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

Briarmede Care Home

426-428 Rochdale Road, Middleton, Manchester, M24 2QW

Tel: 01616532247

Date of Inspection: 28 February 2013

Date of Publication: April 2013

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

<table>
<thead>
<tr>
<th>Standard</th>
<th>Met/Action needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Respecting and involving people who use services</td>
<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>✔ Met this standard</td>
</tr>
<tr>
<td>Requirements relating to workers</td>
<td>✔ Met this standard</td>
</tr>
<tr>
<td>Supporting workers</td>
<td>✔ Met this standard</td>
</tr>
<tr>
<td>Assessing and monitoring the quality of service provision</td>
<td>✔ Met this standard</td>
</tr>
<tr>
<td>Complaints</td>
<td>✔ Met this standard</td>
</tr>
<tr>
<td>Records</td>
<td>✗ Action needed</td>
</tr>
</tbody>
</table>
## Details about this location

<table>
<thead>
<tr>
<th>Registered Provider</th>
<th>Briarmede Care Limited</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registered Manager</td>
<td>Mr. Adrian Riley</td>
</tr>
<tr>
<td>Overview of the service</td>
<td>Briarmede offers accommodation and personal care for up to 32 older people. The home has 24 single and four double bedrooms. Six of the single rooms have en-suite facilities. Bedrooms are located on both the ground and first floors. A passenger lift is provided.</td>
</tr>
<tr>
<td></td>
<td>The home is situated on the main Middleton to Rochdale Road. Access to the home is via one step into the front door. A car park is provided to the rear of the home.</td>
</tr>
<tr>
<td>Type of service</td>
<td>Care home service without nursing</td>
</tr>
<tr>
<td>Regulated activity</td>
<td>Accommodation for persons who require nursing or personal care</td>
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When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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Summary of this inspection

Why we carried out this inspection

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

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 28 February 2013, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members and talked with staff.

What people told us and what we found

During our visit we spent some time speaking with people at the home and their visitors. Overall people spoke positively about the care and support provided. One visitor told us, "they [the care staff] appear to care and look after people well" and "my relative seems to be well looked after".

Individual care records were in place to guide staff about how people wished to be cared for. Some of the information needed updating so that information was accurate and reflected the current and changing needs of people.

Activities offering people variety to their day were being improved. A new activity worker had been appointed and ideas were being developed offering people a choice of things to do.

People living at Briarmede were provided with comfortable accommodation that was well maintained.

No issues were identified with regards to the safety and protection of people. The manager and staff were aware of their responsibilities in keeping people safe.

Suitable arrangements were in place with regards to the recruitment of new staff. On-going training and support was available so that staff had the knowledge and skills needed to support people living at Briarmede. Staff spoken with said they were happy working at the home, they felt supported and had confidence in the management team.

Systems were in place to monitor and review the service provided ensuring people received a good standard of care.

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 01 May 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.
Our judgements for each standard inspected

Respecting and involving people who use services  ✓  Met this standard

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

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

Reasons for our judgement

During this visit we looked at what arrangements were in place for prospective residents. Information was available for people telling them about the service provided at Briarmede and what they could expect.

We were told that when people were referred to the home, the manager and deputy manager would make arrangements to speak with the person and their relatives. This enabled them to gather relevant information about their assessed needs and how they would like to be supported.

People were also encouraged to visit the home and look at the facilities provided and see if they would like to live at the home. Assessment information was also requested from the funding authority, where relevant. Once agreed all the information gathered was then used to develop the person's care plan.

We spent time looking at people's routines. We were told that the activity worker had left employment in 2012. However a new appointment had recently been made. We discussed with the new worker their plans so that people were offered variety to their day. An activity plan had been drawn up and included weekly activities, such as memory games, quizzes, film shows and bingo.

Other activities continued to be provided. These included a visiting holistic therapist who offered hand and foot care, an entertainer, a weekly church service and one person also had a visitor who came for bible readings. Newsletters were also provided keeping people informed about events within the home.

During our visit we spoke with visitors and people at the home. We were told "I've no complaints", "They [the care staff] appear to care and look after people well", "Yes, I would be happy speaking with the manager if there were any issues" and "My relative seems to be well looked after".

We spent time observing staff over the lunch time period. Overall the care workers were
very supportive and offered people encouragement. It was noted that one care worker was continually interrupted with the telephone ringing, whilst assisting someone with their meal. Whilst the carer was apologetic the meant the person did not have their meal as they should have. The provider may wish to consider more suitable arrangement at mealtimes so that people are not disturbed.
Care and welfare of people who use services

Met this standard

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

Our judgement

The provider was meeting this standard.

People experienced care and support that met their needs.

