

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

Ayrshire House

24-26 Main Road, Long Bennington, Newark,
NG23 5EH

Tel: 01400281971

Date of Inspection: 22 May 2013

Date of Publication: June
2013

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

Consent to care and treatment	✓	Met this standard
Meeting nutritional needs	✗	Action needed
Cleanliness and infection control	✗	Action needed
Staffing	✗	Action needed
Assessing and monitoring the quality of service provision	✗	Action needed

Details about this location

Registered Provider	Ms S J Wright
Registered Manager	Miss Michele Hoyes
Overview of the service	Ayrshire House is situated in the village of Long Bennington in Lincolnshire and offers accommodation for up to 15 men and women with learning disabilities.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

Contents

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Summary of this inspection

Why we carried out this inspection

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

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 22 May 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with staff, reviewed information given to us by the provider and talked with commissioners of services.

What people told us and what we found

During the visit we spoke with eight people who used the service and a visiting health care professional and asked them for their views. We also spoke with two care workers, the owner and the registered manager. We looked at some of the records held in the service including the care files for four people. We observed the support people who used the service received from staff and carried out a tour of the building.

People who used the service talked positively about the care and support they received. One person told us, "I like living at Ayrshire House very much." And, "I talk to my key worker if I'm sad, or (name), she's the top boss."

Another person said, "We have meetings with the staff and we talk about day trips." And, "It's lovely to live here, I like the activities, we do arts and crafts, play football and go out."

We had some concerns about how people's weight was monitored and their nutritional needs met. Menus were not pre planned and people had limited choice of puddings and snacks.

We saw some infection control policies and procedures were not in place, which put people at the risk of infection

There were not always sufficient staffing levels available to meet people's assessed needs and that kept people safe.

The service lacked systems that assessed and monitored the quality of the service provided. People had not been asked about their views in relation to the standard of care provided.

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 03 July 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

Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. Where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

Reasons for our judgement

People who used the service told us they felt staff listened to and respected their wishes. People told us they had a choice of what time they went to bed and got up. One person told us, "The staff ask me and explain things to me. Yes, I think the staff treat me with respect and dignity."

We looked at four people's care files. We saw people had signed their care plans. This showed the person had been involved in the development of their care plan and had agreed with what was recorded. We saw three monthly reviews were completed with people who used the service and care plans were reviewed yearly unless required to be done sooner.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. The care files we looked at were person centred and reflective of people's needs. Care staff spoken with told us they found the care file documentation provided them with the information and guidance they needed to meet people's needs.

The care workers we spoke with told us they tried to involve people as fully as possible in their care. They said they gained people's consent before any care or support was provided. They told us most people could verbally express their views, wishes and choices. They said some people communicated their choices and preferences by non verbal communication for example, using gestures and body language.

One care worker said, "I continually ask people and gain consent when providing care, I show respect and dignity all the time." And, "If someone is not able to give consent or I'm not sure I would ask the manager."

Another care worker said, "I explain, advice and give reassurance and support to help people understand."

We asked the care workers we spoke with what they would do if a person was not able to give consent. The provider may find it useful to note that both care workers showed limited understanding about what the legislation and practice was for people that lacked capacity to consent. Both workers also showed limited or no understanding of the Deprivation of Liberty Safeguards (2007), again legislation that protects people's human rights.

Where people did not have the capacity to consent, the provider acted in accordance with legal requirements. In the care files we looked at, we saw an example of where a person did not have capacity to consent with a particular care need. We saw the correct procedure for assessing capacity had been completed and a best interest decision was documented, dated and signed appropriately.

Food and drink should meet people's individual dietary needs

Our judgement

The provider was not meeting this standard.

People were not fully protected from the risks of inadequate nutrition and dehydration.

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 people we spoke with who used the service told us they liked the meals provided and that the food portion size was good.

One person told us, "When I have Sunday lunch I have a good nutritional meal inside me." And, "The food is good."

Another person said, "We have some good food, I enjoy my meals, I like fish, chips and peas."

When people were asked if they were offered puddings the people we spoke with said, "Sometimes." We asked if people were offered snacks during the day. The people we spoke with all said they were offered drinks in the morning and afternoon and could ask for a drink anytime but they were not offered snacks.

