

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

## Princess Lodge Limited

11 High Street, Princes End, Tipton, DY4 9HU

Tel: 01215571176

Date of Inspection: 06 February 2014

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We inspected the following standards to check that action had been taken to meet them. This is what we found:

<b>Care and welfare of people who use services</b>	✘	Action needed
<b>Safeguarding people who use services from abuse</b>	✔	Met this standard
<b>Requirements relating to workers</b>	✔	Met this standard
<b>Staffing</b>	✔	Met this standard
<b>Supporting workers</b>	✔	Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✔	Met this standard

## Details about this location

Registered Provider	Princess Lodge Limited
Registered Managers	Mr. Frank Brown Mrs. Jayne Elizabeth Whitehouse
Overview of the service	Princess Lodge is registered to provide accommodation and nursing care to a maximum of 36 people. People living there have a range of conditions related to old age which may include dementia.
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

## 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

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### Why we carried out this inspection

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We carried out this inspection to check whether Princess Lodge Limited had taken action to meet the following essential standards:

- Care and welfare of people who use services
- Safeguarding people who use services from abuse
- Requirements relating to workers
- Staffing
- Supporting workers
- Assessing and monitoring the quality of service provision

This was an unannounced inspection.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 6 February 2014, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members, talked with staff and reviewed information given to us by the provider.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

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### What people told us and what we found

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On the day of our inspection 23 people lived at the home. The registered managers as detailed on this report no longer worked in the home and the new manager appointed is in the process of registering to become the registered manager. We spoke with four people who lived there and three of their relatives. We spoke with three visiting healthcare professionals, four members of staff, the manager and the general manager. Several people who lived there were unable to verbally tell us their experiences so we spent time observing how staff interacted with people.

At our last inspection in October 2013, we found that improvements were needed in a number of areas which included a warning notice. At this inspection we saw that overall improvements had been made in most of the areas.

We saw that people's care needs were assessed and so that their health and wellbeing was promoted and met. One relative said, "Staff look after people very well." One person told us, "I'm very happy with the care and staff." However, we saw that further improvements were still required to ensure that people's needs were consistently met.

Safeguarding procedures were in place so that staff would recognise and report any allegations of abuse so that people were protected from the risk of harm.

The provider had robust recruitment systems in place so that only staff that were suitable to work with vulnerable people were employed.

We saw that there were enough staff employed to meet people's needs and ensure their safety.

We found that the provider had systems in place to support staff to enable them to provide care and support that met people's needs and kept them safe.

We found that people were asked for their views about the home and people were listened to. The provider had an effective system in place to ensure the quality of service provision was monitored so that any necessary improvements could be made.

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

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### **What we have told the provider to do**

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We have asked the provider to send us a report by 08 April 2014, 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.

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### **More information about the provider**

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Please see our website [www.cqc.org.uk](http://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

✘ Action needed

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

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#### Our judgement

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The provider was not meeting this standard.

Care and treatment was not always planned and delivered in a way that was intended to ensure people's safety and welfare.

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

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#### Reasons for our judgement

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We assessed this outcome area in our last inspection in October 2013 and we found that the provider was not meeting this standard, we set compliance actions and told the provider to improve. We found that there was a lack of meaningful activities provided for people, there was limited staff interaction with people and attention had not always been given to people's personal care.

At this inspection all of the people we spoke with were happy about the care and support provided. One person said, "The care is good." Another person said, "I'm very happy, I like it here."

We saw that people's needs were assessed and in most cases their care was delivered in line with their individual care plan. We looked at four people's care records. These included person centred care plans and risk assessments. These showed staff how to support the person to meet their needs. Staff spoken with knew how to support people to meet their needs and told us that if there were any changes to people's needs, they were informed of this at the beginning of their shift. However, the care plan that we looked at was not sufficiently detailed to ensure that staff knew how to safely support the person to meet their needs. We also observed that one person's catheter care was not delivered according to their care plan. This meant that the person's care was not provided in a safe way according to their care plan. We discussed this issue with the manager and the clinical lead at the time of our inspection who stated they would ensure that the care plan was updated so that staff had the information they needed. The manager also told us that they would investigate why the care plan had not been followed to ensure consistency in practice.

