

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

## Ash Grange Nursing Home

80 Valley Road, Bloxwich, Walsall, WS3 3ER

Tel: 01922408484

Date of Inspection: 30 January 2013

Date of Publication: February 2013

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

<b>Respecting and involving people who use services</b>	✘	Action needed
<b>Care and welfare of people who use services</b>	✔	Met this standard
<b>Safeguarding people who use services from abuse</b>	✘	Action needed
<b>Cleanliness and infection control</b>	✔	Met this standard
<b>Staffing</b>	✔	Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✔	Met this standard

## Details about this location

Registered Provider	HC-One Limited
Overview of the service	The service provides accommodation and nursing care for up to 42 older people.
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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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.

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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 30 January 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 reviewed information sent to us by other regulators or the Department of Health.

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### What people told us and what we found

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During our inspection we spoke with the home manager, who had been in post for seven weeks. The manager told us they had identified areas for development to improve standards in the home.

We found morale amongst staff was generally low due to management changes and new ways of working. The manager told us they were aware of this and were working with staff to ensure the impact did not negatively affect people living at the home.

One member of staff told us, "The new management team is making sure things are dealt with professionally. I am passionate about this home and I know that staff care about the people who live here".

We spoke with people who lived in the home, their relatives, staff and two visiting professionals.

One relative told us, "The care is very good here. The nurses and care staff are great. I am more than happy with the home".

We checked how people were involved in the service they received. They attended regular meetings and participated in their care reviews. We found that people's care needs were being adequately met.

We saw that some measures were in place to ensure people's safety. However people subject to bed rail restrictions were not having their needs regularly reviewed in this respect.

We found there were sufficient staffing levels at the home.

We found that there was an effective system in place for monitoring the quality of the service. This included infection control measures to ensure acceptable standards of

hygiene.

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 06 March 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.

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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

**Respecting and involving people who use services** × Action needed

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

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### Our judgement

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The provider was not meeting this standard.

People's privacy, dignity and independence was not always respected.

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

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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One person living at the home told us, "The staff are respectful and maintain my dignity. My preferences are always considered".

We spoke with members of staff about how they supported people to promote their independence and individuality. One carer told us, "One person I support used to be in a wheelchair and through practising walking short distances they are now walking with a frame".

We found that care records had been completed for each person using the service. We saw a section in each person's care record which discussed how people were involved in decisions about their care and support. We saw evidence that people's feedback had been documented. This meant that people expressed their views and were involved in making decisions about their care and treatment.

One person's feedback read, "I am very happy. The staff are lovely. I enjoy the entertainment here".

We were told that new person centred care plan documentation was due to be implemented. This meant that people will be more involved in their care planning to identify their individual needs and ensure those needs are met. We were told that this would be in place once all staff had received appropriate training.

The manager told us that the home was due to introduce new menus with the objective of improving nutrition levels for people living there. We saw copies of the new menus that had been produced. They offered two hot meal choices and seasonal vegetable options. We saw that menus also celebrated the cultural festivals of people of diverse ethnicity and

religious beliefs. The manager told us that people who lived at the home had been involved in taster sessions to see whether they liked the new food options. The manager told us the new system would be reviewed when operational. We will review this at the next inspection.

We were told and saw that the home produced a monthly newsletter informing people living at the home and relatives of events taking place in the home. Some of the people we spoke to who lived at the home commented positively on the newsletter.

We saw the most recent training progress report which reflected that 51.9 percent of staff had not completed dignity training at Ash Grange Nursing Home.

One person we spoke with told us, "I would like to take a shower more regularly".

Another person told us, "I would like to have support to take a shower every day ideally, but I would be happy with once a week. At the moment I tend to have a strip wash. I haven't had a shower in a while. I love having showers. I know the staff are busy supporting people less able than me". This meant that people's choices were not always respected.

The manager told us they had identified that this issue needed to be addressed and would speak with people living at the home as to their preferences for personal care. They told us they would ensure that staff were allocated to meet people's individual personal care needs.

