training in safeguarding adults from abuse in the previous 12 months. The registered manager and all four care staff that we spoke with demonstrated clear understanding of the types of abuse to which people might be vulnerable. One told us, "The people here are very vulnerable and it's our job to look after and protect them". We found that staff were very clear on their obligations around reporting alleged or suspected abuse. One care worker told us, "If I was concerned I would report to my senior. If they did not act I would go to the manager and if I needed to I would go outside of the home and report the matter to social services using the guide". This meant that awareness remained high because staff had been trained and had demonstrated confidence in responding to concerns about abuse.

The relative and all four people that we spoke with displayed confidence in the service's ability to protect people who used the service from any kind of abuse. One relative said, "There's no doubt in my mind that my relative is and feels safe here". One person we spoke with told us, "It's all good here. We are safe, we are looked after and we have got everything". Another person said, "I'm very happy here and wouldn't want to move now. I'm very settled and I feel safe with the staff and manager here to look after me". This meant that people who used the service, and their relatives, felt they were safe in Remyck House and had confidence in the staff to protect them from abuse.

## 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

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

During our inspection we noted that call bells and people's calls for assistance were answered promptly by staff. The atmosphere within the service was calm and peaceful. Where necessary people were supported to mobilise and move to within groups which contained friends or people with whom they wished to speak or socialise.

On arrival at 6.00am we saw that staff were preparing for the day, supporting people to rise and prepare for breakfast. People appeared to be well kempt and appropriately dressed. We saw staff taking time to speak calmly to people who had become distressed due to confusion caused by their condition. Staff took time to explain things to people and to ensure that they were calm and happy before they moved on to deal with the needs of others.

During the staff handover meeting at 8.00am we saw that the registered manager and all care staff who were to work the day shift were present in a small area of the lounge. From here we noted that staff had been unable to fully monitor the needs of people in the lounge. At one time we saw that the chef, who had entered the lounge to provide breakfast to a resident, drew the attention of care staff to a person's personal care needs. This meant that fewer staff had been available during this handover period. We raised this with the registered manager during the inspection and we were told that this was a concern which had been raised by the staff themselves. They told us that consideration had been given to overlapping of the start and finish times of the day and night shift. We will monitor the implementation of this change at forthcoming inspections.

We saw that during the night there were four members of care staff on duty. The registered manager told us that this had recently been increased from three staff to meet the care needs of current residents. The day shift also consisted of four members of care staff. These were supported by a dedicated team of domestic staff including a cleaner, a kitchen / laundry assistant and a chef. We noted that the main meal of the day had been scheduled for lunchtime while the evening meal was a light meal of sandwiches or a light buffet. We were told that the chef worked hours suitable to cover breakfast and the main meal while the kitchen assistant had routinely prepared and served the lighter evening

meal. This meant that sufficient catering staff had been available to ensure that suitable meals were provided at appropriate times.

Throughout the inspection we saw that care was delivered in a timely manner. Staff did not appear rushed or so busy as to be unable to provide all the care required by people who used the service. Staff were able to spend time supporting people on a one to one basis and spent time talking with people and their relatives who had visited. The four people and one relative that we spoke with all thought that staff numbers were adequate. One person said, "The staff know what they're doing and look after our needs very well. I never have to wait long and they always have a smile on their faces". A relative told us, "I drop in quite often, sometimes at odd hours and as far as I can see there are always enough staff. They handle everything in a very calm way do their best to get my relative to drink more". One member of staff told us, "I think we are enough. The most important thing is the care people get and that is good. We spend too much time writing about what we did." This meant that people, relatives and staff all felt that current staffing levels were adequate to meet people's needs.

## 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

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### Our judgement

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The provider was meeting this standard.

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

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### Reasons for our judgement

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People who used the service, their representatives and staff were asked for their views about their care and treatment and they were acted on.

We confirmed that a copy of the service user guide had been placed in all three of the people's rooms that we entered. One relative that we spoke with confirmed that they had also been provided with a copy. We reviewed this guide and saw that it contained a summary of the provider's complaints procedure as well as details of the service provided. The registered manager's written introduction to the guide stated, 'We will listen and be guided by you'. The text also encouraged people and their relatives to approach the manager with any concerns. We noted that a complaints and comments book had been removed from its usual location in the reception, but that it had been replaced during our inspection. This meant that the provider had published details of what residents could expect from the service and provided opportunities and processes for people and their relatives to raise any issues or concerns about their care and support.

