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

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<tr>
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<td>✓</td>
</tr>
<tr>
<td>Meeting nutritional needs</td>
<td>✓</td>
</tr>
<tr>
<td>Safeguarding people who use services from abuse</td>
<td>✓</td>
</tr>
<tr>
<td>Safety, availability and suitability of equipment</td>
<td>✓</td>
</tr>
<tr>
<td>Requirements relating to workers</td>
<td>✓</td>
</tr>
<tr>
<td>Staffing</td>
<td>✓</td>
</tr>
<tr>
<td>Complaints</td>
<td>✓</td>
</tr>
</tbody>
</table>
### Details about this location

<table>
<thead>
<tr>
<th><strong>Registered Provider</strong></th>
<th>Four Seasons (Evedale) Limited</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Registered Manager</strong></td>
<td>Mrs. Linda Gazzard</td>
</tr>
<tr>
<td><strong>Overview of the service</strong></td>
<td>Evedale Care Home provides nursing care and accommodation to a maximum of 64 people. The service provides care to older people, people with dementia, and people with mental health conditions. It is situated in Coventry.</td>
</tr>
<tr>
<td><strong>Type of service</strong></td>
<td>Care home service with nursing</td>
</tr>
</tbody>
</table>
| **Regulated activities** | Accommodation for persons who require nursing or personal care  
Diagnostic and screening procedures  
Treatment of disease, disorder or injury |
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'.

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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'.

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Summary of this inspection

Why we carried out this inspection

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

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 15 October 2013, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members, talked with staff, reviewed information sent to us by commissioners of services and talked with commissioners of services.

What people told us and what we found

Our visit at Evedale started at 9.30am and finished at 6.15pm. During this time we observed the support staff gave to people living at the home. We spoke with people, their relatives, staff, and management. We also looked at a sample of care and staff records.

We observed staff to be kind and considerate to people living at Evedale. We saw people being treated with respect and their dignity was being maintained. Care records showed that people with high dependency needs were being well cared for.

The majority of the relatives we spoke with were pleased with the care received by people living in the home. One relative told us, "The care is marvellous…the carers are warm towards X."

We looked at the equipment used in the home. We saw sufficient equipment to meet the needs of people living at Evedale. Equipment was satisfactorily maintained.

We looked at staff recruitment. We noted the recruitment procedure ensured all the appropriate pre-employment checks were carried out to support the safety of people living in the home.

We looked at the complaints procedure. We saw the small number of complaints received by the service had been thoroughly investigated and action taken when necessary.

We checked whether the service had good systems in place to safeguard people from abuse. We were satisfied that staff understood how to safeguard people in their care.

We looked at nutrition. We saw people were given good support to meet their nutritional needs.
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

| Care and welfare of people who use services | Met this standard |
| People should get safe and appropriate care that meets their needs and supports their rights |

**Our judgement**

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

**Reasons for our judgement**

Evedale care home has two floors. The ground floor mostly accommodates older people with physical care needs and the first floor accommodates people with needs primarily associated with dementia. We spent time observing how staff supported the needs of people on both floors.

We arrived at 9.30am and noted that not everyone was out of bed. Some people were still asleep and some people were having their breakfast in their rooms. We walked past a bedroom and overheard a care worker saying to a person, "Let's move your beautiful hand to help you." We noted the person was able to eat breakfast themselves, and needed their hand placed near the plate to help them. We walked passed another room when we heard a person asking for their door to be shut and for a cup of tea. We saw the staff member respect their wishes. They knew the person did not have sugar in their tea because they were diabetic. The person told us the care they received was, "Reasonably good."

We saw the activities worker go to different rooms to give individual time to people living at the home. We saw them explaining to one person what was happening with the TV programme they were watching. During the day we saw them visiting different people. We spoke with them and they told us they supported people with individual activities such as reading newspapers and helping with jigsaws. We saw them undertake Halloween activities with two people living at the home. We noted that both relatives and staff were complimentary of the activity co-ordinator. One relative said, "The entertainment is good here, the young lady has only been doing it a couple of months." A staff member told us, "The activity co-ordinator is excellent, she is brilliant in organising different things." In the afternoon we saw some people enjoy the songs from a visiting church choir.