Records we sampled showed that people were referred to other healthcare professionals to ensure their healthcare needs were monitored and met. Three healthcare professionals

told us that staff followed their instructions to ensure people's health and wellbeing. We observed that staff followed care guidelines that health care professionals had put in place. One person told us, "I'm happy here, the care is good. Staff always make arrangements for me to see my district nurse and GP." Another person said, "The staff are brilliant, they look after us in a lovely way. They are always available for help and they call the doctor for you if you are unwell." Some of the staff we spoke with told us about times when they had made appointments to see a doctor or made arrangements to see other health care professionals. This meant that people could get support with their health when needed.

We saw that people were dressed in individual styles that reflected their age, gender and the weather. People told us that the hairdresser visited the home once a week and we saw they visited at the time of our inspection. We saw that staff supported people who wanted to go to the hairdresser. However, we found that attention had not always been given to people's personal care. One person said, "I have a shower once a week, I'm given a certain day once a week for a shower but I would like to have more showers." Another person told us, "I would like to have more showers than having it once a week only." We saw a care plan that stated the person would have a shower once a week or when needed. However, we saw that this person was unable to express their needs. Staff spoken with told us that people were supported to have a full body wash each day and that all of the people were allocated one day a week to have a shower or bath. This was discussed with the manager who told us that they had started to address this and this included consulting relatives about how to support people's individual needs and wishes. This meant that people's personal care needs were not always met which could impact on their wellbeing and self-esteem.

We saw that the group activity programme for each day was displayed on the board. We saw that some people enjoyed the group activities that happened in the afternoon. Some of the people spoken with told us that they enjoyed the group activities and the board games that had been introduced. One person said, "Everything is changing and we hope it's for the better." In the afternoon we saw that staff sat down and talked with people engaging them in meaningful conversations. However, in the morning staff were busy with routine duties and only engaged with people when they needed to do a task such as supporting the person to go to the toilet or offering drinks. We saw that a few people were asleep, some people went to the hairdresser. However, we saw that for most of the people the only activity in the morning was watching TV and listening to music. One person told us there were not enough variety of activities. Another person said, "We could do with more activities that I like." We did not see records of individual activity programmes which took into account people's individual preferences. The general manager told us of the plans to work with a local college to train staff to engage with people to do more person centred activities. However, at the time of our inspection we found that not all of the people were offered opportunities to take part in meaningful activities that they liked and that reflected their interests and hobbies.

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

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## **Our judgement**

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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.

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## **Reasons for our judgement**

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We assessed this outcome area in our last inspection in October 2013 and we found that the provider was not meeting this standard, we set compliance actions and told the provider to improve. At the time we found that there was no appropriate system in place to show that allegations of abuse were recorded or responded to appropriately.

During this inspection we saw evidence that where safeguarding concerns had been identified by the home, these had been referred to the local safeguarding authority and discussions had taken place accordingly. This meant that the provider had responded appropriately to any allegations of abuse.

We saw that safeguarding procedures in the home had been improved as a result of initial findings from investigations by the local authority and monitoring visits by Sandwell clinical commissioning group. This included staff training in safeguarding vulnerable adults and systems to report any concerns. This meant that the provider had acted on feedback and improved safeguarding procedures.

We saw that the provider had a safeguarding and whistleblowing policy in place so staff were clear of their roles and responsibilities. Some of the staff explained how they would report and escalate concerns. One member of staff told us, "If my concerns were not listened to I would take it further until they were acted on." One relative told us, "If I have any concerns I would approach the manager and staff, they are helpful." This showed that procedures were in place to safeguard vulnerable people.

All of the staff that we spoke with reported that they had received recent training in safeguarding which included the Mental Capacity Act. We saw evidence to support this. All of the staff that we spoke with told us they were aware of the need to safeguard vulnerable people from harm and were able to explain their role in protecting vulnerable people. Staff that we spoke with said they provided a good standard of care and would not allow any poor practices. All of the people spoken with told us that they felt safe at the home and that staff took time to listen to their concerns and treat them with dignity and respect. This showed that staff were able to recognise and respond to any allegations of abuse and ensure people's rights were protected.

## Requirements relating to workers

✓ Met this standard

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

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### Our judgement

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The provider was meeting this standard.

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

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### Reasons for our judgement

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We assessed this outcome area in our last inspection in October 2013 and we found that the provider was not meeting this standard, we set compliance actions and told the provider to improve. We found that there was no robust recruitment system in place so that only staff that were suitable to work with vulnerable people were employed. During this inspection we found that improvements had been made.

