Inspection Report

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

St Brannocks

Dymchurch Road, New Romney, TN28 8UF

Tel: 01797366663

Date of Inspection: 01 October 2012

Date of Publication: December 2012

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

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

Details about this location

Registered Provider	Parkcare Homes (No 2) Limited
Overview of the service	St Brannocks is a privately owned seven bedded service for adults with learning disabilities. The service is situated in New Romney with good transport links to local Towns. The service is a chalet bungalow, which comprises seven bedrooms and two bathrooms. There is a main lounge, dinning room, kitchen and a conservatory, overlooking a large garden. There is an outbuilding used for recreational activities. The service has the use of vehicles to access local amenities.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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 1 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

As part of the inspection we visited the service and saw it was part way through an extensive refurbishment project of the entire premises. The manager had been in post three weeks.

During the inspection we spoke with people using the service and they told us they liked living there. People told us they felt safe and supported by the staff. A person told us the staff "make sure I am alright," adding "they give me support to write letters, help cook dinners and take me out to the cinema. They take good care of me".

A relative told us that their relative "seems to like it there". Another relative told us the manager was a "breath of fresh air" and that their relative always looked forward to returning to the service after visiting family. During the inspection we observed positive interactions between people and staff and saw they were able to meet the needs of the people at the service.

However, we spoke with staff who told us they did not always feel supported in their role; they did not always receive supervision frequently. Staff were not always able to share information about practice and service delivery because team meetings were not always held frequently.

We looked at records and saw that care plans did not always contain up to date risk assessments to reflect the current needs of people who lived at the service. Complaints were not always logged to enable them to be responded to and inform service delivery.

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 19 December 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

At the time of the inspection the service was part way through an extensive refurbishment of the entire service. We saw that people living at the service were involved in this process. People showed us what changes had been made to their bedrooms in accordance with their wishes; people had chosen paint colours and flooring they liked. One person told us where they had decided the new television and furniture in the conservatory was going to go. The planned improvements to the bedrooms and communal areas reflected the preferences and tastes of the people living at the service.

People were involved in making decisions about their day to day lives. People's bedrooms were personalised in accordance with their personalities and lifestyles. A person had bedding with trains on; the person enjoyed train journeys. We heard discussions taking place between staff and people about where they wanted to go to that day. Some people wanted to visit a local town. Another person wanted to go and buy the ingredients to cook a lunch for themselves and other people who live at the service. People spent the day doing what they had chosen to do.

We saw there was a weekly menu in the kitchen and people told us they decided what they wanted to eat at the beginning of each week. Two people told us they did not like cheese therefore when other people wanted pizza they chose something else. People's choices were accommodated.

We saw that there were opportunities to promote people's independence. People were supported in assisting with the cleaning of the service and doing their own laundry. We saw a person cooking a lunch time meal with support from a staff member. A person told us "staff help me manage my money".
We saw there was a keypad/fob system to open the front door to the service. The manager told us that some people had asked for their own fob to be able to use the front door by themselves. A risk assessment was to be completed to decide this. People's requests were being actioned, balancing people's independence and maintaining their safety. We saw that there were systems in place to assess people's capacity to manage

their own medicines and to review the decision. People were encouraged to be responsible for their own medication where possible. One person was able to tell us about the medication they took, why they took it and when they took it.

However, we saw a person ask a staff member for refreshments, this was made for them; they were not encouraged to be involved in the task. The manager told us the person was able to assist in the task and that people's care plans needed reviewing to ensure their goals promoted their independence and were supported by staff.

We saw that there was flexibility in people's daily routines. We saw people were able to get up when they wished and use the bathing facilities they preferred; the bath or shower room.

People were encouraged to express themselves and to be involved in planning and reviewing their care. We saw staff used verbal communication and pictures to communicate with people. We saw that staff referred to people by the name they preferred. One person told us that they liked staff talking with them and they spent time with them. We saw that a person had written their own risk assessment for going out in the community. Staff told us that people had 'talk time' once a month where they raised issues with their key worker. We saw that residents meetings were held regularly. A recent set of minutes showed garden design ideas were discussed. Some people had chosen not to attend the meeting but it was recorded that the information was shared with them at a later stage. People told us they approached staff if they had any problems and they were happy with the response they received. There were systems in place to ensure people were able to communicate with staff both formally and informally; people were listened to and their views were valued.

