Inspection Report

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

Gotton Manor Care Home

Gotton, Cheddon Fitzpane, Taunton, TA2 8LL

Tel: 01823413118

Date of Inspection: 12 October 2012

Date of Publication: November 2012

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

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✗ Action needed
Cleanliness and infection control	✓ Met this standard
Safety and suitability of premises	✗ Action needed
Staffing	✗ Action needed
Assessing and monitoring the quality of service provision	✗ Action needed

Details about this location

Registered Provider	Grandcross Limited
Overview of the service	Gotton Manor provides a care home service for older people who require nursing or personal care. The home can accommodate up to a maximum of 60 people. The home comprises two separate but adjacent buildings. A nursing home service is provided in the main manor house building and a residential home service is provided in the Coach House building.
Type of services	Care home service with nursing Care home service without 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 12 October 2012, 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 carers and / or family members and talked with staff.

What people told us and what we found

People we spoke with told us they were able to express their views, made choices and understood the care and support that was available to them. We were told "I am free to do what I please and can ask staff if I need anything" and "I attended the residents and relatives meeting where we discussed various things about the home". We looked at the most recent relatives and residents meeting notes. These showed that concerns about staffing levels and the lack of activities for people had been raised by some of the relatives.

People said that there were sometimes delays before staff responded to their call bells. One person said "Staff sometimes come quickly but sometimes I can wait 10 minutes or more, which is a long time when you need to go to the toilet". Another person said "Staff only have time to do their job and they don't have time to chat. That's what I miss more than anything".

People told us that staff respected their privacy and dignity. We were told "Staff are polite and always knock on my door before coming in". People said they were happy with the meals provided. We were told "We get lovely cooked meals. If anything they give us too much".

We observed that the home required significant refurbishment and upgrade. There was a backlog of important maintenance work to be done on the building both internally and externally. We were told that remedial plans were in place but we did not see robust evidence to demonstrate that timely action had been taken.

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 16 November 2012, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

More information about the provider

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

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

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected. People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

We spoke with four of the people who lived in the Coach House, five people in the main Manor House building and a visiting relative. We also observed the care and support provided to other people in the home who were unable to communicate verbally with us.

People we spoke with told us they were able to express their views, make choices and understood the care and support that was available to them. We were told "I am free to do what I please and can ask staff if I need anything" and "I attended the residents and relatives meeting where we discussed various things about the home". We saw the notes of the most recent residents and relatives meeting where people discussed a wide range of care quality issues with the home's management.

People told us they were asked about their meal preferences and could choose from two set choices at each mealtime. The menu choice was different each day. We saw evidence of catering questionnaires and audits of people's views to show that people were consulted on the quality and choice of meals. People we spoke with told us they were happy with the meals provided. We were told "We get lovely cooked meals. If anything they give us too much" and "If I don't like the meal choices I can ask for something else and they will provide an alternative cooked meal for me".

People told us that staff respected their privacy and dignity and they could request same sex staff to assist with their personal care needs. We were told "The staff are busy but they are really nice and helpful" and "They are polite and always knock on my door before coming in". One person said "All of the staff are perfectly alright except for one person who I refuse to have. I told the manager because they kept bringing me the wrong meals and drinks and had a very brusque manner".

Other opportunities were provided for people to have their say about the service. We observed that comments and suggestions forms were available in the reception area. There was a notice board on the reception wall providing information about the current week's activities, how to make a complaint, and contact details for the local authority

safeguarding team and advocacy services.

Care and welfare of people who use services ✖ Action needed

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

Our judgement

The provider was not meeting this standard.

People's physical health and personal care needs were met most of the time but sometimes there were delays in the provision of care. Other welfare needs including opportunities for social interaction were not adequately met.

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 we spoke with felt they were receiving appropriate physical care and support overall. Around half of the people who lived in the home were either nursed in bed or chose to spend most of their time in their own rooms. A member of the care staff told us that everyone in the nursing home received hourly checks.