At this inspection we saw that the provider had a system in place to ensure that staff were checked appropriately prior to employment. We found that a Disclosure and Barring Service (DBS) check (previously known as Criminal Records Bureau checks) and two pre-employment references were carried out prior to staff commencing their employment. We saw that records of registration with professional body and qualifications for nurses were in place. We saw that two staff had a disclosure on their DBS and as a result detailed risk assessments were put in place. All staff we spoke with confirmed they had provided this information before their appointment. This meant that the provider had taken necessary steps to ensure that only suitable staff were employed to work with vulnerable people.

We saw that all new staff had attended an interview where they were asked questions that were relevant to supporting the people who lived there and answers given were assessed based on a scoring system. This meant that the provider recruited people with appropriate skills and knowledge necessary for their job role.

## Staffing

✓ Met this standard

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

### Our judgement

The provider was meeting this standard.

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

### Reasons for our judgement

We assessed this outcome area in our last inspection in October 2013 and we found that the provider was not meeting this standard, we set compliance actions and told the provider to improve. We found that staffing levels did not meet the needs of the people using the service, we saw that people were left for periods of time without staff being available to them. Staff were not always available to observe all of the people who lived at the home. During this inspection we saw that improvements had been made. New staff had been recruited to replace any staff that had left and to balance the staffing levels required. This meant that the staffing levels remained at an appropriate level to meet people's care needs.

At this inspection we looked at the staffing rota over a four week period. We saw that overall the staffing levels on each shift were consistent with the number of staff including nursing staff that the manager told us was required to meet people's care needs safely. This showed that sufficient numbers of staff were available on each shift to meet people's needs in a safe and timely manner. The manager told us that any shortfalls in staffing levels were addressed by using internal staff, including the manager and clinical lead when needed. This was confirmed by some of the staff. This meant that people were always looked after by staff who knew them very well.

We spent some time observing the support people received from staff. We observed that in the afternoon staff had some time to talk with people and responded to requests that they had made. During a meal time we saw that people who required assistance were supported by staff to ensure they received an adequate meal on time. All of the people that we spoke with were happy with the staffing levels and told us that they did not have to wait excessively for staff to respond to their needs. One person told us, "If I need help staff respond on time." This meant that there was enough staff available to meet people's assessed needs in a timely manner.

Most of the staff that we spoke with told us that staffing levels were appropriate to meet people's care needs. Other staff commented that they could do with more staff in the morning. This was discussed with the manager who showed us that they had a system in place to monitor staffing levels. They had a needs analysis and dependency tool which assessed the number of staff needed. All of the relatives we spoke with felt that improvements had been made and there were enough staff. One relative said, "The

staffing level is better now."

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

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## **Our judgement**

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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.

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## **Reasons for our judgement**

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We assessed this outcome area in our last inspection in October 2013 and we found that the provider was not meeting this standard, we set compliance actions and told the provider to improve. We found that staff had not completed training required to meet people's needs and did not receive supervisions and job reviews. During this inspection we saw that improvements had been made to support staff so that they were enabled to provide care and support that meet people's needs.

All people we spoke with told us they did not have any concerns with the ability of staff to meet their needs. All of the relatives that we spoke with complimented the skills and ability of staff to perform their duties. One of the relatives said, "Staff are good at looking after people." We observed that staff delivered care safely to ensure that people were supported to meet their needs appropriately.

The records we looked at showed that most of the staff were up to date with their training and where staff needed update a plan was in place. All staff spoken with told us they felt they had received the training they needed to be able to carry out their roles effectively. Most staff said they had received further training, particularly around specific individual needs. We saw that staff had received training in areas such as dementia and behaviour that challenged the service. This meant that the provider was able to identify areas where staff needed additional support and provide training to enable staff to meet people's needs. One member of staff said, "I get good support here and the training I need." This showed that people were cared for by staff who were supported to meet the specific needs of the people they were caring for.

Some of the staff we spoke with said they had received supervision sessions, and attended staff meetings and we saw evidence to support this. We saw records of schedules for all staff supervision and job reviews. The manager told us they had not been able to do all supervisions and job reviews for all staff since they had been in post for a month. The manager told us that staff were free to discuss their concerns at any time. One staff said, "The manager is very supportive, we can approach the manager anytime to discuss any issues." The manager told us that individual training needs were identified through supervision sessions and staff meetings. We looked at records of supervisions and staff meetings and these reflected discussions of training needs and how they could

be achieved. This meant that people were supported by staff that were given feedback on their performance which helped them to meet people's needs safely.