We saw that staff promoted people's privacy. One person chose to keep their care plan in their bedroom and was involved in deciding who was allowed to look at it. We saw that staff closed the door when discussing people's needs; people's confidentiality was upheld. We saw staff knocked on people's bedroom doors and waited before entering. Staff asked permission from people before showing us their bedrooms.

At the time of the inspection no person had an advocate; however the manager told us that an advocacy service was available. Some people had relatives who were involved in supporting complex decision making. There were processes in place for people's wishes to be represented on their behalf.

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 living at the service had an individual care plan based on an assessment of their needs. However risk assessments were not always updated in response to the changing needs of the person living at the service. Therefore people were not always receiving care that met their needs and ensured that their human rights were being promoted.

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

We were told that most of the people who live at the service had done so for many years. A relative told us that their relative "seems to like it there". We saw that some people living at the service cared about each other, one person asked staff how another person, living at the service, was feeling because they had been unwell that morning.

Attention was paid to meeting people's social needs; there was a range of activities available for people to participate in each week. One person went for long walks, another helped out at a local garden centre. On the day of inspection people told us about holidays they had been on and were about to go on. People talked about going to play bingo that afternoon. People appeared excited about the activities they were involved in; one person was waiting by their suitcase because they were going away on holiday that morning. They told us they were really looking forward to it.

There were systems used each day to communicate people's needs to staff coming on shift. We observed a handover meeting which provided the manager with key information about people, such as their health needs and activities they were participating in that day. We saw staff maintained daily records for the individual people they were responsible for. People who use the service had their daily needs monitored, recorded and met because staff ensured they shared relevant information with each other.

Staff had an understanding of people's needs and were skilled in meeting people's needs. We saw a staff member gently remind a person that they had been on their way to the kitchen when a disagreement had begun between them and another person at the service. The person made their way to the kitchen and the disagreement was avoided.

We saw that staff sought advice from professionals when they needed to. On the day of inspection we heard staff identify that they needed to seek advice from a specialist in response to a person becoming unwell. We saw that the telephone call was made to the specialist during the inspection. People's health needs were monitored and responded to

appropriately.

We looked at the care records for three people using the service. The care plans were divided into sections providing information including key contacts, important people in their lives, information about a person's history, activities they enjoyed and religious preferences. The care plans were person centred in style; the information recorded was information that was important to the person and from their own perspective. The care plans provided staff with guidance for meeting the needs of the person.

However, we found the care plans and risk assessments were not always up to date. The current manager had identified issues around care planning and they were taking steps to address this. We noted an incident whereby a person's needs had changed; staff told us they were funded to have two members of staff support them in the community because of historic concerns about their behaviour. The manager considered the risk to have reduced, however a review had not been held to re assess the ratio of staff required to provide support. People's needs were monitored but risk assessments were not always reviewed to inform service delivery. People were not always receiving the level of care required to meet their current needs.

We noted an example where a decision about a person's care was not always being reviewed to ensure their human rights were being promoted. Staff told us that a person had limited access to a remote control to watch television in their bedroom because of historic concerns around what they were viewing. The care records showed a deprivation of liberty assessment form had been completed in relation to this decision in 2010. There was no further information showing whether this plan had been reviewed and whether it remained relevant that this person's access to their television remained restricted.

We saw that people had health action plans. These included assessments around managing their own medication safely. The plans were not always reviewed frequently; the record of people's health needs may not always be up to date. However, we saw that people had their day to day health needs met.

We saw there were policies around contingency planning and the manager showed us where they kept the emergency contact numbers. There were arrangements in place to deal with foreseeable emergencies.

Safety and suitability of premises ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises as the service was undergoing a major refurbishment.