We noted that residents and relatives meetings had taken place monthly and we reviewed the minutes of a recent meeting. The registered manager told us, "You have already seen the results of last year's relatives survey which we sent back out so that they could see we are listening and making changes they suggested". We reviewed the survey responses and the manager's summary. Six out of the seven relatives who had taken part in the survey felt that their suggestions, instructions or contributions were taken into account. This meant that relatives of people who used the service were confident that feedback they provided about care and support was responded to appropriately.

The registered manager told us, "We have developed the action plan even further and you will see the progress we are making". We reviewed the manager's action plan. This demonstrated that the management had reviewed some working practices affecting the care and welfare of people and had made adjustments.

There was evidence that learning from incidents and investigations took place and appropriate changes were implemented.

We reviewed the service accident and incident records and noted that they appeared well documented and that all had been either completed or endorsed by the registered manager. We reviewed the minutes of the most recent staff meeting which we noted had been held monthly. We saw that staff had been able to raise and discuss issues affecting people's care and their employment and that records had been made. We noted that two important issues had come to light during the 8.00am shift handover meeting. These involved consent to care and recording practices. We noted that the registered manager gave a clear summary of the issues, explained their expectations for the future and checked that the staff had understood. They told us they would reinforce the points at the scheduled senior care staff meeting. This meant that staff had been provided with mechanisms to raise and discuss issues of concern, to obtain guidance and that any changes to procedures had been shared with all staff.

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

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## Our judgement

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The provider was not meeting this standard.

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

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## Reasons for our judgement

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People's records were not always accurate and fit for purpose.

We spoke with the registered manager who outlined company policy regarding maintenance and storage of people's records within the service. We reviewed the policy and noted that it included time limits for retention and arrangements for the final disposal of records. We noted that the 17 care plans we reviewed had been periodically updated in response to changed needs and preferences. We also saw that changes to daily records were maintained in respect of people who used the service and reflected changes to the care plan. However, we noted that people's care plans were sometimes cluttered with old records and difficult to navigate. The registered manager told us that daily records of care should have been kept within people's care files for one month. We found that all 17 of the care plans we reviewed contained daily care records which fell outside of that criteria but had not been archived.

The daily records in the 10 care plans that we found had been fully updated showed that two hourly checks of the persons to whom those records related had been completed throughout the night. We noted that that the checks had all been recorded as having taken place at exactly 1.00am, 3.00am and 5.00 am. This meant that, although the checks may have been carried out, the time at which they had been completed had not been accurately recorded.

We also found that care records, relating to each person although detailed and relevant, had been stored in several different folders. This meant that people's care records were not stored in one file and that vital information relating to a person's care could be missed. We found that there was an increased risk of this occurring when new staff or agency staff had been employed within the service. This meant that care staff followed procedure and maintained current records in respect of care and support provided to each person. However, because old material had not been archived and all notes relating to each person were not stored in a central location there was potential for confusion. This in turn had increased the risk of inappropriate care being provided.

We spoke with the registered manager regarding this and he showed us the agenda for a meeting which had been scheduled for senior care staff the following day. We noted that the format and maintenance of care plans had been scheduled for discussion. They told us, "Everybody has a different idea about what a care plan should look like, including some agencies who use this service, and there are even differences between staff. I'm going to iron this out tomorrow and introduce a standard format and a review and maintenance procedure that involves the senior care workers. We need to get more efficient and make the information easier to find".

We found that staff records and other records relevant to the management of the service were accurate and fit for purpose. We sampled a number which were kept in a lockable steel cabinet in the registered manager's office. We located and reviewed the personnel records relating to three care staff. We saw that the records were filed alphabetically and noted that staff recruitment, training and professional development records were complete, structured and fit for purpose. Also filed in the same location we saw records relating to the management of the company including invoices. This meant that records were kept securely and could be located promptly when needed.

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 activity	Regulation
Accommodation for persons who require nursing or personal care	<b>Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010</b> <b>Records</b>
	<b>How the regulation was not being met:</b> The registered person had failed to ensure that people who used the service were protected from inappropriate care and treatment arising from a lack of proper information about them by means of the maintenance of an accurate record in respect of the care and treatment provided to each service user. Regulation 20(1) (a) Health and Social care Act 2008 (Regulated Activities) Regulations 2010

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 21 March 2014.

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 other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

## How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

 **Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

 **Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

 **Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

## How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

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**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.

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**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.

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**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

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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)

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### **(Registered) Provider**

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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'.

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### **Regulations**

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We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

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### **Responsive inspection**

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This is carried out at any time in relation to identified concerns.

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### **Routine inspection**

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This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

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### **Themed inspection**

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This is targeted to look at specific standards, sectors or types of care.

## Contact us

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Phone: 03000 616161

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Write to us  
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