Another person told us, "Everybody knows everything here. There is no confidentiality".

Another person told us, "I know about the staffing problems here. Staff have told me their feelings about the new management and new policies".

The manager told us they were aware of this problem and that some staff were not maintaining professional boundaries in discussing their work related matters with people living in the home. The manager told us that this would be addressed through training and supervision sessions with staff.

As part of our inspection we observed people living in the home and how staff interacted with them at lunchtime. We observed that staff appeared to have good relationships with people living at the home. We saw that staff checked whether people liked their meals and whether they wanted more food and drink.

We observed however, that some people were sitting in armchairs that had been clearly wheeled from the lounge to the dining tables. Some people in these chairs could not access the tables because they were too low down and their feet were not firmly placed on the floor. This meant that people's ability to eat their meals independently could be further reduced by inappropriate seating arrangements.

We spoke to the manager about this concern. They told us that new chairs had been ordered. A number of chairs had recently been damaged and were in the process of being replaced. The manager told us that this had been identified as an issue and would be addressed with all staff members.

We noted that people living at the home were regularly being referred to as 'darling' and other forms of endearment. It was unclear whether people were happy to be spoken with

in this way or whether this compromised their sense of identity and dignity.

We discussed this with the manager who had also observed this practice taking place. They told us they would be addressing this matter through training and awareness sessions with staff.

**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 meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

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**Reasons for our judgement**

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One person living at the home told us, "The home is being run as good as it possibly can. I had a fall recently and the carers were magnificent. They came straight away and checked me over. They were fantastic".

Another person who lived at the home told us, "I can't grumble. I am looked after here. I have always been happy here. I have been seeing a dietician and am eating everything they give me. The new diet is doing me some good and is building me up".

One carer told us, "I am happy with the levels of care we provide at the home".

A relative told us, "The care is very good here. The nurses are great, smashing. The care staff are very good as well. Any issues have been dealt with by the manager".

One person's feedback was documented in their care records at the point of review and read, "I am happy to continue with the high standard of care here".

During our visit we looked at three care records for people using the services of Ash Grange Nursing Home. We found that two out of three care records were up-to-date. They contained evidence of regular review every month or sooner depending on the needs of the person. Although one person's care record was not up-to-date, we saw evidence that their needs had been assessed in daily charts kept in their rooms, which were up-to-date. The provider may like to note that the information had not been transferred into the person's care record.

The care records we looked at had risk assessments that related to specific and identified risks to people's safety. The risk assessments contained details of actions to be taken by carers to minimise risks. We were told that risk assessments were reviewed when people's needs changed and were reviewed with carers and people using the service.

We observed, during our inspection that one person was sitting in an armchair and was leaning significantly to one side. This person was coughing continuously. Staff did not appear to have observed this and did not take immediate action to support the person to an upright position and address their care needs.

We discussed this person's needs with the manager. They told us they would look into this matter and ensure staff were vigilant in responding appropriately to this person's needs.

We spoke with two visiting professionals on the day of our inspection. One professional told us, "People's carers and families attend reviews. The home always gives me the information I need. When I make recommendations they are always dealt with. The care plans and risk assessments are always updated".

Another professional told us, "I work with two people living here. The environment is really good since the refurbishment. The service is always co-operative with the local authority and the people I know get a good level of support. I would recommend other people to come here".

**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 not meeting this standard.

People who use the service were not always protected from the risk of abuse, because the provider had not taken all reasonable steps to identify the possibility of abuse and prevent abuse from happening.

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 spoke with five staff members. When asked staff told us if they witnessed abuse they would make sure the person was safe and would report their concerns to the manager. We found that not all the staff we spoke to could recall when they had last completed safeguarding training.

We were told that staff should attend safeguarding training every six months to update and increase their knowledge of safeguarding practices and procedures and also complete e-learning training. We saw the most recent training progress report which reflected that 67.3 percent of staff had not completed safeguarding training at Ash Grange Nursing Home.