Reasons for our judgement

The service consisted of a chalet bungalow with seven spacious bedrooms divided between the ground and first floor. Five out of the seven bedrooms had been refurbished. There was a bathroom on both floors, a separate toilet on the ground floor, a laundry room, a kitchen with dining room next to it. To the front of the service there was a car park and the main road. To the rear there was an enclosed garden which we were told people used during the summer months to relax in.

The communal rooms became crowded when many of the people living at the service were using the rooms. This meant that people were in close proximity with people they did not always get along with increasing the risk of physical disagreements taking place. The manager told us that they were maximising the space available by making the conservatory a more inviting space with additional seating and a television. The manager told us the outbuilding was to be refurbished so it could be used as an activity room, meeting room and a place to archive records.

We noted several areas in need of repair and some decor and furnishings that required updating in order to promote people's health and welfare. This included the stairs and landing, which had no carpet on it, and some of the door handles were loose. The manager told us of extensive plans for refurbishment of the service. This was confirmed in a written action plan which set out a timescale for each stage of the work. The schedule was to take place while people who used the service were away on holiday for two weeks. People's day to day living would not be disrupted during the refurbishment.

People's furniture was replaced, when necessary, as soon as possible and they were involved in choosing it. We saw one person had a mattress on the bedroom floor and staff told us they had broken their bed frame and had slept on the mattress for two nights while they waited for the new frame. The bed frame arrived during the inspection and the person told us they had chosen it.

We saw there were no hand towels in the bathrooms except in the downstairs toilet. The manager explained that some people's behaviours at the service resulted in a shortage of paper towels. The shortage was recorded by staff in the communications book. The manager told us they had requested the installation of electric hand dryers as part of the renovations and people were using their own towels until then.

People were kept safe from accessing potentially harmful cleaning chemicals because they were kept in cupboards that were locked. We saw one cupboard, which was locked, and that staff had a key.

People's freedom to move about the service was being promoted by removing, disabling and not using locks fitted to doors within the communal areas. For example, the chub lock to the laundry room was being removed as part of the renovations. People had their own keys to their bedrooms which promoted their privacy. The bathrooms had locks which could be overridden from the outside in an emergency.

We saw that there was a device preventing the bathroom window from opening fully on the first floor, preventing accidental falls onto the flat roof below. We saw this was checked regularly to ensure it was working safely.

We saw records that showed regular checks were completed to the service including health and safety checks, monthly housekeeping checks, risk assessments around cleaning materials and water temperature checks. These checks helped to ensure that the service was safe and suitable for people who lived there.

Staffing ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

There were sufficient numbers of suitable staff on duty to meet the needs of the people who use the service.

Reasons for our judgement

At the time of the inspection there were seven people living at the service. On the day of inspection two people went away on holiday; four members of staff were on duty to meet the needs of five people remaining at the service. One staff member had the additional duty of coordinating activities.

The manager told us they were short staffed by one senior member; there should be five staff on shift to meet the one to one requirements of some of the people living at the service. We saw that the manager had amended the staff rota to manage the shortfall to ensure people were still able to do the activities they enjoyed. Recruitment to the vacancy was underway. A person who lived at the service told us "there are plenty of staff".

The manager told us that the staff and the manager covered temporary staff absences, such as through sickness, between themselves. Therefore people who live at the service experienced a consistent staff team providing support to them.

There was a system in place to ensure the staff working at the service were suitable. The manager told us they received confirmation that the necessary checks had been made before employment began. People's safety and welfare was promoted by ensuring checks were completed on applicants.

We saw positive interactions between staff and people who used the service. We heard laughter and banter between the staff and people and saw that people enjoyed this interaction; they sought out the company of staff and prolonged conversation.

A person told us the staff "make sure I am alright", adding "they give me support to write letters, help cook dinners and take me out to the cinema. They take good care of me". A person who lives at the service told us the manager was the best manager they had experienced. People told us they felt safe and supported by the staff at the service. People were happy with the care they received from the staff working at the service.

A relative told us the manager was a "breath of fresh air" and that their relative always looked forward to returning to the service after visiting family. They added that any issues they have raised with the staff had been responded to quickly and appropriately.

Supporting workers ✓ Met this standard

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care safely and to an appropriate standard.

