Inspection Report

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

Yewtree Care Limited t/a Yewtree Nursing Home

North End Road, Yapton, Arundel, BN18 0DU

Tel: 01243552575

Date of Inspections: 02 January 2014
31 December 2013

Date of Publication: January 2014

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
Care and welfare of people who use services	✓ Met this standard
Management of medicines	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Yew Tree Care Limited
Registered Manager	Mrs. Janette Mary Li-Kam-Tin
Overview of the service	Yew Tree Nursing Home is situated in a village in West Sussex. It can accommodate up to 40 people and provides nursing and personal care for people with physical, mental and learning disabilities.
Type of service	Care home service with nursing
Regulated activities	Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury

Contents

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

Summary of this inspection

Why we carried out this inspection

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

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 31 December 2013 and 2 January 2014, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members and talked with staff.

We also talked to a general practitioner who was carrying out a visit at the time of our inspection.

What people told us and what we found

We carried out this inspection over two days, the second being for a short period only to review the medication policies and procedures.

Some people living in the home had complex needs and were not able to tell us about their experiences. We observed people to be treated with kindness and respect and being given choices throughout the day and people who we were able to speak with said they were happy in Yewtree Nursing Home. One said "I am happy here, the staff are very helpful and treat me with respect and I'm not stressed in any way". The visiting GP told us "It is a super home with amazingly good care. It is clean and the atmosphere is nice, staff are friendly and our care calls are always appropriate".

Relatives told us they were satisfied with the quality of care and confirmed that people's needs had been assessed before they agreed to move and that they had been involved in the admission process. The plans of care we saw were person centred, regularly reviewed and included up to date risk assessments.

Medicines were administered safely and as prescribed by competent nurses.

The recruitment and selection processes in place ensured that all staff had appropriate checks before starting work and undertook relevant training.

Systems were in place to monitor the quality of the service. We found that the provider was responsive when issues were raised and lessons were learnt from incidents.

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

More information about the provider

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

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

Our judgements for each standard inspected

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

We asked people or their representatives how they had been involved with their admission to the service. Most people said that the decision had been made by their relatives after a discussion with the manager and a visit to the home. The manager informed us that a guide, relating to the home was sent or given to people and this included information on the accommodation available, the conditions of people for which care was available, the service user's charter of rights, relevant policies and the complaints procedure. One person told us "My brother made the choice after visiting two places and then the manager came to see me at my previous home and discussed about the care I needed". One relative told us "My relative's previous place was terrible so I visited this place and liked the atmosphere and the manager who was very professional and caring and answered all my questions. They then visited them in their old place to see whether they could meet their needs". This meant that people or their representatives had information about the service before agreeing to move.

Records showed that before moving to the service people's needs had been assessed through information given by themselves if able, their relatives and from involved health and social care professionals. Once admitted the manager collected additional information from them about their personal history, needs and preferences and this formed the basis of a care plan. Plans of care we looked at were individual which showed that people using the service or their representatives had been involved in their development. However the provider might find it useful to note that neither the people we spoke with nor any relatives said that they knew of the existence of care plans and although they had signed the service contract they did not recollect signing a care plan to confirm that they had been consulted and agreed with the care to be provided.

People living in the home had different ways of communicating their needs as some people were not able to express themselves verbally. People we spoke with told us that they were able to make decisions and choices about the care and treatment they received. These included what time they got up and went to bed, whether they wished to participate in the activities normally organised by the activity co-ordinator and where they chose to eat

their meals. One person told us "I am very happy here. I was able to bring my pictures and furniture to make my room more homely". Another person said "It's nice here. It's my choice to have my breakfast in bed and to have my meals in my room and they come and discuss what I want for lunch each morning".

We observed people being offered choices throughout our visit and these included choices of food and drink and where they wanted to spend their time. We saw staff relating to people in a friendly and courteous manner, explaining what they were doing and giving reassurance if required. We observed one person becoming agitated and saw staff responded calmly and with patience offering them support until they were relaxed and had settled. One person told us "they look after you very well and they treat me with respect. They ask me how I like to be addressed and I am very comfortable with that".

We saw that people's privacy and dignity were respected and that they were encouraged to be as independent as possible. We noted that staff knocked on doors before entering and that they made sure the doors were closed and a 'no entry' notice applied, when they were assisting people with their personal care. One person said "I like to do most things for myself and the staff don't rush me and just help when I need them to".

Relatives told us that they were kept informed about any changes in the well-being of those they represented and could call in to the office at any time for an update on their progress.