The manager told us that they had recently been visited by the Local Authority safeguarding team and had organised training to be held in February 2013. The provider may find it useful to note that we could not find written evidence of this as part of our inspection.

We saw a policy document outlining the procedures and protocols that needed to be followed to ensure that safeguarding information was dealt with appropriately. We were told and saw that staff received an employee handbook which informed carers about how to respond in the event of concerns identified.

We saw evidence of the internal safeguarding policies and procedures followed by Ash Grange Nursing Home. We also saw that whistle blowing policies and procedures were in place. This enabled staff to understand what to do if they identified abuse taking place.

In accordance with their procedures we were told that safeguarding alerts were reported to the relevant local authority. This was confirmed by the safeguarding referral information we have previously received. The notifications we received from the provider confirmed that when safeguarding issues were raised these were acted upon and referred appropriately to the local authority.

We looked at three care records and found that two of the three records did not have up-to-date bed rail assessments. Use of bedrails can constitute a restriction to a person's freedom or a restraint if they are not used for the safety and welfare of the individual. To ensure use of bedrails continue to meet the ongoing needs of the individual it is good practice to review the need for them regularly. We found the last recorded date for one of the bed rail assessments was 21 July 2010. The manager told us that they would expect to see bed rail reviews taking place every three months. The manager told us they would ensure the bed rail assessments were reviewed as a matter of priority.

**People should be cared for in a clean environment and protected from the risk of infection**

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**Our judgement**

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The provider was meeting this standard.

People were protected from the risk of infection because appropriate guidance had been followed.

People were cared for in a clean, hygienic environment.

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**Reasons for our judgement**

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From our last inspection completed on 29 November 2011 it was found that effective systems were not in place at Ash Grange Nursing Home to protect people from the risk of acquiring an infection.

We received an action plan from the provider telling us about the improvements that had been made since the previous inspection to improve the standards around infection control.

During our recent inspection, the manager told us that an infection control nurse from Walsall Primary Care Trust had visited the home in June 2012. The provider was required to complete refurbishments in the home to achieve compliance. We saw that an action plan had been produced and that actions from this audit were subsequently completed by the provider.

We received a written update from an infection control nurse after the inspection who had recently visited the home. They told us, "Both staff and managers were very keen to ensure compliance with standards and these were promptly dealt with [with regard to the last infection control audit]. The infection control team has recently worked closely with the home and found it was receptive to recommendations and implementation of infection control measures. The current manager in post is very proactive in ensuring staff adhere to standards".

During our inspection we completed a tour of the home and found that the rooms and communal facilities were clean. We saw that communal areas had recently been repainted and new chairs had been purchased. We saw that new carpets and flooring had been fitted. The manager told us that the next stage of the refurbishment would include replacing vanity units in people's rooms and ensuring that all bath and shower rooms were upgraded over the next two years. This meant that there were effective systems in place to reduce the risk and spread of infection.

We were told and saw that an internal infection control audit was completed every month. This audit covered clinical areas and the general house environment. From these audits

action plans were completed and overseen by the manager to ensure outstanding actions around infection control were completed. We looked at audit information that evidenced this process was taking place. The provider may like to note that audit information we looked at did not always have timelines documented to ensure information was completed within pre-agreed time limits.

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

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## **Our judgement**

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The provider was meeting this standard.

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

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## **Reasons for our judgement**

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We spoke with members of staff to get their opinions about staffing levels in the home.

One member of staff told us, "When staff are off sick and we are a person down, then there is not enough staff. This happens about once a week. I am however happy with the level of care that people get in the home".

We spoke to the manager who told us that they would not necessarily cover the sickness with an additional member of staff as they currently only had 35 people living at the home out of a possible 42 people. The manager told us they would review this policy if the number of people living at the home increased. The manager told us that they were currently investigating sickness levels in the home and would work alongside the human resources team to resolve this issue.

Another member of staff told us, "At the moment I have no worries about staffing levels".

One person living at the home told us, "Yes, I believe there are enough staff here".