Reasons for our judgement

We looked at the care records for three people living at Briarmede. The care records showed that people were assessed before they were admitted to the home. The assessment provided information about what peoples’ capabilities were and areas where they needed help and support with.

Following admission this information was transferred to a care plan. A care plan details the individual care and support needs that a person has and shows how those needs are to be met by the staff.

The care plans that we looked at contained information about the support people required to meet their health and personal care needs. The care files also included information that identified if the person was at risk. Risk assessments were also completed where risk of harm from any hazards had been identified, such as falling, weight loss or developing pressure sores. Care plans were generally reviewed on a monthly basis to check that information reflected the current needs of people.

The manager told us that the home was currently involved in a scheme to develop more person centred information about people. This involved the development of ‘Life History books’ for people living at the home. This information would provide detailed information about people including things that were important to them, memories, preferences and their likes and dislikes.

We spent some time during our visit watching how staff offered assistance and interacted with people. The atmosphere within the home was very relaxed and provided a settled, quiet environment for people. Staff observed helping people with the mobility aids, explained things carefully and were supportive and caring when assisting them.
Safeguarding people who use services from abuse  ✔  Met this standard

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

Information was available to guide staff in adult protection procedures. An examination of the staff training records also showed that the majority of staff had completed training in safeguarding adults. This training was provided as part of the staff induction and renewed on an annual basis.

Training in the Mental Capacity Act 2005 and the deprivation of liberty safeguards was also being provided for staff. This training should help staff understand that assessments need to be undertaken to determine if people have capacity to make informed decisions about their care, support and treatment. It should also help staff understand that if a person is deprived of their liberty, they will need special protection to make sure that they are looked after properly and are kept safe.

We asked staff to tell us what they would do if they were concerned about poor practice or an allegation had been made to them. What they told us demonstrated they understood the safeguarding procedures and what they should do to ensure people were protected.
Safety and suitability of premises

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

Met this standard

Our judgement

The provider was meeting this standard.

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

Reasons for our judgement

During our inspection visit we spent sometime looking around the home. Accommodation comprised of a large open plan lounge and dining room, 24 single bedrooms and four double rooms. Six of the rooms also had en-suite facilities. There was a passenger lift available providing access to the first floor. We looked at a small number of bedrooms. Rooms had been personalised with people photographs and furniture from home.

Throughout the home there were numerous toilets as well as shower and bathing facilities. Suitable aids and adaptations had been fitted to assist people in meeting their physical and personal care needs. Clinical waste bins, soap dispensers and paper towels were available where personal care was carried out. Personal protective clothing, such as gloves and aprons were also available in all areas and staff seen wearing them when carrying out various tasks.

The manager told us that the toilets and the lounge/dining room had recently been redecorated. A new carpet was to be fitted to the lounge and a decorative mural was being added to one of the walls in the dining room, which would display information for people. On-going development of the home was planned so that people were provided with a comfortable home.

We saw that a patio area was provided to the front of the building. Outside furniture was available so that people could sit out in the nice weather. A large car park was also available to the rear of the home for visitors.

We were aware that the home had been inspected by Greater Manchester Fire and Rescue Service (GMFRS) in May 2012. An enforcement notice had been issued in relation to the action required. During our visit the manager confirmed that all areas had been addressed.

We also looked at a sample of servicing certificates. Up to date checks had been made to the electric circuits, gas safety, passenger lift, hoists and fire equipment. It was noted on the electric circuit report that the findings were 'unsatisfactory' and improvements were needed. The manager told us that all action had been taken however there were was no further report to show this was now safe.
Requirements relating to workers

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

Met this standard

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

During our visit we looked at the personnel files for two staff to see how management undertook the pre-employment checks on people who applied to work at the home.

We saw that files contained an application form including a full employment history, written references, copies of identification and an interview records. An up to date criminal record check (CRB) had also been carried out prior to staff commencing work.

The manager told us that new staff completed a comprehensive induction on commencement of work including mandatory health and safety training. This ensured new staff were aware of their role and responsibilities and what was expected of them whilst employed at Briarmede.
Supporting workers  

Met this standard

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 spoke with the manager about the arrangements in place for staff training and development. We were told that DVD training material was used during the induction process and that more formalised training was provided as part of the on-going development of staff. Training was accessed from the local authority, college and health care professionals, such as the falls co-ordinator, speech and language therapist and dietician.

We looked at the staff training records. These showed that courses had been provided in areas of mandatory health and safety such as moving and handling, first aid, fire safety and infection control. Other training included safeguarding, medication, diabetes, Mental Capacity Act 2005, deprivation of liberty safeguards, dementia care and the Six Steps End of Life Care.

We discussed with the manager what systems were in place with regards to team meetings and individual supervisions. We were told that regular meetings were held with all senior care staff. Handovers were completed at each shift change so that all staff on duty were kept up to date with the needs of people and events within the home. We saw a sample of records to show that staff supervisions were held. A planner was displayed on the office wall and staff spoken with confirmed these had been held.

