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

### Ellsworth House

Fosseway, Midsomer Norton, Radstock, BA3 4AU

Tel: 01761404550

Date of Inspections: 06 September 2013
05 September 2013

Date of Publication: October 2013

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

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<td>✔ Met this standard</td>
</tr>
<tr>
<td>Care and welfare of people who use services</td>
<td>✔ Met this standard</td>
</tr>
<tr>
<td>Safeguarding people who use services from abuse</td>
<td>✔ Met this standard</td>
</tr>
<tr>
<td>Safety and suitability of premises</td>
<td>✗ Action needed</td>
</tr>
<tr>
<td>Staffing</td>
<td>✔ Met this standard</td>
</tr>
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<td>Records</td>
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</tr>
<tr>
<td>Details about this location</td>
<td></td>
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<td>-----------------------------</td>
<td></td>
</tr>
<tr>
<td>Registered Provider</td>
<td>Consensus Support Services Limited</td>
</tr>
<tr>
<td>Registered Manager</td>
<td>Mr. Adrian Henson</td>
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<tr>
<td>Overview of the service</td>
<td>Ellsworth House provides care for up to eight people who have learning disability and require support with personal care.</td>
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<tr>
<td>Type of service</td>
<td>Care home service without nursing</td>
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<td>Regulated activity</td>
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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 5 September 2013 and 6 September 2013, observed how people were being cared for and talked with people who use the service. We talked with staff, reviewed information given to us by the provider and reviewed information sent to us by other authorities.

What people told us and what we found

In this report the name of a registered manager appears who was not in post and not managing the regulatory activities at this location at the time of the inspection. Their name appears because they were still a Registered Manager on our register at the time.

Most people who lived in the home had communication difficulties so we were not able to discuss life in the home with them. Some people used non-verbal communication, such as pictures or sign language. We spoke with one person who told us they liked living at the home. They made their own decisions and staff respected the choices they made. They said “The staff make sure I'm alright. Staff ask me if I'm happy.”

Staff supported people well and understood their needs. The level of care people received had improved in recent months and was now more consistent. New permanent staff had been recruited and the use of agency staff had reduced significantly.

People were protected from the risk of abuse. Some people who lived in the home could become anxious or present aggressive behaviour. Staff supported them in a calm, confident and professional way.

Some parts of the home required redecoration and refurbishment to ensure they met the needs of people and that they provided a safe and homely environment.

People's views, and the views of those close to them, were taken into account by the provider when planning or reviewing care. People who lived in the home benefitted from a well monitored service.

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 23 October 2013, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

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

More information about the provider

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

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

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### 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.

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### Reasons for our judgement

Seven people were living at the home at the time of our inspection. Most people had communication difficulties so we were not able to discuss life in the home with them. We spoke with one person who told us they made their own decisions and staff respected the choices they made. They said "Staff ask me and I tell them what I want to do."

Some people used non-verbal communication, such as pictures or sign language. Throughout our visits we saw staff offered people choices about what they wanted to do, what food or drinks they wanted and where they wanted to spend their time. Staff understood respected and implemented people's choices.

All bedrooms at the home were for single occupancy and all had en suite facilities. This meant that people had private space if they wished to spend time alone and privacy for personal care. We saw that people used their own rooms when they wished. Staff always knocked on bedroom doors before entering which showed they respected people's privacy.

People chose what activities they wished to take part in both inside and out of the home. Activities for people had improved because the home had recruited more permanent staff in the last few months. On the days of our visits people went out on planned activities such as attending a local farm, playing football and going out on shopping trips. We read that people had chosen to attend swimming sessions, lunch club, social clubs and college courses.

People who lived in the home had certain members of staff nominated as their keyworkers. These staff worked closely with each person to help them to choose and plan the things they wished to do. Keyworker meetings were held but the provider may find it useful to note that the records we looked at showed that they were irregular. Staff told us these meetings were to be improved so that they were held regularly and that more staff could contribute.
Decision making was covered in people's care plans. Most people in the home would be able to make some decisions if they were given the right information and the time to decide and communicate. Where people used non-verbal communication this was explained in their plan. One person's plan explained how they communicated their choices. We saw that staff were good at understanding their non-verbal communication and respected the choices this person made.

Staff had been trained in the Mental Capacity Act 2005, which helped them to support people to make decisions. Staff knew who to involve if people could not make decisions for themselves. They knew these decisions must be made in the person's best interests. One person recently had a medical procedure carried out to which they were unable to consent. We saw that the correct best interest procedure had been followed. This showed that people's legal rights were protected.
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

One person we spoke with said they were happy living at the home. They said "The staff make sure I'm alright. Staff ask me if I'm happy."

The staff we observed supporting people knew them well and understood their needs. Staff told us they thought people were happy living at the home and were cared for well. Staff said the level of care people received had improved and was more consistent. One staff member said "Things have got a lot better. There was no consistency before, now there is. Things are much more structured now."