We spoke with two visiting professionals on the day of our inspection. They both told us that when they visited they found there was enough staff visible in the home.

The manager told us that seven care staff were on the early shift and six care staff on the afternoon /early evening shift, with two nursing staff on each shift. We were told that there were three carers and one nurse on the night shift.

The manager told us that they were recruiting for a new deputy manager and a nurse at the time of our inspection. The manager told us that some staff had left the service recently for a number of reasons to include in some cases poor performance. We were told that agency nurses were being used alongside permanent staff until a nurse could be recruited. The manager told us that every effort had been made to use agency staff familiar with the home and their processes.

The manager told us that the home was fully staffed with care staff and was in the process of developing a robust bank of care staff to cover staff absences and contingency requirements.

During our inspection we looked at the duty rota for staffing levels and found that there was sufficient staff numbers at the home.

## 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.

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### Reasons for our judgement

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We found that there was a system in place to gain the views of people that used the service at Ash Grange Nursing Home. People who used the service were included in all aspects of their care and their feedback was sought about the care they received.

We were told that people who used services attended regular resident and relatives meetings. We saw meeting minutes which evidenced that they discussed issues of importance to them and identified ways of improving the service. This enabled people to give feedback to the provider on how the service could be improved. This meant that people who use the service, their representatives and staff were asked for their views about their care and treatment and they were acted on.

The provider may find it useful to note that we could not find evidence of completed feedback forms from people using the service. The manager told us that this had been identified as an issue and questionnaires had recently been sent out to people who used the service and relatives and had recently been made available in the reception area at the home for people to complete. We were told that new display boards would be set up in communal areas with pouches containing feedback forms that people could complete. We will review this at the next inspection.

We saw two thank you cards completed by relatives of people using the service. They were both very positive in their content. One card read, "Thank you all so very much for the care and compassion not only to our relative but to us as a family".

There was a system in place to review and monitor the quality of care people received. We saw that an internal quality audit tool was used by the provider to continuously evaluate the essential standards of care in the home. We were told and we saw that internal quality inspectors visited the home every three months to assess compliance levels. Any actions were documented in an action plan to be completed by the manager prior to the next internal inspection. The provider may find it useful to note that although the action plans had identified areas for improvement, they did not always have expected completion dates documented for each action.

We saw written evidence that an environmental health audit had recently been completed

in Ash Grange Nursing Home had received a rating of 'very good'.

We were told that a monthly accident and incident audit was completed to analyse the frequency and nature of incidents happening. We were told that there was a process to follow when an incident occurred. We saw evidence of policies in place that needed to be followed when an incident occurred. We were told and saw evidence that appropriate action was always taken and documented after an incident to reduce the risk of a further occurrence. This meant that there was evidence that learning from incidents / investigations took place and appropriate changes were implemented.

We saw evidence of a complaints policy in place for the service. We saw that records were kept and our tracking of a complaint confirmed that it had been dealt with appropriately. This meant that the service had an effective system in place to identify, assess and manage risks to people's safety and welfare.

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 activity	Regulation
Accommodation for persons who require nursing or personal care	<p><b>Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2010</b></p> <p><b>Respecting and involving people who use services</b></p>
	<p><b>How the regulation was not being met:</b></p> <p>17. (1) The registered person must, so far as reasonably practicable, make suitable arrangements to ensure</p> <p>(a) the dignity, privacy and independence of service users;</p> <p>(2) (a) provide service users with appropriate support in relation to their care;</p> <p>(2) (c) (ii) encourage service users to express their views as to what is important to them in relation to their care.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p><b>Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2010</b></p> <p><b>Safeguarding people who use services from abuse</b></p>
	<p><b>How the regulation was not being met:</b></p> <p>(2) The registered person must have suitable arrangements in place to protect service users against the risk of any control or restraint being (a) unlawful or (b) excessive.</p>

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

**This section is primarily information for the provider**

The provider's report should be sent to us by 06 March 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. 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.

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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

### 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)

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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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