When we spoke with the owner and registered manager about the availability of snacks, we were told people could go to the kitchen and help themselves to snacks such as biscuits and fruit at anytime. However, not everyone was able to access the kitchen independently. Some people were reliant on staff asking or they had to ask for a snack themselves.

We had a meeting with a group of people who used the service, everyone was provided with a drink of their choice, however, we saw a person ask if the group could have a plate of biscuits. The owner was observed to reply, "No later." This demonstrated that people did not feel able to freely help themselves to a snack, which the owner and registered manager said was common practice. They were denied their request without any explanation as to why.

We looked at the menu and saw people were generally offered a light meal at lunchtime such as sandwiches, soup with a yogurt or fruit. A hot meal was served in the evening. We saw the menu did not offer a choice of meals and a pudding was not routinely provided. The menu showed people were offered supper such as crisps, biscuits or cake. The people we spoke with who used the service told us they were not asked what they would like but said they liked the food provided.

Comments from care staff about meals included, "We try and offer well balanced meals. We have fresh vegetables on a Sunday and frozen at other times." And, "People are not asked about menus, we know people's preferences and work around them. If people don't like what's available we offer something different such as jacket potato." Care staff spoken with also told us the menu was not developed in advance but decided by the care staff responsible for cooking that day. The provider may find it useful to note that this meant there were no systems in place that assured people that meals were planned and prepared in advance. This meant there was a risk that people may not receive daily nutritional and well balanced meals.

We saw from care files viewed that some people had specific dietary and nutritional needs. We saw these people had separate daily menu diaries that recorded what they had eaten. We also saw health care professionals such as a dietician or a Speech and Language Therapist (SALT), had provided staff with additional information and guidance. We saw individual care plans reflected the recommendations made. However, some of the care plans lacked clarity about how people should have their nutritional needs monitored.

We saw in care plan files there were inconsistencies around monitoring people's weight. We discussed this with the owner and the registered manager who said they had been advised by a private consultant that people should not be routinely weighed without consent. We suggested to the owner and the registered manager it was good practice to gain people's consent. However, they had a duty of care to monitor people's weight where there were any issues or concerns and the Mental Capacity Act (2005) legislation should be used in these circumstances.

In one person's care file we saw that they were weighed in January 2013 and prior to this in September 2012. During this time the person had a recorded weight loss of seven pounds. Records viewed did not show any action had been taken in relation to this weight loss or that further monitoring was in place.

Another person had not been weighed since September 2012 where they had a recorded five pound weight loss. We saw this person's needs had significantly changed since September 2012. Their needs now included pressure care management. We suggested to the owner and the registered manager they may wish to consider reviewing how this person could be weighed to monitor their weight and to seek advice from the GP about food supplements. After our inspection we received information from the provider advising us they had spoken to the GP practice nurse about ways of weighing some people, as no appropriate facilities were available at the surgery or the home.

We saw from the staff training matrix that out of 13 care workers, ten care workers had received level two in food hygiene, one person had not completed this training and two other care workers were currently in the process of completing the training. We also saw three care staff had completed training on healthy eating.

People should be cared for in a clean environment and protected from the risk of infection

Our judgement

The provider was not meeting this standard.

People were not fully protected from the risk of infection because appropriate guidance had not been followed.

We have judged that this has a moderate 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

We asked people who used the service if they thought the home was kept clean and tidy. The people we spoke with said they thought it was and did not have any concerns about the cleanliness of the home.

We saw in communal bathrooms towels and bath mats were in use. This meant there was a potential risk of cross contamination. People's personal towels should be kept in their own rooms and bath mats laundered after every use to reduce risks associated with inadequate infection control

In the laundry room we saw there was a hand hygiene notice for staff on display. We did not see further notices around the home that advised visitors of the risks posed around hand hygiene. The provider may find it useful to note that easy read hand hygiene information on display may support and inform people who used the service about the importance of hand hygiene.

In communal bathrooms we saw people's personal toiletries including prescription creams were on display. In one bathroom we saw a nail brush. The provider may find it useful to note that people's personal toiletries should be stored in their rooms or if kept in a communal bathroom, in a sealed container clearly labelled. Nail brushes should not be shared due to risks of cross contamination.

We saw in the communal bathrooms there was a sanitising rota. We saw staff recorded daily when they had cleaned the bathrooms, records viewed saw that this could be up to four times a day. However, we did not see a sanitising rota in toilets. We saw in some toilets either the toilet brush or holder were dirty.