We saw that staff were kind and responsive to people’s care needs. One person said "I see my doctor" if they were unwell. They took medicines each day; they said "the staff give them to me." They showed us they had a safe place to keep their medicines in their own room.

People who lived in the home had complex care needs. Various health care professionals supported them. When reviews were carried out by these professionals their advice or guidance was acted upon by care staff. This showed that people's changing care needs were met.

The information we received from the local authority following a meeting on 25 June 2013 confirmed that people's care needs had been reviewed. These reviews concluded that people's assessed needs were being met. The records we looked at during our inspection showed that people who lived in the home or their relatives had been involved in the review process.

We looked at three people's care records. Care plans contained guidance on the areas of support people required such as how to communicate effectively, people's preferred morning and evening routines, details of any health conditions and how any support should be provided. Risks to people were identified using assessments. The assessments we looked at were clear and provided guidance for staff about how to reduce risks for people.

Staff were kept up to date if people's care needs changed. Staff told us that
communication throughout the home had improved. They had thorough handovers when they began their shift where they were told of any changes since they last worked in the home.
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 used 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

One person confirmed they felt safe living at the home. They told us they would "tell somebody, tell the staff" if they were unhappy or upset. We observed that people who were unable to verbally express their views appeared comfortable in the company of staff. They showed signs of wellbeing and actively sought interaction with staff.

The provider had policies and procedures for recognising and reporting abuse and whistle blowing (where staff could raise any concerns they had in a confidential way). This meant that staff had the correct information should they need to refer an issue of concern.

We read that some people who lived in the home could become distressed, anxious or present aggressive behaviour. Care plans were written for each person who displayed this type of behaviour. They described the techniques which may be used when people became anxious or aggressive. Additional medication could also be used. Physical restraint could be used as a last resort.

We saw that one individual became distressed on both days of our inspection. Staff supported them in a calm, confident and professional way. Staff we spoke with had a very good knowledge of how best to support this person. On one occasion they administered additional medicines following this person's guidelines. We saw that the action staff took was appropriate and that it helped this person to return to a calm state. Staff were responsive to their needs and understood the care they needed.

People who lived in the home were sometimes affected by the behaviours of those they lived with. On the second day of our inspection we saw that one person had become very anxious due to another person's behaviour. Staff helped to diffuse the incident by using techniques covered in this person's care plan. Staff we spoke with said that these types of incidents were inevitable due to the complex needs of people. One staff member said "Incidents are reducing though. In general I feel that service users are much happier and calmer. We used to have incidents here every day. Now it is once or twice a week."

One senior member of the staff team compiled a summary and analysis of incidents of challenging behaviour which occurred in the home. We read that three people had no
recorded incidents in the previous two months. For other people the general trend was that incidents were reducing. We noted that additional medication had been used but this was rare. Restraint had not been used.

None of the staff we spoke with had any current concerns about people being at risk of abuse. Staff understood the various types of abuse and knew what action they needed to take to ensure people were safe. One staff member told us "I did have concerns in the past which I have reported. I don't have any concerns about people's safety now."

The information we received from the local authority following a meeting on 25 June 2013 confirmed that the provider had responded appropriately when concerns about people's safety were raised. This showed that people’s welfare and safety was promoted and that concerns were taken seriously.

Staff had been trained to understand the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. These safeguards aimed to protect people from being inappropriately deprived of their liberty. The safeguards can only be used when there is no other way of supporting a person safely. No one was subject to a Deprivation of Liberty Safeguard order. Any other restrictions placed upon people, such as accessing the kitchen with staff support, were agreed and noted in people's care records.
Safety and suitability of premises

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

Our judgement

The provider was not meeting this standard.

People who used the service, staff and visitors were not adequately protected against the risks of unsafe or unsuitable premises.

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

Reasons for our judgement

People who lived in the home did not comment on this outcome.

Ellsworth House was a semi-detached property set within its own gated grounds, amongst other residential properties. The main part of the home could accommodate up to six people in single bedrooms. There was one vacant bedroom. Two people were accommodated in separate self-contained annexes.

We looked around the home when we visited. We saw that some areas of the home had been well maintained and provided people with a safe and homely environment. Other areas required improvement.

We saw that both lounge areas, the landing and the entrance hallway required redecoration. Some paintwork was damaged, particularly around doorways. Carpets needed replacing in the lounges and entrance hallway as they were badly stained in places. Some soft furnishings needed replacing due to their poor state. Additional furniture was also required in both lounges.

The manager provided us with an environmental action plan dated August 2013 following our inspection visits. This confirmed that all of the improvements detailed above had been identified as being required. This plan also confirmed that people's bedrooms were to be redecorated and that the staff office was to be relocated from the first floor to the ground floor. There were no timescales as yet for completion of this work.