We looked at four care plans. These were in a new format to what was there previously and contained various sections relating to different aspects of people's personal and health care needs. They described the support and care that was to be provided and the expected outcomes for people. From our observations and discussions with the staff they demonstrated a good awareness of people's physical health and medication needs and risks. They told us that they were able to look at the information in people's care plans to help them understand people's needs. Any changes in people's needs were also discussed at shift handovers.

People said that there were sometimes delays before staff responded to their call bells. One person in the Coach House said "Staff sometimes come quickly but sometimes I can wait 10 minutes or more, which is a long time when you need to go to the toilet". A person in the main building said "There are a couple of residents who are very demanding and take up a lot of the staff's time. This means the rest of us have to wait longer when we need assistance. Sometimes it is after 11pm before I get to bed because staff are busy with other people". Another person said "There used to be more staff and they would have a chat with you. Now they only have time to do their job and they don't have time to chat. That's what I miss more than anything". A visiting relative told us "My relative is bed bound and doesn't get the attention that they need".

At various times during the day we observed individuals with a dementia sat in different areas of the home who received infrequent and brief interactions with staff. This included individuals in the TV lounge, reception area and the dining room. We observed that staff looked in on people briefly from time to time. This was either a cursory interaction to check they were OK or for a specific reason such as when people needed the bathroom or were

being moved to the dining room.

At lunchtime we observed that five people with very limited verbal communication skills and mobility needs were brought into the dining room. This happened a long time in advance of their meals being served. One individual waited 30 minutes at a dining table on their own with no interaction or other activity to engage in. We observed staff taking meals on trays to other people in their rooms. Two other people with mobility needs were then brought into the dining room. At that point three members of staff brought people their meals and assisted those who needed support. The interactions between staff and people were polite but mainly functional. Staff did not spend a lot of time in conversations with people.

We looked at the weekly activities timetable which showed a limited range of activities during the week including hairdressing, bingo, a mobile shop and individual sessions with the activities coordinator. Nothing was shown for the weekends. There was a notice about a visiting pianist the following week and communion services held at the home once a month. The activities coordinator told us that there was a trip out once a month but they could only take limited numbers so people were offered these trips on a rotational basis.

The home had an establishment of two part-time activity coordinators to cover both of the buildings. One post was for 20 hours a week but was vacant and the other post holder worked 16 hours per week. We were told that the vacant post had been filled and the new person would be starting in two weeks time. However, the other activity coordinator was now leaving and this was their last day at work. This meant that opportunities for social stimulation for people would be limited.

Cleanliness and infection control ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People were protected from the risk of infection because appropriate guidance had been followed.

Reasons for our judgement

We spoke with people who lived in the home but their feedback did not relate directly to this standard. We relied on our own observations and our discussions with staff to form our judgement on this occasion.

The bedrooms that we checked and the communal dining rooms, lounges, and bathrooms looked clean and tidy. All soft furnishings and carpets looked clean and well vacuumed. There was a strong smell of deodoriser but this did not fully mask an unpleasant odour in some areas of the main Manor House building.

We spoke with the nurse in charge who was also the home's lead for infection control. They were not given dedicated time for this role but said that they monitored staff infection control practices while carrying out their nursing duties. This included domestic, ancillary and care staff. They observed staff hand washing practices, appropriate use of protective clothing, laundry and waste disposal practices. They told us that the manager or their deputy also carried out regular audits of infection control processes. Any infection control issues were discussed during staff handover sessions.

Staff told us they received training that was mandatory for the home and this included an infection control e-learning module. We observed that the provider had appropriate control of infection policies in place. We were told that all infections were reported and that samples were sent to the hospital's microbiologist for testing. The hospital microbiologist provided them with advice on appropriate treatments.

The provider may find it useful to note that two of the bedpans stored on the shelves in the upstairs sluice room did not look clean. They were discoloured and there were some small dead insects in one of the bedpans. The bedpan washing machine was in operation at the time and it was suggested that staff may have left these on the clean shelf instead. We brought this to the attention of the nurse in charge.

Safety and suitability of premises ✖ Action needed

People should be cared for in safe and accessible surroundings that support their health and welfare

Our judgement

The provider was not meeting this standard.