People living in the home told us that they had an opportunity to express their views about the way the service was provided and delivered through face to face discussions with the manager who was very approachable and through attendance at meetings organised by the activity co-ordinator. For example we were told that as a result of people's views, the activity sessions had been divided into two groups in order to more appropriately meet the needs of people with differing abilities and interests. This meant that people's views influenced the way the service was delivered.

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

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

People's needs were assessed and care and treatment was planned and delivered in line with their individual plan of care and in a way which was intended to ensure their safety and welfare.

We examined the care records of four people. Each record was individual and contained the nursing assessment completed on admission, the normal routine plans of care for day and night which were reviewed annually or when needs changed and the recently introduced document on planning future care which we were told by the manager was in the process of being completed by representatives of everyone using the service. They also contained full assessments of the person's individual needs including those related to mobility, nutrition, personal care, communication, medication and social well-being together with guidance for staff to follow to ensure that each person received the care necessary to meet their needs.

We looked at the daily records and the completed basic care tick list and these showed that people received the care and support as described in their plan of care.

Risks identified in the planning process had been documented together with the action required to minimise the risks. These included risk assessments for falls, moving and handling and developing pressure sores. For example one person, who was restless at night had been assessed as suitable for the introduction of bed rails in order to reduce their risk of falling and we saw that these were in place and reviewed on a monthly basis. We saw that the action plan for another person, who was confined to bed and assessed as at risk of developing pressure sores, included regular turning and we noted from the chart in their room that this had been carried out in accordance with the plan. We noted that the weight, blood pressure, pulse and Waterlow scores of each person were checked every month and we saw that all assessments were reviewed and amended on a regular basis. This meant that there was a process in place to monitor any risks and to take action to minimise them if necessary.

The manager told us that reviews of the overall care provided for people using the service were undertaken with the responsible social worker on an annual basis or earlier if

required and a recent review we examined indicated that the social worker was satisfied with the quality of care provided and all needs were being met and all risks appropriately monitored and managed.

We found evidence that the service worked closely with health and social care professionals including GPs, chiropodist, physiotherapist, speech and language therapist, community matron and the local hospice nurses. The optician visited the service to carry out regular sight checks for the people living there and the diabetic service arranged annual reviews of everyone with diabetes. The dietician oversaw the care of people who had perigastric feeds and all visits were recorded in the Health Care Involvement record.

Staff we spoke with demonstrated a good understanding of how to meet the needs of people using the service. They told us how they used gestures and signing to communicate with people if necessary and knew when people, unable to communicate verbally, were distressed or uncomfortable. They knew who to go to for help if they were unclear about what was expected of them and told us that there was a special bell for their use in an emergency. A call bell system was in operation and people told us that staff generally responded very quickly to a call. One person told us "They are good at responding to the call bell and are always very obliging". We observed that people were spoken to in a friendly but professional manner and the staff responded to people's needs with patience and understanding. One person described the staff as 'absolutely delightful and very helpful'. A relative told us that since their relative had transferred to Yewtree Nursing Home they had been much better because "They treat them well and with respect, the atmosphere is better and the staff care more and notice any little changes".

The nurses completed the daily records and the handover book and had a verbal handover between each other at the end of each shift. The care staff told us that they read the handover book, had a verbal handover from the carers who had been responsible for providing the care for those people to whom they had been allocated and were informed of any changes in daily routine by the nurses. This meant that all staff were informed about the needs of people and kept up to date with any changes in their care. However the provider might find it useful to note that most care workers we spoke with told us that they would have welcomed the opportunity to read the daily records and familiarise themselves more with the care records of the people in their care.

People told us that they normally had an opportunity to engage in activities if they wished, organised by the activities co-ordinator and these included exercises, arts and crafts, board games, making music and illustrated talks. One person told us how much they enjoyed all the activity sessions and also appreciated being able to attend communion each month. At the time of our visit there were no specific activities being held as the activities co-ordinator was on holiday over the festive season but we saw plenty of visitors being made welcome throughout the day, spending time with their relatives in their rooms and in the communal spaces.

There were arrangements in place to deal with foreseeable emergencies such as an outbreak of fire and the staff we spoke with were confident about the procedures to be carried out if required.

Management of medicines ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with the administration of medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

We looked to the medication policies and procedures which provided instructions on receiving, storage, recording and disposal of medicines together with their safe administration and the management of errors. The provider might find it useful to note that not all of these were up to date or appeared to have been reviewed regularly including those relating to the use of homely remedies.