The information we received from the local authority following a meeting on 25 June 2013 confirmed that concerns were raised about the layout of the home and the space available for people with such complex care needs. This was particularly important when people became anxious or displayed aggressive behaviour as people tended to congregate in one lounge and this could make situations difficult to manage. We saw that people congregated in this area on both days of our inspection.
We discussed this with staff who said they were encouraging people to use the other lounge area. This had previously been used as the dining room but was now used as an additional lounge area and sensory room. One staff member said "Space can be an issue. It's getting into the idea that people can use the front room as a quiet space."
### Staffing

**Met this standard**

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

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### Our judgement

The provider was meeting this standard.

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

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### Reasons for our judgement

One person said they liked the staff who worked in the home. We saw that there was a good staff presence throughout our inspection and that staff were available when people needed them.

We saw that people were well supported by staff. Staff interacted with people and gave them their time and attention. There were enough staff to be able to respond to people’s needs and wishes. There was a relaxed atmosphere in the home and staff did not appear rushed.

There was a clear staffing structure which ensured there were clear lines of accountability and responsibility within the team. Vacant posts had been recruited to, which had led to the development of a management team, senior team and support worker team. Some regular agency staff were still used but this had greatly reduced in the last two months.

The provider had a preferred level of staffing numbers during the day. When this was achieved people were provided with appropriate staffing, for example when they needed two to one staff support, and they were able to access the community when they chose to. The staffing records we looked at showed that this level of staffing was provided each day. We also noted that there was minimal use of agency staff.

The staff we spoke with said they felt people were well supported. Communication throughout the team was said to be good. Staffing had improved; morale and team work were now said to be "very good."
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.

The provider had an effective system to regularly assess and monitor the quality of service that people received.

Reasons for our judgement

One person we spoke with said they were happy with their service. They told us "staff ask me if I am happy."

The information we received from the local authority following a meeting on 25 June 2013 confirmed that people's care needs had been reviewed. People who lived in the home or their relatives had been involved in the review process. The provider also surveyed relatives each year for their views of the service; this year's survey had just been sent out to them. This showed that people's views, and the views of those close to them, were taken into account by the provider.

This meeting also noted that the actions to improve the service which were the provider's responsibility had been carried out. This showed the provider was committed to improving the service which people who lived in the home received.

The provider carried out an annual staff survey. The results of the March 2013 survey showed that staff said there were too many agency staff working at the home and that care and support for people was inconsistent. We noted at this inspection that agency staffing had reduced and that staff were working consistently with people.

The service was visited by a member of the provider's senior management team each month. We looked at the records of the last three visits. These showed they had discussions with people who lived in the home and with staff members. They also reviewed a selection of records; some about the people who lived in the home and some staffing records. We saw that an action plan was put in place where areas for improvement were identified. This meant that people who lived in the home benefitted from a well monitored service.

All of the staff we spoke with said that the service had improved significantly in the last few months. They were confident that the service would continue to improve. One staff member said "Things have really improved here. Staff are now working consistently with people and paperwork and files have been sorted out. I think the new manager has helped. I think his care standards are very high."
Records  

Met this standard

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

We did not receive any comments on this outcome from people who lived in the home.

We looked at three people's care records. Each person's records had been reviewed recently by care staff. We read that most sections of people's care plans were clear and gave staff accurate information about people's care needs.

However in one person's plan we read that they required visual checks by night staff every 20 minutes. The provider may find it useful to note that records of night checks showed that they were being carried out every 30 minutes. One staff member told us the frequency of checks had been changed to 30 minutes. These care records did not accurately reflect the care that was being delivered.

People who lived in the home could become anxious and display aggressive behaviour. Staff were able to administer additional medication for certain people to help reduce their anxiety. We noted that clear guidelines were in place for the use of this medication within the medication file. However, no mention was made of the use of additional medication in people's behaviour care plans. People's behaviour plans did not therefore accurately describe the care being provided.

Physical restraint could also be used as a last resort for certain people but the risks in using these techniques had not been assessed in any of the plans we looked at. This meant that care planning was not always clear and not all of the risks associated with people's care had been assessed. People may therefore be at risk of receiving inappropriate care.

We received written confirmation from the home's manager on 9 September 2013 that people's care records had been improved. Staff had amended plans to ensure they reflected the care that was being delivered. The use of additional medication had been included in behavioural care plans and risks assessed for people who may require physical restraint.
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.

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<thead>
<tr>
<th>Regulated activity</th>
<th>Regulation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accommodation for persons who require nursing or personal care</td>
<td>Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010</td>
</tr>
<tr>
<td></td>
<td>Safety and suitability of premises</td>
</tr>
<tr>
<td></td>
<td>How the regulation was not being met:</td>
</tr>
<tr>
<td></td>
<td>Some parts of the home required redecoration and refurbishment to ensure they met the needs of people and that they provided a safe and homely environment. Communal areas needed to be used more effectively when people became anxious or displayed aggressive behaviour.</td>
</tr>
</tbody>
</table>

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 23 October 2013.

CQC should be informed when compliance actions are complete.

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

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

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.