

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

United Response - 198 Powder Mill Lane

198 Powder Mill Lane, Whitton, TW2 6EJ

Tel: 02088987445

Date of Inspection: 16 May 2013

Date of Publication: June 2013

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

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Meeting nutritional needs	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Staffing	✓ Met this standard
Records	✓ Met this standard

Details about this location

Registered Provider	United Response
Registered Manager	Mr. Michael James Condon
Overview of the service	198 Powder Mill Lane is a care home for up to five adults who have a learning disability. The service is managed by United Response and is based in Whitton.
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'.

	Page
Summary of this inspection:	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	5
Our judgements for each standard inspected:	
Respecting and involving people who use services	6
Care and welfare of people who use services	8
Meeting nutritional needs	10
Safeguarding people who use services from abuse	12
Staffing	14
Records	16
About CQC Inspections	18
How we define our judgements	19
Glossary of terms we use in this report	21
Contact us	23

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 16 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 carers and / or family members, talked with staff and reviewed information given to us by the provider.

Spoke with community based service staff

What people told us and what we found

Our inspection of the 4th October 2012 found that some people were at risk of receiving unsafe care, treatment, support and attention because there was insufficient staff to meet people's needs and because records were not being fully maintained. People who use the service were not being fully protected from the risk of abuse, injury and harm. The provider wrote to us and told us they would make changes within three months by reviewing staff levels, provide staff training and review and maintain records. We found improvements had been made.

During our inspection we asked staff to explain how they provided choice and involved people living at Powder Mill Lane. Staff we spoke with gave examples of helping people choose their clothes and the places they wanted to visit. We spoke with one person who used the service. They told us "I like going to the shops, swimming and the cafe".

Some people living at the home displayed challenging behaviour and two staff had attended an advanced training course to address challenging behaviour, further staff were expected to attend. We talked with several relatives who felt that staff levels were adequate. One person said "I think the staff do a valued job". Another relative commented "staff are fairly consistent".

We spoke with two staff who told us that a lot of work had been done to improve the record management systems in the home. One staff said "everything is more clearly laid out and information has been reviewed".

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

More information about the provider

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

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

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

Reasons for our judgement

During our inspection we asked staff to explain how they provided choice and involved people living at Powder Mill Lane and how they demonstrated dignity and respect. Staff we spoke with gave examples of helping people choose their clothes and the places they wanted to visit. One staff member said "we use people's names and treat people with respect, we try to find out what people like". We asked how staff involved people and their families in their care and in the running of the home. One staff member told us that relatives were invited to annual reviews and were kept up to date with information about people and their care and support. They gave examples of arranging holidays with people and planning activities and events.

We spoke with three relatives and three external community health staff who provided input at the home. One person told us that they were kept informed and invited to annual reviews, however others told us that they had either not been invited to an annual review or that they were not aware that annual reviews had taken place. We asked relatives of people if they felt involved in people's lives and whether they were kept informed of changes. One relative told us "I'm always kept informed of developments and events; the staff contact me and communicate regularly". This was not the view of all the relatives we spoke with, others felt that communication was sparse. They wanted to have more contact with the home and their people living in the home. One relative said "I don't get much contact from the home". Another said, "I usually have to call the home for updates".

The provider may wish to note that some relatives felt that important information was not always well communicated, leading to a lack of involvement and information exchange between themselves and their family member. We asked whether the home offered relatives the opportunity of 'relatives meetings' or sent out newsletters to help keep relatives involved in home life but were told by one person "this doesn't happen".

We asked about how people were involved in decisions about what they liked to do. Staff gave examples of people's interests. We asked about activities in the afternoons and were advised that people either watched television or a film and that staff sometimes tried to help involve people in art sessions. We were shown a cabinet with several pieces of art

work displayed.

The provider may wish to note that not all the relatives we spoke with felt that people in the home were well catered for in the afternoons and evenings. Some relatives told us "there doesn't seem a lot to do for people once the morning is over". One relative commented "it's just television usually, staff do not regularly sit and engage with people".

On the morning of our visit some people were out participating in activities, however we noticed that in the afternoon people sat in the lounge, while the television was switched on. We asked about the role of advocacy services and whether the home made use of advocates to support people living at the home. Staff were not aware of any visiting advocacy service for people living at the home.

We looked at care records and saw that in two care records there was detailed information relating to activities and events that people participated in. Staff showed us minutes from meetings held with people living at the home and we read brief notes about the topics covered at these meetings. These included aspects of home life and daily activities.