Some of the staff told us that an induction programme was in place for all new staff that had started work at the home. This induction included a period of supervised practice before staff were assessed as competent to provide care to people on their own. The manager told us that every new member of staff were always accompanied by an experienced staff as an extra member of the team. We saw records of these staff induction programmes. This meant that the provider ensured that staff received appropriate support before they began to provide care and support to people.

## 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

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### Our judgement

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The provider was meeting this standard.

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

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

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### Reasons for our judgement

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We assessed this outcome area in our last inspection in October 2013 and we found non-compliance and judged it to have a major impact on people at that time and issued a warning notice. We followed this warning notice with another inspection in December 2013 and we found that some improvements had been made but the provider had not met all of the requirements of the warning notice. We issued another warning notice in December 2013. At this inspection we looked for evidence to see if the provider had met all of the requirements of the warning notice. We saw that the provider had made the required improvements to monitor the quality of the service provided.

At this inspection we found that a new manager had been in post since January this year. All of the staff and people spoken with were positive about the manager and how things had improved since the manager had been at the home. Most of the staff spoken told us that the manager spent time in areas around the home so they knew what was going on and had taken action to make improvements. One member of staff said, "We can approach the manager anytime about our views on how the home is run and our views are valued." All people, relatives and staff spoken with told us that it was very easy to raise any concerns with the manager and would act immediately. This meant that people were able to comment on the service they received so that improvements could be made..

We found that people, their relatives and staff were asked for their views about their care and treatment and they were acted on. We saw that meetings with people and their relatives were being held. Minutes of these meetings showed that people talked about the food, activities and any suggestions they had to improve the home. Some people spoken with confirmed that they were given feedback on what actions were taken as a result of comments made during these meetings. One relative told us, "We get questionnaires and have meetings so we are asked what we think. When I visit, the manager and staff have asked me for my views too." This meant that the views of people who used the service and their relatives were listened to and acted on.

We saw that the provider had system to record and review complaints. We saw that there was a complaints logbook which showed the nature of the complaint, the outcome and action taken. We saw that complaints made had been investigated appropriately and the issues resolved accordingly. The manager told us that they used complaints to learn lessons and improve the service. We found that information was made available to people explaining how they could complain using their complaints process. The staff we spoke with were able to explain what they would do if someone had a complaint. People and their relatives spoken with told us they knew how to make a complaint if they were unhappy with the service provided at the home. This meant that people were able to complain about the service they receive and there were processes in place to act on people's complaints.

We saw at this inspection that a system was in place for recording incidents/accidents. We saw that there was evidence that learning from incidents and investigations took place and appropriate changes were implemented. Records we sampled showed that when people had accidents these were recorded and the person was regularly monitored to ensure their safety. We saw that the accidents were analysed and looked at to see if they could be prevented in the future. This meant that the provider had a process to ensure incidents were recorded and any themes and trends would be monitored.

We found that the provider had systems in place to monitor the quality of the service they provide. We saw that a wide range of audits were completed to ensure that where needed improvements could be made. The audits we saw identified areas where the home had done well and where improvement was needed. We saw that action was taken to make improvements as a result of these. This meant that the quality of service provided was monitored so that people were safely and appropriately supported to meet their needs.

This section is primarily information for the provider

✕ **Action we have told the provider to take**

## Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activities	Regulation
Accommodation for persons who require nursing or personal care	<b>Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010</b> <b>Care and welfare of people who use services</b>
Diagnostic and screening procedures Treatment of disease, disorder or injury	<b>How the regulation was not being met:</b> The Provider must take proper steps to ensure that each person is protected against the risks of receiving care and treatment that is inappropriate and unsafe, through planning and delivery of care and treatment in such a way as to meet the person's individual needs to ensure their welfare. Regulation 9 (1) (b) (i) (ii)

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 08 April 2014.

CQC should be informed when compliance actions are complete.

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

## About CQC inspections

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

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

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

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of 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.

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**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.

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**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.

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**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

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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

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### Essential standard

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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)

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### Regulated activity

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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)

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### **(Registered) Provider**

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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'.

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### **Regulations**

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

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### **Responsive inspection**

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

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### **Routine inspection**

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

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### **Themed inspection**

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

## Contact us

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Phone: 03000 616161

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Website: [www.cqc.org.uk](http://www.cqc.org.uk)

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