We visited the dementia unit. We saw improvements had been made to the environment. There were visual aids to help people know where the communal lounges, toilets and bathrooms were. The corridors had visual and tactile stimulus for people. For example a florist corner had been set up at the end of one of the corridors.
During our visit we sat and spoke with staff at the florist corner. We noted there was a strong unpleasant smell in the corridor. We spoke with staff about this and they informed it was coming from the bedroom of one of the people living at the home. They explained the person often accidentally urinated on the carpet. They told us the carpet was cleaned after each occasion but it was getting difficult to eliminate the smell. We informed the manager and regional manager of this on the day of our visit. They told us they would ensure the carpet was replaced with more suitable flooring.

We saw one of the people living in the dementia unit had put their top on inside out. We saw the manager gently encourage the person to go to their bedroom so they could ensure the top was put on correctly. This meant the person's dignity was being respected.

We looked at a sample of care records of people with high dependency needs. We saw that care plans were comprehensive and had been regularly reviewed. Changes to the person's care needs were well documented. We saw that risks associated with care had also been recognised, assessed and planned for. For example, one person was at high risk of developing pressure ulcers. The care plan informed of this, and then documented how staff should care for the person to reduce the risks. Staff were informed they had to check the person's skin for any signs of a breakdown in the skin's integrity, and had to re-position the person. We saw re-positioning charts in the person's bedroom which demonstrated staff had been repositioning them at time intervals detailed in the care plan.

We spoke with two relatives who were visiting a person with high dependency needs. They told us, "The care is marvellous, x is looked after and they even look after us." They told us, "X had a bedsore but that has cleared up, x is a diabetic and they are on top of that…x has fortified foods and is on special vitamin drinks…they come in every hour to turn him." They also told us the activities worker came in and read the newspaper to the person.

Another relative spoken with told us they regularly visited the home. They told us they found the care, "Very good…I have no complaints with the staff, they do look after x well." They went on to say, "X gets help on everything, they're very good with her."

A relative visiting a person who had recently come to Evedale from another care home said to us, "X is getting cared for better here than the other home. Here, you come in and she smiles and is more alert…you can hold a conversation here…and she eats and drinks for herself." The relative told us this was not happening at the other home.

Another relative told us, "against other homes it's good, staff generally are very nice…I can't think of anything that is poor about it…if I'm not happy I would go and see Lin (the registered manager)." They said there was one member of staff the person did not like. We informed the manager of this information.
Meeting nutritional needs  

Met this standard

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 saw breakfast, lunch and dinner being served to people living at Evedale. We saw people eating a range of breakfast options including cereal, porridge, toast, eggs and tomatoes. We also saw people having hot drinks and fruit juice. At lunchtime we noted people were offered sandwiches, soup, or beef burgers. For dessert they had fruit jelly and ice cream. We were told the main meal of the day was served around 5pm. We saw the main meal being served. This was pork and apple casserole, or braised sausage and onion with potatoes and vegetables. A choice of bakewell tart or sago milk pudding followed. This meant people were given choices at each meal time.

We noted for people living in the home from the Asian community, there was a separate Asian menu. This included dishes such as Cauliflower and egg pilau, Bengal fish curry, lamb and courgette jalfriezi with basmati rice. There were also a range of Asian vegetarian dishes including spicy spinach and potato with quorn sausage, and vegetable masala. This meant the service was providing menu options that met the cultural needs of all people living in the home.

We were informed that between each main meal of the day people living at Evedale also were provided with snacks and drinks.

We saw many people living at Evedale needed support to eat and drink. We were told at least half of people on the ground floor and first floor required support. We saw staff taking their time when helping people to eat. We noted the SALT (Speech and language therapy) team had worked with the service to support people who had difficulties with swallowing and choking. We saw people had been placed on soft food and pureed diets with drinks that had been thickened to ensure people did not choke.

Care plans looked at gave detailed information about supporting people with eating and drinking. We saw nutrition and hydration charts in people's bedrooms to demonstrate how much people had eaten and drank. We also saw people were regularly weighed to make sure any changes in weight were identified and acted upon. We saw easy to read information in each bedroom from the SALT team, informing staff of what and how the person should eat.