We spoke with three community health staff who gave examples of how people at the home were involved in accessing health related services. One health staff said "the home is very good at making sure people receive their health checks". Another community health staff told us "we have seen the staff at Powder Mill Lane help people to exercise". Another comment was "staff appropriately encourage and involve clients in decision making with regard to their exercises and activities". People were supported in promoting their independence and community involvement.

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

We spoke with one person who used the service and asked them about the care they received. This person told us that they had been happy at the home since their move and told us about the activities they enjoyed most, including shopping and visiting with family. They also enjoyed visits out with the staff. They told us "I like going to the shops, swimming and the cafe". Other examples were trips to a large holiday centre and a wildlife park.

We were not able to speak with everyone living at the home because some people were enjoying activities outside of the home and some people were not able to respond to our questions. We spoke with three relatives of people living at Powder Mill Lane. One relative said, "the key worker arranged a lovely holiday". Two relatives told us that there were less community led activities provided due to cut backs. One relative said "staff have to be more involved now because cut backs have reduced community services and day care support".

We talked with one community health staff and had contact with two other community health staff who provided services to people living at Powder Mill Lane. They told us that people received support and ongoing assessment. We asked which services provided support to people and were told "people have access to medical reviews and psychology assessments". They went on to tell us that people living at the home had previously received support from physiotherapists and speech and language therapists. They explained that people living at the home had access to a full team for health support.

We looked at the care and support plans of four people living at the home and read about the care people received. We saw details of the activities that people engaged in and how they were supported by staff. One person went swimming regularly, while someone else enjoyed helping staff prepare for meal times. We asked someone for an example of this and was told "I Hoover the floor" and "I like getting the drinks ready".

We noticed that people living at the home had many of their own belongings, including pictures of family and comfort items.

We spoke with staff and asked about faith related services and individual customs. One

staff said "no one here has a firm faith they follow". Another staff member told us about the individual interests of two people living at the home. Examples provided were visiting the theatre and cinema, going to the park and being taken for a drive.

We spoke with four staff members who told us about the health and social care needs of people living at the home. One staff member described how medication reviews had helped several people using the service. Another staff said "regular health checks with professionals and specialists help people with how they adjust to new or reviewed medication".

We asked how people were supported to access dental, optical and foot health. Staff informed us that all the people living at the home were offered regular health checks which included six monthly dental check-ups and annual eye tests. Some people living at Powder Mill Lane had contact with other services providing assistance for mobility skills including physiotherapy, speech and language and dietetic support. We asked about the arrangements for people's medication and were advised that two staff check, sign and administer medication, but all staff must first successfully complete their medication training and be assessed by a senior staff member. People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

Two staff described how one person at the home enjoyed watching specific types of films and programmes while someone else preferred spending time in the garden. We asked how risks to people living at the home were considered and were shown a number of risk assessments outlining prevention, risk-triggers, outcomes and actions. Risk assessments for people living at the home had recently been reviewed and updated, meaning that staff were more aware of the need to monitor people's needs. Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Some people required more support than others and we asked how these people's needs were managed. Staff explained how people with specific needs including challenging behaviour were supported through the development of detailed plans, extra staff and recent training. One staff described new training that was provided and further training planned to support staff in how to understand interpersonal dynamics, relationship skills and behaviour management techniques. People's care and treatment was planned and delivered in a way that protected them from unlawful discrimination.

Two staff had completed specific training involving new learning and advanced skills to improve the support people received in the home. Other staff were expecting to develop similar skills. People's care and treatment reflected relevant research and guidance.

Food and drink should meet people's individual dietary needs

Our judgement

The provider was meeting this standard.

People were protected from the risks of inadequate nutrition and dehydration.

Reasons for our judgement

We used a number of different methods to help us understand the experiences of people using the service, because some of the people using the service had complex needs which meant they were not able to tell us their experiences. We spoke with two relatives who told us about how the home catered for people's choices of food and drink. They told us that staff at the home understood the needs of people living there. One relative said "staff know what people like and try to accommodate this".

We spoke with two staff, who told us "we have details about what people like to eat and what some people prefer". We were advised that some people enjoyed assisting with the preparations at meal times and we were told about the choices people made and the alternative options. Some people living at the home had received additional support and assessment from speech and language therapists and dieticians who prescribed nutritional drinks.

We asked whether anyone living at Powder Mill Lane had dietary requirements relating to their health needs. One staff member advised us that people were weighed regularly and one person was weighed more frequently to monitor for weight loss. Some people's weight was more closely monitored than others to measure for significant weight gain or loss. This was recorded in their personal records. People were provided with a choice of suitable and nutritious food and drink.