Regular prescribed medicines were delivered by the local pharmacist on a 28 day cycle through a monitored dosage system. They also delivered all other medicines including those used on an 'as required' basis. The manager told us that all scripts from the GP were checked by the responsible nurses before being issued to the pharmacist in order to reduce the possibility of errors. This meant that there were arrangements in place in relation to obtaining medicines.

We were told that all unwanted or out of date medicine, including controlled drugs in their controlled drugs disposal kit, was collected for disposal by the same pharmacy regularly. This meant that there were safe systems in place for the safe disposal of medicines.

We saw that medicines were kept securely in a locked room and controlled drugs were stored in a separate locked cupboard. They were checked regularly and we examined the controlled drug book and the supply of one drug and found no discrepancies. Medicines requiring refrigeration were stored in a separate locked fridge, secured to the wall of the central office and its temperature was monitored and recorded daily. We saw from the records that it had been kept within safe limits. This meant that there were appropriate arrangements in place for the safe storage of medicines.

We looked at six medication administration records and saw that they included a recent photograph of the person to ensure that the medicines were given to the right person. They also highlighted any allergies in order to reduce the possibility of them being given medicines to which they were allergic.

We saw that the records were accurate and the only gaps for signatures were in association with medicines used on an 'as required' basis which, we were told, were not

signed for if they had not been required in recent weeks even though they remained on the record sheet. There were no guidelines in place with the medication administration record sheet for the use of these medicines but we were shown a sample protocol for administering 'as required' medicines which was to be introduced shortly to reduce the risk of any errors with their administration.

The provider might find it useful to note that some medication administration record sheets, supplied by the pharmacy as an accurate record of the medicines to be administered, included several hand written alterations carried out and signed by the responsible nurse. The deputy manager told us that these changes were necessary because not all the sheets returned to the home accurately reflected the medicines prescribed by the GP or dispensed by the pharmacy itself.

We were told by the deputy manager that the GPs carried out regular medication reviews every six months. This ensured that people were on the correct medication at the correct dose.

The manager told us that medication audits were carried out on an annual basis and they also checked the records at random from time to time. We looked at the findings of the last available audit which did not identify any significant issues. The manager informed us that they would be undertaking audits of the medication administration records on a monthly basis in the future. In addition we were told that for those people who were prescribed creams and ointments, body charts, showing staff where they should be applied, were to be introduced very shortly and these were to be stored in their rooms so that it was easier for staff to check that they were administering them correctly.

We observed that staff followed appropriate procedures while administering medication to people. During the round medicines were transported securely in a locked medicine trolley. We saw that people were given their medicines discretely and that staff stayed with them until they had taken them safely. We spoke with a number of people about their medicines and they reported that they were always brought to them on time and given as prescribed.

Only qualified nurses administered medicines and perigastric feeds and the manager told us that they carried out competency checks from time to time to ensure that they administered the different medicines safely. The nursing staff we spoke with appeared confident with the procedures for handling medicines and told us that they were currently undertaking additional training in medicine management and this helped to ensure that they kept their knowledge up to date. They told us that if they needed advice about medicines they would speak to the manager, the pharmacist or the community dietician, whoever was most appropriate, or consult the up to date reference material on medicines stored in the drug trolley. This meant that medicines were handled by appropriately trained and knowledgeable staff.

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

There were effective recruitment and selection processes in place. The manager told us that all posts were advertised locally and with an employment agency specialising in the recruitment of staff from abroad. This agency was responsible for carrying out an initial interview and for checking applicants' certificates and eligibility to work in this country. Satisfactory candidates were then invited for an interview with the provider before being seen at the home by the manager when they had an opportunity to learn more about the role and its responsibilities. It was at this stage that they completed an application form if they wished and were offered the job subject to completing a satisfactory probationary period.

We reviewed the recruitment files for three staff members. They were organised and held securely. They all contained a completed job application form, curriculum vitae and evidence of qualifications and certificates achieved. They also contained two forms of personal identification, copies of current criminal record checks, references and health checks together with their signed job description and terms and conditions of employment. The checks included their right to work in the United Kingdom. We saw that satisfactory references had been received and the relevant checks completed at the appropriate time. This meant that the staff were of good character and had undergone the appropriate checks before they began work.

Staff we spoke with told us that they had undertaken the skills for care induction training which was primarily self-directed and work book based and had to be completed within three months. Training also included practical sessions on moving and handling, fire training, health and safety and discussions on safeguarding. Some staff said that they would have preferred more practical class room based training but everyone we spoke with told us that they received all the training they needed to carry out their duties effectively. This helped to ensure that the staff had the right skills to care for people safely.