We spoke with the cook. She showed us the chart she used to identify the dietary needs of
people in the home. For example it showed who was diabetic, who had soft food diets, and who required fortified food. She was also aware of their likes and dislikes. This meant people were getting the nutrition they required and wanted.
Safeguarding people who use services from abuse  ✔  Met this standard

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

At the time of our visit there was a safeguarding investigation being undertaken at the home. We were not involved in the investigation but had been made aware of the concerns. We wanted to be assured that staff knew what their responsibilities were if they had concerns a person living at the home was at risk.

We asked staff safeguarding questions such as, "What would you do if you saw a member of staff shouting at a person living in the home." All staff responded appropriately to the scenario given. They knew they had to protect people. They told us they would stop any poor practice immediately and inform the manager or duty manager of their concerns. They told us they felt confident the manager would act on information given.

We were satisfied the manager was aware of her responsibilities. On hearing of the safeguarding allegation, she immediately suspended the person to enable investigations to be carried out, and to keep people safe.

We saw information in the reception area informing staff of their responsibilities to safeguard people, and of their duties to blow the whistle on poor or unsafe practice.

We looked at training staff received in safeguarding people. We saw the majority of staff had up to date training certificates in safeguarding vulnerable adults. This meant they should know what to do, and who to contact if they had concerns people were at risk. Three staff required further training as the expiry date on their safeguarding certificates had passed. We were told these staff would be asked to update their e-learning within the week of our visit.
Safety, availability and suitability of equipment

Met this standard

People should be safe from harm from unsafe or unsuitable equipment

Our judgement

The provider was meeting this standard.

People were protected from unsafe or unsuitable equipment.

Reasons for our judgement

We looked at the equipment of people who had high dependency needs. We saw people had the equipment they were assessed as requiring.

We saw people who were at risk of developing pressure ulcers had pressure relieving equipment such as airwave mattresses and cushions. We spoke with the maintenance worker. They talked us through their daily routine for checking equipment. Part of this routine was to check the power leads and pumps for mattresses were working. They told us hoisting equipment could accidentally catch on leads and so it was important to check this every day. They also told us their daily checks included making sure the nurse call leads were in working order.

We saw sufficient hoists situated in different parts of the building for staff to have easy access to. We noted a range of slings were available. We checked with staff whether they knew the size of sling people required for moving and handling. We asked one member of staff to tell us the equipment needs of a person they were caring for. They accurately told us the equipment required for moving and the size of sling the person needed for their safety. We asked them what checks they would make on the sling before using it. They told us they would make sure there were no tears or cuts in the sling, and they would ensure any straps or buckles were working properly. This meant staff were aware of the safety checks they needed to undertake each time they supported someone to move.

We looked at wheelchairs. We saw wheelchairs were in good condition. We saw monthly checks were carried out on wheelchairs to make sure they continued to be in good and safe condition to use. We noted some people had specially adapted chairs that could be wheeled from place to place.

We saw maintenance records. These further demonstrated that equipment was checked regularly. We saw evidence that external contractors were also coming to the service to carry out checks and services on their equipment. For example the contractor for hoisting equipment had recently visited to check the hoists, and stickers on the hoists confirmed when the next safety check was due.

We were shown a maintenance book kept in the reception area. This was there for visitors
or people using the service to inform the maintenance worker of faulty equipment. We saw people were using this book, and we saw their requests for improvements were being carried out. For example, one relative wanted their loved one's room re-decorated and left a message in the book to inform of the colour of the paintwork required, and new fittings required. We were told this request was in the process of being carried out.

A relative told us when their loved one first moved into Evedale they had some problems with the furniture in the bedroom. They told us, "They sorted it out – they do listen."
Requirements relating to workers  ✔  Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

We looked at a sample of staff files to determine whether the service had undertaken appropriate checks on staff. We saw criminal record bureau (now known as the disclosure and barring service) checks had been undertaken. This meant people were checked to see if they had a criminal history which might mean they were unsafe to work in care. We saw the service had received references from previous employers to determine the person’s skills and knowledge for care work.