People who used the service, staff and visitors were not sufficiently protected against the risks of unsafe or unsuitable premises. This was because the provider had not taken sufficient steps to provide care in an environment that was adequately maintained.

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 spoke with people who lived in the home but their feedback did not relate directly to this standard. We relied on our own observations and our discussions with staff to form our judgement on this occasion.

We spoke with the home's recently appointed maintenance man and asked to see the home's maintenance records. We reviewed the fire safety, water quality and planned preventative maintenance records. We were told that the provider used external contractors for water quality checks and for maintenance of their fire systems. On the day of our inspection we observed a contractor was on site responding to a problem with the fire alarm system. We were told that there were regular reactive and preventive fire system maintenance visits.

The maintenance man explained that he carried out set daily, weekly and monthly checks on equipment in the home. This included tasks such as checking the condition of wheelchairs and portable appliance tests for electrical items.

We told him that we had noticed that one of the external guttering downpipes was missing, an external door and window was boarded up and several wooden window and door frames were in a poor state of maintenance. He said that there was a backlog of maintenance work to be done on the building which included the roof, windows and doors. Internally some of the home's lighting, toilets and fire protection systems required repair and maintenance. This included some poorly fitted fire doors. He informed us that much of the maintenance work was done by external contractors following a competitive quotation exercise. This process sometimes resulted in lengthy delays before work commenced.

We asked the visiting manager for the home's health and safety risk assessment files. These folders included a wide range of company wide generic risk assessments. We saw correspondence related to concerns about the home's fire safety systems identifying faults with some of the fire system panels, emergency lighting and some fire alarm break glasses not resetting after testing. There was a comprehensive fire risk assessment prepared by

the company's health and safety advisor dated May 2012. An action plan had been prepared to be implemented by the manager and/or the provider's estates department. However all completion dates were shown as 'to be confirmed' and the manager had subsequently left the provider's employment. There was a remedial action plan following the regional manager's monthly visit in July 2012. This recorded that the home was generally poor environmentally and required major refurbishment. The need for refurbishment was one of the matters discussed at the home's relatives and residents meeting.

We visited the Coach House building to look at the physical environment. The bedrooms, lounge and dining areas appeared to be in good condition but there was significant damp staining on one of the corridor walls. The downstairs assisted bathroom was out of use due to a fault with the bath chair mechanism. The upstairs bath/shower room was still in use but there was a smell of damp and the ceiling showed signs of damp damage. The senior member of care staff on duty told us that they were still able to meet people's bathing needs. This was possible because the frequency of bathing varied between individuals and they were able to meet people's bathing requirements throughout the week. They said that all bedrooms had en-suite toilets and washbasins and there were other toilets downstairs.

We spoke with the provider's regional manager regarding our concerns. They informed us that significant refurbishment plans were in place to be completed by February 2013. Other planned works included upgrading of the home's electrical installation and heating system and various fire safety improvements. An imminent meeting with their estates surveyor had been arranged to agree remedial works to the Coach House bathrooms and corridor.

Staffing ✖ Action needed

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.

The provider employed suitably qualified, skilled and experienced staff but there were not sufficient numbers to meet people's needs at all times.

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

On the day of our inspection the home had a full complement of care staff on duty. We were shown a staffing grid that identified how many care staff were needed for each shift in the main Manor House and in the Coach House. The staffing numbers varied according to the number of people who lived in each building. At certain bed occupancy thresholds the numbers of staff increased or decreased accordingly.

The previous manager of the home had left in August 2012. On the day of our inspection there was an acting manager in place but they were on annual leave. We initially discussed matters with the nurse in charge and then later with a visiting manager who arrived in the afternoon to assist with our queries. The visiting manager said that a home could make a case for additional staffing if the manager could demonstrate that people had increased dependency needs.

One of the people who lived in the home told us that they were aware of the reduction in staff numbers. They said that previously staff had time to "chat with them" but now they only had enough time to do the essentials and then they moved on to the next person. They said "Lots of people need two care staff to help them. In the afternoon this only leaves one other to see to everyone else. If I need help to go to the toilet they may not be available and this creates another job to clean my bed". They also said "The staff have to run around like headless chickens".

