

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

Sunnymede

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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
Safeguarding people who use services from abuse	✓ Met this standard
Safety and suitability of premises	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Staffing	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Woodland Healthcare Limited
Registered Manager	Mrs. Bernice Currey
Overview of the service	Sunnymede Nursing Home is registered with the Care Quality Commission to provide accommodation for people who require nursing and personal care.
Type of service	Care home service with nursing
Regulated activities	Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury

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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 9 April 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 and were accompanied by a specialist advisor.

What people told us and what we found

We spent some time talking with people and observed interactions between people and staff during the inspection. We saw staff reassuring people, listening to what they were asking or saying and acting on it. We saw staff kept people engaged in different activities throughout the home.

We saw people were responsive to the company of staff and smiled as they walked through the home at different times. We observed people drinking tea and coffee and chatting with staff and each other. People were not rushed and were supported to do things in their own time. One person told us "they work so hard and they have more time to talk to us, they don't rush around anymore". People said they felt safe using the service.

We saw the provider had a policy on safeguarding people from abuse. Staff had attended training to help ensure that people who lived in the home were protected from the risk of abuse.

We saw there were sufficient numbers of suitably qualified and experienced staff at all times in the home to support the people who used the service.

People said they were aware of the complaints procedure and would let the manager know if they were unhappy. One person said "I am ok I have no complaints".

We saw the environment was suitably designed and adequately maintained. To provide care for people who used the service.

We saw the provider had effective systems in place to regularly monitor the quality of service that people received.

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 views and experiences were taken in to account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

People who used the service understood the care and treatment choices available to them. People told us that they had discussed their care needs and had received information about the service before they choose to live in Sunnymede Nursing Home. For example, how to make a complaint if they were not happy with any area of the service.

We saw records to show that a care needs assessment had been completed by the manager to make sure the service could provide the care people needed. We found people were given an opportunity to test the service by having a month's trial period to make sure the service was suitable.

People said they were given opportunities to express their views about the service and staff respected their privacy and dignity. Staff were seen to knock on bedroom and bathrooms doors and waited before they entered.

We saw that staff took time to explain what they were doing when they assisted people. We heard staff encourage people to do what they could for themselves. We heard phrases like "take your time; hold on to chair before you stand you will be fine we are here to support you". This meant that people were supported to live as independently as possible. We also heard staff use people's preferred name when they spoke with them. This showed that staff were respectful to people's preferences.

We found that people were being offered choices in a way that was suitable to them. For example we saw staff offering people the choice of tea or coffee and soft drinks during the day and after lunch.

We saw people were supported to participate in a variety of activities within the home and in the community. The activity coordinator who was also a senior care worker told us they provided people with activities tailored to their abilities. We saw that there were weekly and quarterly dairies of activities kept in the activities file. Examples of activities provided included group or individual shopping trips within the community, cookery, dominos and

card games, bingo and monthly communion and church services for people who expressed interest in exercising their Christian faith.

There was also a monthly external entertainment. Records showed that throughout the year the provider organised events such as spring fare, family barbeque and group outings to the seaside. Family members, friends and staff were involved in those activities. We observed people enjoying a sing -along session from an external entertainer during the afternoon.

We were told that one to one session was provided for people with dementia or communication difficulties. This meant that people who were not able to take part in group activities were not isolated and the home had a culture of inclusiveness.

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

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. People we spoke with told us they were happy with the care and support provided by the home. People told us they were assessed before they came to live at Sunnymede Nursing Home. They said they were involved in developing their care and support plan. This meant that people were supported and involved in making decisions about their care.

We spoke with 11 people who were living in the home. They told us they were happy living at the home. One person said "I am quite happy here. I am well looked after. Another person told us "this is a good place the girls treat us well. They are well mannered and not rude".

We looked at two care plans. We saw the care and support plans were personalised and tailored to meet people's identified needs. Each care plan included assessments of risks and identified care needs. We saw that where people were not able to make decisions, capacity assessments had been completed. Information about consultation with other significant people had been recorded to demonstrate why decisions had been made.

We saw that risk assessments reflected what the risk was and how it was to be managed and action needed to reduce the risks. We saw examples of completed risk assessment records for people who were prone to developing pressure ulcers. They had been provided with the necessary equipment and care support they needed to prevent pressure ulcers developing. The level of risk had been assessed, documented, and preventative action had been taken.