We looked at other cleaning schedules, the registered manager told us there was a 'big' clean during the first week of the month. The 'big' clean schedule did not fully demonstrate what cleaning was done during this time. The registered manager told us that this was in the process of being developed. We saw in the reception a seating area that was stained.

During a tour of the building we found the home to be generally clean and tidy.

The care workers we spoke with told us a part of their role and responsibility was to clean. We asked if they had received training on infection control and one person had and the second was in the process of completing a refresher course. Records viewed confirmed what we were told.

We asked the care workers if they wore protective clothing for example gloves and aprons. Both care workers said they did but one care worker told us not all care workers did. They told us gloves were stored in the bathrooms but aprons were stored elsewhere.

We asked people who used the service if the care workers wore aprons and gloves when providing support with personal care. One person told us, "Staff wear gloves but not always aprons." Another person said, "Yes, sometimes."

We saw liquid soap was available in toilets and bathrooms but no paper towels were provided. We saw gloves were available in some bathrooms for care workers use but did not see aprons were available.

The owner and registered manager confirmed aprons were stored in the laundry room, this was situated on the ground floor of the house. They also told us that they did not have concerns that staff were not wearing appropriate protective clothing when providing personal care support. The storage of aprons meant they were not easily accessible for care workers and restricted their ability to respond to someone requesting unplanned support with personal care.

We asked staff about how clinical waste was managed and disposed of. We also asked how infected clothing was managed. A care worker told us there were no 'yellow' clinical waste bags and that any soiled waste was disposed of with the daily waste. They said that 'red' laundry bags used for soiled clothing which disperses in the washing machine were not available. When we discussed this with the owner and the registered manager they confirmed clinical waste bags were not available, however, laundry bags for soiled clothing were. This meant that not all staff were following the correct infection control procedures and there was a risk of healthcare associated infection.

We looked at the infection control policy and asked the registered manager who the infection control lead was. The registered manager told us there was not an infection control lead. The Health and Social Care Act 2008 advises in the code of practice on the prevention and control of infections that services should have a named infection control lead.

We saw the infection prevention and control policy did not include what would be expected within a policy document. Neither did it include clear procedures advising staff what was required to ensure people who used the service received safe and effective care. This meant the infection prevention and control policy was not up to date and reflective of current legislation.

A care worker told us they had seen the infection prevention and control policy. They said, "It gives an outline of infection control."

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

Our judgement

The provider was not meeting this standard.

There were not enough qualified, skilled and experienced staff to meet people's needs.

We have judged that this has a moderate 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 people we spoke with talked positively about the care workers, owner and the registered manager. One person told us, "(Name of the owner) and (name of registered manager) take us to appointments like the doctors."

People were able to name their key workers. A key worker is a named care worker who has additional responsibility for a person who uses the service. The people we spoke with told us they could talk to their key worker, owner or the registered manager if they felt sad or anxious about anything.

We asked people who used the service if they felt there were enough care workers available to support them. One person told us, "We could do with an extra member of staff."

We spoke with a visiting professional on the day of our inspection. They told us they had been visiting the home since March 2013. They talked positively about the communication with the home. They said that they felt confident the registered manager followed their instructions and that if they had any concerns they could easily raise them. They also said that they found generally the care workers were helpful.

We spoke with two care workers who told us a part of their role and responsibility included providing care and support, cooking, cleaning and laundry tasks. They also told us generally there were two care workers on during the day and a waking night care worker and a sleep in care worker at night. They said the owner visited the home regularly and supported people with attending health appointments and with social activities. They also said that the registered manager was included in the rota when they were not having an 'office day'.

We asked the care workers we spoke with about their experience about providing care and doing the daily domestic tasks. One person told us, "There are two care workers on during the day, we have to cook, clean and care. It's more difficult now (name of person who uses the service) needs have increased and the changes with day services means we can have

all the residents at home." And, "Sometimes (name of person) can need two care workers to assist, especially late afternoon and evening, this then means others are not supervised. Since the changes with day services, people's behaviours have increased."

This person also advised that they regularly transported up to 11 people to attend a social club using the homes mini bus on their own and this causes them some concerns about safety. We did not see a risk assessment had been completed for this activity.

Another care worker said, "It can be a little bit much and not safe if two care workers are on and (name of person) needs two of us to support her." This person also confirmed that since the changes with the local authority's day services, people were at home more and there had been an increase in some people's behaviours.