We asked how people were encouraged to maintain their independence and staff explained how all, but one person, was able to support themselves at meal times. Staff showed us cutlery that one person used to enable them at meal times, although they continued to require support and assistance. One staff said "we have to help one person with their meals and they need more time". People were supported to be able to eat and drink sufficient amounts to meet their needs.

We looked at support plans which showed a person centred approach to how people were assisted with their choice of food and drink. Plans included visual prompts and pictures to help people understand and participate in meal times. One example was a picture sheet illustrating the most comfortable position for one person to be seated and the types of equipment that was required.

We looked in the kitchen and saw that there was a selection of fresh, frozen, packaged

and tinned foods available. We saw fresh groceries including fruits and vegetables and some food was prepared on site for the main meals. We asked about people's preferences and were given examples. People were given alternative options where they did not enjoy certain foods. This meant that people's nutritional needs, likes and dislikes were being considered and managed individually.

The kitchen area was clean and food was dated at the time it was opened indicating that staff were aware of the need to check expiry dates and food safety issues. We spoke with one staff who told us about the food hygiene training provided. Staff showed us a food processor and explained that this was used to soften the texture of food, meaning that it was manageable for some people's individual needs. We saw a range of chopping boards used to prepare food safely and hygienically. We asked about safety checks on the temperature of the fridge freezer and one staff explained that these were recorded daily.

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

Our inspection of 4 October 2012 found that some people were not always being protected from the risk of abuse, injury and harm. The provider wrote to us and told us they would review their processes within three months. We found improvements had been made.

We spoke with one person who lived at the home and they told us that they liked living at Powder Mill Lane and were happy. We talked with staff who explained the training they had received in helping to keep people safe and protected from harm. Staff described the action they would take if they felt concerned for someone's safety and welfare. Staff explained that they would report concerns to a senior person, we probed further and were told that in the absence of senior staff there was a telephone number in the office, "staff can raise concerns with a local agency and the number is in the office".

At the time of our inspection there was one outstanding safeguarding event being investigated, however the provider had responded appropriately.

We asked staff about 'Deprivation of Liberty' and what this meant for people living at the home. One of two staff we spoke with was unsure of its meaning, however the second staff was able to convey the general purpose of a Deprivation of Liberty decision and understood it related to decisions made in the best interests for vulnerable adults.

We asked about how people whose liberties were restricted were managed. We were informed that one person had a Deprivation of Liberty agreement in relation to one part of their care. We discussed how this had been arranged and decided. We were told that a social worker, doctor and a specialist had provided input, with the knowledge and involvement of family. People who use services were only deprived of their liberty when this had been authorised by the Court of Protection, or by a Supervisory Body under the Deprivation of Liberty Safeguards.

Some people living at the home displayed challenging behaviour and two staff had attended an advanced training course to address challenging behaviour, further staff were expected to attend. We spoke with one staff member who commented "all staff are expected to attend new training to manage challenging behaviour in the next few days".

One staff member called the training 'Advanced Physical Restraint' and told us that it was booked for 21st May 2013.

We asked about how the home protected all the people living at Powder Mill Lane. Senior staff explained that new processes were being used to assess and determine when people might be more at risk from harm. These processes included the use of documents called ABC charts and these were being used to improve the understanding of some people's behaviour patterns. One staff told us "this has helped us to identify and consider the possible triggers for certain behaviours". Staff felt this had increased awareness and improved their own opportunities in responding and managing more demanding patterns of behaviour. Staff were required to read and sign the new risk assessment documents.

Senior staff explained that restraint was used only where necessary and to protect vulnerable people living at the home, and this formed part of a wider plan of care which included distraction and positive response techniques.

People who use the service were protected against the risk of unlawful or excessive control or restraint, because the provider had made suitable arrangements.

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

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

At our inspection of 4th October 2012 we found that some people were at risk of receiving unsafe care, treatment, support and attention because there was insufficient staff to meet people's needs. The provider wrote to us and told us they would make changes within three months by reviewing staff levels. We found that improvements had been made.

We talked with several relatives who felt that staff levels were adequate. One person said "I think the staff do a valued job". Another relative commented on the benefit of having a senior staff member to support management. Another relative commented "staff are fairly consistent".

Staff we spoke with felt that leadership was important and told us that they felt "supported" and that there was "an open door policy". Staff told us about their involvement in supervision sessions and the support they received. One staff commented "a positive improvement, I can contribute to these and I like to learn".