One of the care files we looked at was that of an individual with a risk of developing pressure ulcer. We saw that the staff recorded entries of when and how the vulnerable area was managed to prevent breakdown. We saw the area was regularly monitored.

We saw a 'handling' assessment had been completed for each person who used the service. The assessments recorded how staff should support people who had reduced or very limited mobility. The care plans and accompanying assessments had been reviewed and updated on a regular basis by registered nurses. This demonstrated that care needs

were monitored and reviewed.

We saw care files contained assessments of people's dependency levels. The nurse on duty said that this enabled the home to ensure that there were adequate resources in place to meet people's needs. We saw that daily records were written of how the people's identified needs were met.

Care plans highlighted what people could do on their own and when they needed assistance from staff. We saw evidence that these were reviewed on a monthly basis to ensure people's changing needs were identified and met. There were separate areas in the care plans that showed specialists had been consulted over people's care. These included health professionals' visits and GP communication records.

On the day of our inspection we spoke with three visiting medical and healthcare professionals. They told us they had no concerns about the home. One person told us "staff are good at handing over information and carrying out instructions. We only have positive experience of this place. Things have really improved".

Staff were observed assisting people with their care needs in a sensitive and supportive manner. For example, a staff member responded quickly to support a person who was distressed because they felt cold and needed help to find a blanket. On another occasion we observed staff sitting, interacting and spending time with a person who was agitated. The staff member stayed and spoke with them until they settled down.

This demonstrated that staff understood the importance of spending time with people to listen and to know them better in order to provide appropriate care for them. It also showed that the provider had considered the importance of making sure staff were provided with the time to spend with people who used the service without rushing to complete other tasks.

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

Our judgement

The provider was meeting this standard.

People who use services 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

People we spoke with told us that staff treated them kindly and politely. For example one person said "For me this place is safe no worries. I have no complaints. Another person said "staff are always handy, besides my family come regularly so will tell them as well if I have any concerns but I haven't at the moment".

The home had a policy and procedure for reporting abuse. The policy was regularly updated in line with the local authority safeguarding policy. There was also a whistleblowing policy to enable staff to report incidents of abuse without reprisal.

A number of staff we spoke with were knowledgeable of the different types of abuse and the action to take if they witnessed or suspected an abuse incident. We looked at the home's training record and noted that all staff had been provided with safeguarding people from abuse training.

We saw that the home had regularly checked the Personal Identification Numbers (PIN) of trained nurses with the Nursing and Midwifery Council (NMC) to provide extra safeguards for the people who used services.

We saw from reviewing information for two members of staff who were recently employed at the home. We saw that appropriate checks were undertaken before staff began work. This included a satisfactory Disclosure and Barring record and two references. This was to make sure that only people of good character, physically and mentally fit were employed to support vulnerable people living at the home.

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

Our judgement

The provider was meeting this standard.

The provider has taken steps to provide care in an environment that is suitably designed and adequately maintained.

Reasons for our judgement

The provider had taken steps to provide care in an environment that was suitably designed and adequately maintained.

During our previous inspection to the service on 18 October 2012, we had minor concerns that the provider did not adequately maintain the safety of the premises. We said, "The provider had not taken steps to provide care in an environment that is suitably designed and adequately maintained." We gave examples of why that was. We had judged that this had a minor impact on people who used the service and issued the provider with a compliance action.

In response to our concerns, the provider sent us an action plan.

On this inspection we looked around the premises and visited the areas where concerns had been identified. We saw that the problem with offensive odour at the front entrance and the lounge had been resolved.

Steps had been taken to address the stained and worn carpets in the lounges. We saw new carpets and new furniture had been provided in the lounges. People told us they felt comfortable. This meant that the provider had taken steps to provide care in a comfortable and dignified environment.

We observed that the premises were being refurbished. The home was clean, well ventilated, smelt fresh and free from hazardous material which could cause harm or danger to people who lived in the home.

Care and domestic staff told us they were pleased with the work carried out at the home. One staff said "there has been a great improvement at the home". Another staff member told us "things are much better now than they were before. All the upstairs have been decorated. It looks lovely. The providers are doing a good job".