We noted proof of identity checks had been undertaken, as had proof of the person’s right to work in the UK.
We saw staff had gone through an interview process, and had not started work until all information to determine the safety and suitability of the person had been received. We saw staff had received a two day induction before starting work at the home.

We checked that nurses working at Evedale were up to date with their professional registration. We noted they were. (If their registration PIN had expired they would not legally have been able to work as a nurse).
Staffing

<table>
<thead>
<tr>
<th>Met this standard</th>
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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

On the day of our visit there were 29 people living on the first floor dementia unit, and 27 people accommodated on the ground floor.

When we arrived we spoke with the registered manager and asked if there had been any issues or concerns facing the service. We were told the service had recently faced a challenging time with staff leaving or being absent. This meant bank and agency staff had been brought in to cover shifts. The manager told us they had undertaken a big recruitment drive and the staff situation was getting better. They also said they had been looking at how much time staff spent supporting people to eat, as this had been identified as an area of concern. We noted there were two new staff on the day of our visit.

We spoke with nine staff. Care and nursing staff confirmed that they spent a lot of time supporting people to eat. We were told over half the people on both floors required support with eating and drinking. They also told us that with higher dependency needs, the paper work to show the support given for those needs had increased and this took more of their time. Typical comments were:

"A lot of residents are very dependent and feeding can take time...another pair of hands would be beneficial".

"There are 20 people upstairs that need feeding; most of my shift is about feeding."

"Paperwork is causing problems, combining paperwork with care – it's hard to manage."

We observed that supporting people to eat took a lot of staff time. We also noted the benefits for people. We saw staff were communicating and engaging with people as they supported them.

We were informed from 8am to 2pm, there were four care workers and two registered nurses working the ground floor, and five care workers and two registered nurses working the dementia unit. From 2pm to 8pm there were four care workers and two nurses working each floor. From 8pm to 8am there was one nurse and two care workers on each floor. The registered manager was not included in these numbers. The manager told us
they thought there were sufficient staff to meet needs, but they were looking at how staff were deployed during the day to cover busy periods.

One member of staff told us, "Sometimes the need can be challenging and other times it's OK. At the moment it is quite hectic and on the challenging side…problems have reduced a bit in the last week." The staff member went on to say, "I believe we give good care because we get good feedback from relatives, but the home would improve if we had extra staff and were able to keep staff working at the home." Another member of staff told us, "Residents are safe here; families recommend the home to other people." A third staff member said, "Staff here are excellent…Lin the Manager is so involved with everything, she impresses me." Staff told us the manager also helped if extra staff support was required.

We observed staff providing care and looked at care records. We saw people were getting the care as detailed in their care plans.

The provider might find it useful to note that whilst we saw people being given appropriate care, the experiences of staff should continue to be considered and acted upon to reduce the risks of care being rushed or not undertaken.
Complaints

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

Comments and complaints people made were responded to appropriately.

Reasons for our judgement

We noted the complaints procedure was available for people to read in the reception area. We also saw the procedure was available in English and two Asian languages. This meant the service was ensuring the information was being delivered to all sections of the community using the home. We saw on the 'resources board' information about advocacy services. This meant people and their relatives were being kept informed of other organisations which could act on their behalf.

We looked at the formal complaints raised with the home. We noted there had only been two formal complaints in the last year. We saw one had been fully investigated and one was in the process of being investigated. We noted there had been a delay in the investigation of one of the complaints but a letter had been sent to the complainant to inform them of the reasons for the delay. We saw appropriate action had been taken on completion of the other complaint raised.

We asked people and their relatives if they felt able to talk to staff or the manager about any issue of concern. All people spoken with told us they felt the manager was approachable, and would be able to go and talk to her or the person on duty if they were not happy with any aspect of care.

We asked staff what they would do if a person or their relative complained about the service. They told us they would report the complaint to the manager or person in charge of the shift. One staff member said, "If people said they weren't happy...I would pass to the nurse in charge or the manager...they are approachable and would act on issues." This meant management would be made aware of any concerns people had.

On the day of our visit, one relative told us they were not happy with the time their loved one received their lunch and they thought it was cold. We informed the manager of this who told us they would discuss this with the relative.
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.
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:

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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.