Reasons for our judgement

Staff received an induction covering areas to enable them to undertake their role effectively. This included familiarising themselves with the service's policies and procedures covering areas such as mental health and manual handling. They spent a week shadowing staff meeting the needs of the people at the service and they were given feedback on their own progress by other staff.

The provider might like to note that the manager had not been given all the necessary information to assist them in running the service during their induction. They did not receive a hand over from the previous manager so they were not aware of a complaint made against a staff member or how it had been resolved.

Staff received appropriate professional development. Staff told us they had annual appraisals and these covered areas such as future training needs. Staff told us about ongoing training they were undertaking including a National Vocational Qualification at level one and two. We saw that a staff member did not have up to date training around medication, the certificate stated it expired in November 2011. Most of the staff we spoke to told us they felt they had sufficient training to undertake their role safely and effectively. Some staff we spoke with told us they had up to date training around managing behaviour which might be described as challenging. The manager told us they had advised staff on ways to support people and deescalate situations. A person who lived at the service told us that the staff were trained to meet their needs.

The provider might like to note that not all staff received frequent feedback on their performance; therefore they were unsure whether they were competent in their role. We looked at a schedule of supervision for 2012 which showed it was not delivered consistently to all staff. The systems in place did not ensure that all staff received support in the role they were undertaking.

There were opportunities for staff to meet collectively to discuss practices at the service through team meetings; however, staff told us that team meetings did not always take place regularly. Records showed staff meetings had been held in March, April and June 2012. The manager told us they had scheduled a team meeting with staff for the 4 October 2012 but rescheduled it to later in the month because of staff and people going on holiday. We saw this was recorded in the communications book. Staff were not always able to

share ideas about practice and other matters relating to service delivery because team meetings were infrequent.

We saw there was a system in place to record when staff had read and understood policies including deprivation of liberty safeguards, capacity and consent and safeguarding adults. Staff signed a sheet to confirm they had read and understood the information. Most of the signatures on the policy for safeguarding adults were dated 2010. Staff we spoke with told us they had undertaken safeguarding training in 2011 and told us what action they would take in response to a safeguarding concern, which was in line with the services' policy. Staff were aware of key policies and procedures related to their role.

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.

There were systems in place to be able to regularly assess and monitor the quality of service that people received.

Reasons for our judgement

There was a visitor's book to record visitors to the service. We saw that people were being visited. We were asked to sign it upon arrival and departure; it was being used effectively to monitor who was in the building for fire safety reasons.

We saw that there were systems in place to monitor incidents and improve service delivery in response. We looked at a record of accidents and incidents which showed these were recorded and appropriate action had been taken in response. We saw how improvements had been made following an incident when a person had assaulted another person living at the service. The manager reviewed the events with the person involved and developed a plan to prevent the incident reoccurring. Staff had signed to confirm they had read the updated plan. The manager had monitored the effectiveness of the plan and told us that no further incidents had happened.

We were told there was an on line system for recording complaints. The manager was unable to access the computer records at the time of the inspection but subsequently provided us with information relating to complaints. We were told a complaint was made in July 2012 about the poor condition of the carpet at the service; this was addressed through the refurbishment plans. We saw a record of a complaint made by a member of staff that showed it was documented by the manager and appropriate action was taken to resolve the matter.

The provider might like to note that staff told us there had been complaints made about the behaviour of a person who lived at the service when they were out in the community; however these had not been logged. Therefore the information could not be effectively considered when reviewing the person's risk assessment or planning their care.

We saw the provider had a system in place to monitor service delivery. We saw an action plan following the registered provider's monitoring visit to the service dated 19 July 2012 which set out areas to be improved and a timescale within which to achieve this.

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 9 HSCA 2008 (Regulated Activities) Regulations 2010** **Care and welfare of people who use services**
	How the regulation was not being met: People were not always receiving care that was appropriate or safe because risk assessments and care plans had not been reviewed in response to changes in people's behaviours. The delivery of care was not always meeting the service users individual needs to ensure their welfare and safety. Regulation 9 (a) and (b)(i) (ii).

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 19 December 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.

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