We saw that the service had contracted a company who carried out various safety checks at the home. These included testing of portable appliances, electrical installations and gas appliances. The home also employed a maintenance person who carried out other health and safety checks and maintenance at the home. This meant that steps had been taken to ensure the physical environment was safe for people to live in.

We reviewed the home's emergency plans in regard to loss of electricity, water supply failure, and event of fire or flooding and medical emergencies. We found that this was appropriate and tailored to the needs of the home. The manager and staff spoken with were knowledgeable about what to do in the event they of any of the emergencies listed.

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

The people who used this service were complimentary about the staff. They made comments such as "they are very polite" and "they do their best for you they are really good".

We saw appropriate checks had been undertaken before staff began work in the home. We looked at the records of two of the recently recruited staff. These contained the information needed to judge whether or not the person was fit to work with vulnerable people.

We saw the service had applied for and received Disclosure and Barring Service checks before the people had been allowed to start work with the home. This was to ensure information about any previous criminal activity by the person was obtained.

We saw the home had also received two written references. One was from the previous employer providing satisfactory evidence of good conduct in their previous employment and the other was a character reference.

We also saw the individuals' completed application forms and these provided a full employment history and identified any gaps in employment that might need an explanation.

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 numbers of suitably qualified skilled and experienced staff to meet peoples' needs.

Reasons for our judgement

We spoke with 11 people who used the service. They told us that staff were caring and friendly and supported them to meet their needs.

People said they could always find someone if they needed help or someone to talk to. One person said "they always stop and talk to us even when they are busy".

We looked at the home's policy on staffing reviews to find out what tools they used to determine the staffing levels at the home. The policy stated "An update should be done each month, taking into account the client numbers, dependency and specific individual needs".

We saw that the staffing level was reviewed in January 2013 and gave the staffing levels as follows. one registered nurse and five care assistants in the morning from 8pm to 2pm, four care assistants and one registered nurse in the afternoon from 2pm and two carers and one registered nurse at night.

We saw that the staffing levels were monitored regularly and when the needs of the people changed. Staff spoken with confirmed the staffing levels had been increased since our last inspection. They told us that this had made a difference to the care and well being of the people who used the service.

We saw from the staff rota that on three occasions between 1 April and 8 April 2013 the home was one staff short from 2pm to 8pm. The manager and provider explained that this was due to sickness. However, the manager told us that a member of staff in the kitchen who was also a care assistant helped out on the floors on two of those days. The manager told us that one of these days there two registered nurses on duty. These was verified through the clocking in system.

This information was meant there were adequate numbers of staff on duty and they were able to meet people's needs.

One staff member told us "we have more staff now so we are not rushing around. The atmosphere in the home is a lot calmer" and "between three and four in the afternoon because we have more staff we can actually sit down with the residents and talk to them which is very good. Staff are really happy that we can do this for our resident". Another

staff told us "staff moral is really high; I feel good coming to work now".

When we asked relatives who visited the home frequently what they thought about the staff numbers, one of them said "staff are really working hard. The home is much better and atmosphere seems relaxed but the owners need to keep an eye on the staffing level especially in the evenings". We shared this information with the provider. They told us the staffing level was regularly monitored and would be increased as the needs of the people who lived in the home increased.

Staff were observed supporting people with mobility problems in a dignified, gentle and unhurried manner without compromising their independence.

We spoke with 11 people living in the home, they told us that staff were caring and friendly and supported them in meeting their needs. People told us that the staffing levels have improved and that staff spent more time with them. Examples of what they told us included "staff are very good to us .Things are better than last time you visited us. The girls are less stressed. There are more staff. They work so hard but the have more time to talk to us. They don't rush around anymore".

The manager told us that an administrator had been employed to undertake office duties to enable the manager to concentrate on caring and supporting people who used services. The new administrator was not on duty on the day of our inspection.

We asked staff how they communicated with each other in regards to people who used services. They told us that there was always a handover session at the end of each shift where information about changes or new information to peoples' needs were discussed.

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

We found that people felt cared for by capable staff. People we spoke with told us staff were respectful and they were confident staff had received training. One person said "staff are good at what they do. They do what you want them to do. They seem well trained especially in supporting people who need help".