We asked the registered manager how often they had 'management days'. The registered manager told us they had one day a week in the office and that they liked to work along side care workers as they thought this was good practice. We had concerns that the registered manager did not have sufficient management time available to them, to fully meet the requirements of the role and responsibilities of a registered manager.

We asked the owner and registered manager how they had assessed the dependency levels of people who used the service, and how this had informed what staffing levels were required. The owner and registered manager told us they had not used a particular assessment or formula to determine staffing levels but had asked staff and had done observations.

We asked the owner and registered manager about staffing levels and shared with them what care workers had told us. The owner and registered manager told us there were always three care workers on duty. We received information after our inspection from the provider stating they had told us there were two or three care workers on duty. We looked at the staff rota with the registered manager and saw care workers often did a double shift followed by a sleep in shift. We saw shifts did sometimes include a third care worker but this was not provided daily. We asked the owner and registered manager to forward copies of previous staff rotas after the inspection for us to look at.

We received a copy of the staff rota for February and April 2013. Again the staff rota did not routinely show three care workers were available on a daily basis covering the morning and afternoon shifts. We saw the owner regularly visited the home but the rota did not show what hours they worked. The staff rota did not always show that there were sufficient staffing levels available to meet people's assessed needs and that kept people safe.

Assessing and monitoring the quality of service provision

✕ Action needed

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 not meeting this standard.

The provider had not got an effective system to regularly assess and monitor the quality of service that people received. The provider had not got an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

We have judged that this has a moderate impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

People who used the service had not been asked for their views about their care they received. Whilst we saw people who used the service had monthly meetings with staff, this was generally an opportunity to discuss and agree what social activities people wanted to do. We saw in the care files we looked at a copy of a service user questionnaire, this was part of the services internal quality and monitoring system. However, the questionnaires viewed were dated 2011. The registered manager told us they had not sent a further questionnaire since this time. This means that the provider cannot be assured that people are happy with the service they are receiving.

There was limited evidence that learning from incidents / investigations took place and appropriate changes were implemented. We looked at the accident book and whilst accidents and incidents were recorded, there was nothing to show if or what action had been taken to reduce further accidents reoccurring. Another example of this was we saw the registered manager had done regular medication audits. We saw they had identified missing care workers signatures on medication records. We asked the registered manager what action they had taken in response to what they found. They were able to tell us what they had done and would do if this became a reoccurring theme, however, we did not see that this had been recorded anywhere.

We saw the services complaints procedure. We saw there had not been any recorded complaints in the last year. The complaints procedure was not written in easy read language. This meant people with communication needs may not have fully understood what the complaints procedure was or how to make a complaint.

We looked at various health and safety documents, we found policies and procedures in relation to health and safety were missing. We discussed this with the owner and registered manager who agreed further work was required to develop and implement

these.

We saw there was a business contingency plan that stated it had been revised in 2012, we saw it had not been dated or signed by either the owner or the registered manager. However, the owner signed it before we left.

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	Regulation 14 HSCA 2008 (Regulated Activities) Regulations 2010 Meeting nutritional needs
	How the regulation was not being met: People who used the service were at risk of not receiving daily nutritional and well balanced meals due to the lack of systems in place around planning and preparation of menus. Regulation 14 (1) (a)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010 Cleanliness and infection control
	How the regulation was not being met: The infection prevention and control policy did not include what would be expected within a policy document. Neither did it include clear procedures advising staff what was required to ensure people who used the service received safe and effective care. Regulation 12 (1) (a) (b) (c) (2) (a) (c) (i)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal	Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010 Staffing

This section is primarily information for the provider

care	<p>How the regulation was not being met:</p> <p>There had been no assessment or formula completed to determine the staffing levels required. The registered manager did not have sufficient management time available to them. The staff rota did not always show that there were sufficient staffing levels available to meet people's needs and that kept people safe. Regulation 22</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010</p> <p>Assessing and monitoring the quality of service provision</p> <p>How the regulation was not being met:</p> <p>People who used the service had not been asked for their views about their care they received sine a questionnaire was sent out in 2011. Health and safety policies and procedure in relation to health and safety were missing. There was limited evidence that learning from incidents / investigations took place and appropriate changes were implemented. Regulation 10 (1) (a) (b)</p>

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 03 July 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 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.

Contact us

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