We asked staff about changes since our previous inspection. Staff we spoke with outlined the decisions made by the provider to increase staff levels at the home. They explained that senior staff had taken the decision to increase staffing levels from within United Response while waiting to receive further information from the Local Authority.

We were advised that because some people experienced challenging behaviour, staffing numbers had been increased. We asked about the impact of this decision on the home and people living at Powder Mill Lane. Staff told us "it's much better now our staff numbers have increased". Someone else said "we can spend more time with people and keep everyone safe". The provider may wish to note however, that we found that not all shifts were covered to the full compliment of staff. We brought this to the attention of senior staff at the service. They advised us that this would be explored and addressed through a newly developed communication system.

We asked for information about staff increases. We were told that two relief staff had been recruited in March and May 2013 and this was working well. Staff explained that the home was recruiting for a permanent position and a part time position, besides the two relief employees.

Senior staff informed us that three members of staff were on duty at the home at any one time between 7.30am and 9:30pm. They told us that one member of staff worked between 8am and 5pm which included 1.5 hours support in the community. This staff member was provided to assist with community outings during the day time, and was additional to the three staff on duty between 7.30am and 9.30pm. The service provided one waking night staff and one sleep-in staff cover.

We were told that one member of the management team were usually present between 8am and 5pm Monday to Friday and covers one weekend in three. There was an out of hours on-call service for staff to use where necessary.

We also spoke with working staff on the day of the inspection who outlined the new staffing quotas. We were informed of the following. Two staff worked from 7.30am to 9.30pm and one staff started at 8am till 5pm with a shift change at 2pm. We were advised that most days there was a staff member who worked from 8.30am till 2pm and another staff member who started at 2pm and finished at 9.30pm. We asked about staff ratio to people living at Powder Mill Lane and were advised that for some people the staff arrangement was, two staff members to one person. Additional staff had been allocated for weekend shifts when the home was considered busy, since fewer people were out on visits.

We pointed out that one person lived in the community and that staff were required to support this person. Staff advised us that allocated care workers for this person were not counted in the regular shift pattern for within the home. We also asked about night arrangements and were advised that the home had one sleeping staff member and one waking staff member each night.

The home had recruited new staff to reduce the need for agency personnel. We spoke with a care worker and asked about the rota. Staff explained the shift pattern and staffing measures across several days of the rota.

We spoke with another staff member who told us "I think the staff levels are ok for now, things have improved". There were enough qualified, skilled and experienced staff to meet people's needs.

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

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

Reasons for our judgement

Our inspection of the 4 October 2012 found that some people were at risk of receiving unsafe care, treatment, support and attention to meet people's needs because records were not being fully maintained. The provider wrote to us and told us that record management and storage would be reviewed and addressed. We found that improvements had been made.

We spoke with two staff who told us that a lot of work had been done to improve the record management systems in the home. One staff said "we've worked really hard on the records and it is much easier to find information". Another staff commented, "everything is more clearly laid out and information has been reviewed".

We asked about how information between shifts was recorded. We were told that handover charts were used, meaning that staff were kept informed of events between shifts and at handover periods.

We looked at the records of four people who used the service. People had two sets of records which included details about their support needs; their health and their personal details. We spoke with someone who health support to the home and they told us "people living at the home have health action plans".

We looked at how records were stored and maintained and found that these were being updated and reviewed regularly. Records we looked at were clear and concise and were stored where staff were able to easily access them. We were able to search for information in people's records and locate the relevant data. The support records were divided into identifiable sections which meant that care could be clearly understood by all staff and information retrieved quickly. Details within care plans and records was well organised and accessible. People's personal records including medical records were accurate and fit for purpose.

We asked to see the staff support and supervision records and were shown several examples. Staff were receiving supervision and the records were clear. These records showed how staff were contributing to their supervision sessions and records were dated and signed by the supervisee and supervisor. Staff records and other records relevant to

the management of the service were accurate and fit for purpose.

People's files were completed with dates, names and signatures, and individual data was up to date. The records were stored away in an area of privacy, kept securely and could be located promptly when needed.

About CQC inspections

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

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

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

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

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

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

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

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

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

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

How we define our judgements

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

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

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

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

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

How we define our judgements (continued)

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

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

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

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

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

Glossary of terms we use in this report

Essential standard

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

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

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

Glossary of terms we use in this report (continued)

(Registered) Provider

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

Regulations

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

Responsive inspection

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

Routine inspection

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

Themed inspection

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

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