The training record showed what training staff members had undertaken. The training record reflected there was an ongoing and detailed staff training programme in place for all staff. This included up to date mandatory training and training in person centred care, end of life care, safeguarding adults from abuse, manual handling, infection control and health and safety. We saw that 17 of 50 staff members had achieved the National Vocational Qualification (NVQ) at different levels. We also saw that four staff members were currently undertaking NVQ at level 2 and two staff members had been booked to commence at level 3. This meant that the provider ensured staff received appropriate training to do their job effectively.

We saw new staff members had recently commenced employment and received an appropriate induction programme and in accordance with nationally recognised common induction standards. This was to support them to provide care and treatment to people who used the service. We saw shadowing sessions were included in the induction. This was to make sure staff had the opportunity to learn from more experienced staff before supporting people independently.

We spoke with staff about their roles and responsibilities in the home. Staff told us that their main role was to provide care and support for people who lived in the home. Staff told us that they worked as a team to ensure the care needs of the people they supported were met. They said they achieved this through reading the communication book, handover sessions as well as reading care plans.

We saw that structures were in place for staff to commence annual appraisal. This was to review areas staff did well and to consider future training and development needs.

We saw that 16 staff members had received group supervision on 8 and 9 January, 2013. The manager told us the group supervision sessions were used to discuss the needs of the people who used the service. Other areas discussed included manual handling risk assessments, communication and care planning.

We saw from the records that there were regular staff meetings to discuss the care and welfare of people who used the service. This meant that people's health and welfare needs were met by competent staff who had been appropriately supported.

The manager told us that registered nurses had undertaken training on syringe driver for end of life care on 11 April 2013. This was to enhance their knowledge in this area in order to support people who may need pain control during their end of life care. We were told that pressure ulcer and wound care management training were also being organised for registered nurses. This was to equip the nurses with the knowledge and skills required to carry out their responsibilities.

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 effective system in place to regularly monitor the quality of service that people receive.

Reasons for our judgement

People we spoke with told us that they were happy living in Sunnymede. They said that staff were good and that they were supported to be as independent as possible. People living in the home told us their overall experience was that the home was run well. One individual said "It is ok here I know this is a different world and it is going to be my home for a long time. I am happy with it. This place is a good place".

We saw that audits of different services provided at the home were taken to identify areas of concern and an action plan completed and implemented. We saw that people who used services, families and representatives were regularly asked to provide comments about the care provided to gain feedback in order to develop a service suited for people's needs.

There were in house annual quality audits which took into account a range of the services provided at the home. We saw that monthly audits in relation to incident/accidents, medication health and safety took place. Other examples included maintenance summary, personnel audit, external audit and mystery shopper (this is a tool used externally by the organization to measure quality of service) and care plan reviews.

Staff said they were encouraged to discuss new ideas that would raise the level and standard of care with the manager at staff meetings and at supervision sessions.

We noted that people who used services were supported to attend meetings organised for people who lived in the home. This was so people could make their views known and to discuss what mattered to them in the day to day running of the home.

We spoke with two healthcare professionals who told us they were satisfied with the services provided by Sunnymede Nursing Home. One person said "I have no concerns about the home. Staff were always available and ready to help each time we visited.

We saw a copy of the complaints procedures was available in the home. People said they were aware of how to make complaint and would let staff and the manager know if they had any complaints. We saw there were no recorded complaints since our last inspection.

However, we saw there were concerns raised by an individual who used the service which was recorded in their care file before the day of our inspection. The manager told us they were aware of the concerns. It would be transferred in to the complaints file and would be responded to in a timely and appropriate manner as set out in the provider's complaint's procedure.

We looked at accidents and incidents records to find out how these had been managed. We saw that when people had fallen risk assessments and care plans were reviewed to prevent reoccurrence. We saw that accidents were audited monthly to look for patterns and to develop strategies to minimise accidents. We saw that staff had attended training on health and safety along with guideline information to enable staff to protect people who used services and themselves.

About CQC inspections

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

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

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

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

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

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

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

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

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

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

How we define our judgements

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

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

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

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

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

How we define our judgements (continued)

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

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

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

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

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

Glossary of terms we use in this report

Essential standard

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

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

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

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

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

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

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

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

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

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

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

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

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

Glossary of terms we use in this report (continued)

(Registered) Provider

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

Regulations

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

Responsive inspection

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

Routine inspection

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

Themed inspection

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

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