We spoke with staff in both buildings. They wanted to provide the best care for people but some said "It is hard work" and "It is upsetting when you cannot provide the level of support that people deserve". One member of staff said that recent staffing and management changes had been disruptive and de-motivating. They told us that they felt that the new team "was not gelling".

We looked at the most recent relatives and residents meeting notes. These showed that concerns about staffing levels and the lack of activities for people had been raised by some of the relatives. One of the relatives visiting on the day of our inspection told us that their relative "was not receiving enough attention from staff". We were told that one of the

two activity coordinator posts was vacant but a new person had been appointed to start in two weeks time. The other activity coordinator told us that this was their last day and they were leaving to take up a post in another home.

Throughout the day we observed other situations that indicated there was not enough staff to meet people's needs all of the time. This included people with a dementia left on their own for quite long periods of time (over 30 minutes) without any activity to engage in or other people to interact with. We also heard call bells ringing for quite some time before they were silenced.

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 systems in place to identify risks to the health, safety and welfare of people who used the service and others. However, this was not effective in terms of managing risks and addressing concerns in a timely manner.

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 home held quarterly residents and relatives meetings for people to express their views on the service and to discuss future plans and developments. The most recent minutes of the residents and relatives meeting showed that discussion had taken place about a range of current care quality issues. The managers explained the background to these issues and their future plans. The meeting was attended by the provider's regional manager, the acting home manager, several people's relatives, and a person who lived in the home.

The home participated in a company wide quality monitoring system. We looked at the various quality audit and risk assessment records. These included regular management performance reports and a wide range of care quality audits. The various department heads also carried out team audits which were verified by the home's manager. These covered catering, cleaning, maintenance, laundry and staff training. The home used a computerised system for recording and monitoring incidents and accidents. These systems were designed to identify, assess and manage any shortcomings in the services provided.

The home had quality monitoring systems in place and these systems had flagged up a number of issues relating to staffing levels and maintenance of the premises. Risk assessments had been carried out and improvement requirements had been identified. Although we were told that remedial plans were in place we did not see robust evidence to demonstrate that timely action had been taken. For example there was a comprehensive fire safety risk assessment dated May 2012 but there were no dates given for completion of the various actions identified. The fire safety improvement works had not yet been completed.

When we last inspected the home in January 2012 we reported that a number of shortcomings had been acted upon to improve the quality of service. Some refurbishment work in the main Manor House had been completed and staffing initiatives had been taken to improve the experience of people who lived in the home. At this inspection we found

there had been little or no further improvement and in some important areas the quality of service had declined. This meant that the quality monitoring systems in place had not led to effective and timely action in terms of managing risks and addressing identified concerns.

This section is primarily information for the provider

Action we have told the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activities	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	**Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010** **Care and welfare of people who use services**
	How the regulation was not being met: Sometimes there were delays in the delivery of care. Welfare needs including opportunities for social interaction were not adequately met. (Regulation 9 (1) (b) (i) and (ii))

Regulated activities	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	**Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010** **Safety and suitability of premises**
	How the regulation was not being met: People were not sufficiently protected against the risks of unsafe or unsuitable premises because the provider had not taken sufficient steps to provide care in an environment that was adequately maintained. (Regulation 15 (1) (c))

This section is primarily information for the provider

Regulated activities	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	**Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010** **Staffing**
	How the regulation was not being met: There were not sufficient numbers of suitably qualified, skilled and experienced staff to meet people's needs at all times. (Regulation 22)

Regulated activities	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	**Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010** **Assessing and monitoring the quality of service provision**
	How the regulation was not being met: The provider did not have effective systems for managing risks relating to the health, safety and welfare of people who used the service and others. (Regulation 10 (1) (b))

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 16 November 2012.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

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

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

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

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

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

How we define our judgements

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

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

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

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

Responsive inspection

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

Routine inspection

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

Themed inspection

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

Contact us

Phone:	03000 616161
Email:	enquiries@cqc.org.uk
Write to us at:	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA
Website:	www.cqc.org.uk