Staff spoken with said they enjoyed working at the home. They confirmed they received regular formal training and supervisions. Staff also told us that there was good communication between the team and they were kept informed.
Assessing and monitoring the quality of service provision

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 receive.

Reasons for our judgement

The home is currently managed by two managers, who were previously the owners of Briarmede. However they have remained at the home since it was taken over in October 2011 and have day to day responsibility in running the home. The registered manager works 2 days a week whilst the other manager works full time and oversees the care provided to people and the management of staff.

We spent time speaking with the provider and manager about how they monitored the service provided. The manager told us that checks were carried in areas such as the kitchen area, medication, infection control and the environment. Care records were also reviewed on a monthly basis.

We were told that the provider visited the home approximately every six weeks. They had been involved in team meetings and the supervision of staff. An audit form had been developed for them to use to record their visits as an additional method of monitoring and identifying areas of development.

During our discussion with the manager and provider we were made aware of the plans already identified to develop the service further.

Systems were also in place to seek feedback from staff and people living at the home. We were told that team meetings, handovers and staff supervisions were held on a regular basis. Feedback surveys were also sent out to people living at the home enabling them to comment on the service provided.

Staff spoken with said they had confidence in the management and felt "things would be dealt if we raised anything".

We were shown an award for 'Dignity in Care' which had recently been awarded to the team working at the home. This had been presented to them by Rochdale MBC and Age UK.
Complaints

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.
There was an effective complaints system available.

Reasons for our judgement

We asked the manager to tell us what arrangements were in place for dealing with complaints or concerns brought to their attention.

We were told that a copy of the procedure was made available to people in the home’s Statement of Purpose. A copy of this document was available in people's rooms.

The manager said that any complaints received by the home would be recorded detailing the issues raised and action taken, where necessary. At the time of our visit there were no issues or concerns.

During our visit we spoke with visitors to the home. They told us they would feel able to approach the manager if they had any issues and were confident matters would be dealt with. One person said; “I've go no complaints about the home at all”.

Whilst looking around the home we saw 'thank you' cards displayed from relatives of people who had lived at the home. Some of their comments included; "Thank you for all the love, care and devotion you have all given to mum" and “Thank you for all the care and attention you showed to [relatives names], it was very much appreciated".
Records

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

Our judgement

The provider was not meeting this standard.

People were not protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were not maintained.

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.

Reasons for our judgement

Individual records were kept in respect of each person living at Briarmede. We found that individual records had been reviewed on a regular basis however some of the information was not as accurate or detailed as it could have been.

On examination of the three files we noted that some of the records did not have the person's name, identifying who the information was for. There were also several nutritional assessments within each file however the information at times was conflicting and not consistent. For example, some people were assessed as needing to be weighed weekly however some records only showed that only monthly weights had been recorded. Weights were also recorded on several records and some information did not correspond.

On two of the files the care plan did not reflect the current needs of the person and how they were to be supported by staff. For example, one care file had not been reviewed since October 2012 and directed staff to previous records about their care needs. However these records were not easily accessible. We were also told about the changing needs of another person, but this information had not been updated and added to their care plan.

Other records were maintained with regards to the safety of premises. We found that the electric circuit test in 2010 was 'unsatisfactory' however there was no evidence to show that action had been taken to address any potential hazards so that people are kept safe.
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.

<table>
<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 20 HSCA 2008 (Regulated Activities) Regulations 2010</td>
</tr>
<tr>
<td></td>
<td>Records</td>
</tr>
<tr>
<td></td>
<td>How the regulation was not being met:</td>
</tr>
<tr>
<td></td>
<td>People were not protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were not maintained. (Regulation 20(1))</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 01 May 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.
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.

- **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:

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<tr>
<th>Essential Standard</th>
<th>Outcome</th>
<th>Regulation</th>
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<tbody>
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<td>Consent to care and treatment</td>
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<td>Care and welfare of people who use services</td>
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<tr>
<td>Meeting Nutritional Needs</td>
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<td>Cooperating with other providers</td>
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<tr>
<td>Safeguarding people who use services from abuse</td>
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<td>Cleanliness and infection control</td>
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<td>Management of medicines</td>
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<tr>
<td>Safety, availability and suitability of equipment</td>
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<td>16</td>
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<tr>
<td>Requirements relating to workers</td>
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<td>21</td>
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<tr>
<td>Staffing</td>
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<td>Supporting Staff</td>
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<td>23</td>
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<tr>
<td>Assessing and monitoring the quality of service provision</td>
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<td>Complaints</td>
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</tr>
<tr>
<td>Records</td>
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</tr>
</tbody>
</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.