Staff also confirmed that they undertook a period of shadowing, working alongside a senior member of staff for about a week or until they were assessed as competent and the person themselves felt confident that they could carry out their duties correctly. They were then included on the rota to work with senior carers and although the care staff worked in

twos for most of the time we were told that they didn't work alone until the senior staff team considered them competent to do so.

The manager told us that they carried out informal spot checks on their work from time to time and the senior staff team were responsible for signing them off as competent at the end of their probationary period. A meeting was then held to discuss their understanding of the work and their performance and if this was satisfactory they were then given their formal contract of employment. One recently appointed care worker confirmed that spot checks had been undertaken and that the formal meeting to discuss their work was due very shortly.

People we spoke with told us that the staff were friendly and good at their jobs and they felt safe. Relatives said that they were competent and caring and one relative told us "The staff are wonderful and I don't think my relative could have better care anywhere else". This meant that people were supported by staff who had the skills to perform their duties effectively.

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 received.

Reasons for our judgement

The provider had systems in place to regularly asses and monitor the quality of the service. We were told that the manager carried out informal spot checks on the staff's performance during their very frequent walks around the home and when they were working in their capacity as a mentor trainer. The deputy manager said they also checked the competence of all staff regularly and any issues identified were addressed directly through face to face discussions with the staff concerned and through additional training and support if required. Both the manager and the deputy manager carried out a range of audits at regular intervals on areas including the home environment, infection control, equipment, staff training and care plans and a report was prepared annually of the outcome and action taken, which was made available to all interested parties. We saw that as a result of audits on the use of bed rails staff were re-instructed on their safe use as deemed necessary and as a result of a kitchen audit the use of two rooms for lunch was successfully introduced enabling less able people to eat their meals at a slower pace and the more able to be in a quieter environment.

The provider had systems in place to identify, assess and manage risks to the health, welfare and safety of people who used the service. We looked at four care records and these provided information to staff about people's assessed care requirements. We saw that the care plans and risk assessments were reviewed regularly or when needs had changed by both senior nursing staff and the involved referring authority, the records were amended accordingly and staff told of any changes.

The provider took account of complaints and comments and took action to improve the service when required. There was a complaints policy in place and the complaints procedure was included in the service users' guide in both normal script and in easy read format. This ensured that staff were kept informed of the current needs of people for whom they cared. We looked at one complaint about excessive noise and saw that it had been managed satisfactorily and in line with the provider's policy. People we spoke with confirmed that they knew who to approach if they had any concerns and were confident that they would be listened to and their concerns addressed quickly.

The provider learnt from accidents and incidents, implemented any changes where necessary and promoted best practice. The provider had an incident policy in place and we were told that the staff reported any incident or accident and the manager was then responsible for ensuring any necessary action was taken. We looked at the accident book and saw that following a recent incident relating to the use of bed rails further staff training was undertaken.

People who used the service and their representatives were asked for their views about the service on a regular basis. However the manager told us that very few relatives responded to the six monthly surveys and the majority of people who used the service completed their questionnaire which was in an easy read format, with the help of a care worker, introducing the possibility of bias in their responses. Nevertheless we did look at one recent response by a person using the service which indicated that they were happy with the quality of care provided. The provider might find it useful to note that the survey methods used did not ensure a reliable and meaningful response from people using the service nor their representatives. In addition annual surveys were not undertaken by staff and other stakeholders which could have provided them with a more extensive range of feedback about the quality of the service.

The manager told us that they operated an open door policy in order to encourage people and the representatives to share their views about the service and people told us that the manager was very approachable and responded quickly to any suggestions they made. One person told us "The manager has time for everyone and I can go to them with any little thing". Representatives were also regularly invited to social events such as the recent Christmas fayre and Halloween night as these provided another opportunity to seek their views.

We were told that the activity co-ordinator held regular meetings to discuss people's views about the service and that staff meetings were held every three to four months. These enabled relevant information to be passed on to those present and allowed people the opportunity to discuss any topics openly, raise any concerns and put forward any suggestions for improving practice. We saw the minutes of some meetings but noted that not all had minutes recording what had been discussed. All the staff we spoke with told us that the manager listened to their concerns and suggestions for change. One person told us how new lockers had been provided for the staff room as a result of their request for locked storage for their belongings and another how a new wheel chair for one of the people using the service had been provided at their suggestion. This showed that the provider had adopted a variety of methods to gain the views of those involved with the service about its quality and used their findings to make improvements when appropriate.

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.

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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