Inspection Report

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

The Old Rectory

Spring Lane, Lexden, Colchester, CO3 4AN

Tel: 01206572871

Date of Inspection: 17 October 2013

Date of Publication: November 2013

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

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

Details about this location

Registered Provider	Adiemus Care Limited
Registered Manager	Mrs. Agnieszka Helena McDonald
Overview of the service	The Old Rectory is a care home that provides accommodation and personal care for up to 60 older persons who may have dementia related needs.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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'.

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 17 October 2013, 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 and talked with staff.

What people told us and what we found

People who lived at The Old Rectory Residential Care Home had a range of needs including those associated with dementia. Where people were unable to tell us directly about their experiences, we observed that they appeared calm and relaxed; they interacted positively with staff and actively sought staff out. We observed that staff were attentive to people`s needs and treated them with respect and dignity.

People who were able to speak with us were all positive about the care and support they received at The Old Rectory. One person told us: "I am very happy here and the staff are very kind." Another person said: "Staff do a very good job, they look after me very well." Another person said: "Everybody is very nice, can't beat it really. I go about my day as I choose to; I make use of all the lounges, I get up when I choose and go to bed when I want to. The food on the whole is OK and we have a choice of meals."

They told us that their wishes to be independent were respected and they were supported to make decisions about their care. People told us that they enjoyed the social activities that were arranged for them.

We spoke with visiting family members. They were all satisfied with the standard of care delivered to their relatives and they all found the staff to be approachable, helpful and informative.

People had detailed and personalised care plans in place that guided staff as to the care and support they needed. We found that the people living at the home were cared for by sufficient levels of staff who received a good level of training and support.

The provider had systems in place to monitor and to help ensure quality and safety at the home. However we found that there was a lack of hand rails in the corridors, bathrooms and shower room and some toilets were very low and did not have hand rails.

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

More information about the provider

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

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

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People's privacy, dignity, diverse needs and independence were respected.

Reasons for our judgement

We saw that people's privacy and dignity was upheld. Where people received assistance with personal care, this was undertaken in the privacy of their own room or bathroom with the door shut. We saw staff knocked on people's doors before entering and used the term of address favoured by the individual person.

We saw that people's bedrooms reflected the person; they were individual, personalised and contained their own belongings. In all our observations of people around the home, they appeared clean and well groomed. Most people wore glasses that looked clean and fingernails were clean. We saw throughout the day a number of ladies having their hair done by the hairdresser. One person said:" It does make me feel better to have my hair washed and set."

People's choice, diverse needs and human rights were respected and upheld. One person said: "Everybody is very nice, can't beat it really. I go about my day as I choose to; I make use of all the lounges, I get up when I choose and go to bed when I want to. The food on the whole is OK and we have a choice of meals."

We observed the midday mealtime. We saw that the dining room experience for people living in the home was positive. Individual tables were laid with a tablecloth, serviettes, condiments and a menu. Assisted cutlery and plate guards were provided to promote independence with eating. We observed one person being fed by a staff member who was seated beside them. The staff member assisted the person calmly and patiently, telling them each time what they were being given.

During our tour of the home mid-morning one person told a staff member that they were hungry. The staff member brought back a cup of tea and a sandwich for the person. A relative told us: "They give food in between meals as and when it is requested."

We observed that interactions between staff and people using the service were considerate and engaging. Staff offered people support at a level which encouraged

independence and assured their individual needs were met. We saw that staff had a good rapport with people living at The Old Rectory. Staff and management clearly had a detailed knowledge of people's needs and different personalities and their approach to care was individual.

We saw that relatives and friends were welcomed into the home. We were told by a family member that there was an open visiting policy and that they were always welcomed, at any time. Continued contact with friends and family benefits people who use the service and helps to reduce anxiety for all involved. One relative told us: "Staff are very kind and caring, they engage with people and provide reassurance." Another relative said: "They are wonderful to my X and it gives me peace of mind."

The three care and support management plans we looked at showed that people's abilities, strengths, diversity and choice were identified and planned for. People were given the opportunity to express their preference in relation to the gender of the care staff providing their personal care. We saw that people using the service or their representative were fully involved in the initial development of their care and support plan. Relatives confirmed that they had been consulted in the development of their relative's care plan.

For those people who were unable to give their consent or contribute to the decisions made in regard to their care and support plan we saw that assessments of capacity had been undertaken. Systems were also in place to seek best interest assessments and decisions through the appropriate channels, with the appropriate healthcare professionals.

People were sufficiently supported to be involved as much as they were able and express their views and experiences regularly. Resident meetings were held and the minutes showed that people's views and preferences were sought in matters such as activities, outings, the menu and any proposed changes to the running of the home. We saw monthly newsletters that provided information to people living in the home and their representatives. These included recent and future activities and events, welcome and goodbyes to residents and staff and any other home related issues such as planned renovation's and decoration. One relative told us that they were always well informed about their relative and any issues related to the home.

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 and protected their rights.

Reasons for our judgement

Some people living at The Old Rectory had varying levels of dementia and communication needs; they were not able to tell us directly about their views and experiences. Throughout our visit people we saw and met appeared content and well cared for.

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We saw that each person had a care and support plan in place that identified their assessed needs. These were personalised and very detailed to guide staff on the nature and level of care and support each person required. We observed a positive relationship between staff and people who lived in the home. Staff listened to people and responded to requests for assistance. The staff we spoke with had a good understanding of people's care and support needs. They were kind and caring in their approach.

Care and support was planned and delivered in a way that was intended to ensure people's safety and welfare. People's individual dementia related needs were identified and planned for. This enabled staff to recognise and implement relevant diversion strategies and manage behaviours specific to the individual. Relevant diversion strategies were included within the care planning arrangements to meet the person's needs safely and effectively.

Risk assessments were undertaken in regard to nutrition and hydration, falls, mobilising and pressure ulcers. They had associated action plans in place that provided instruction for staff to follow to ensure any risk to people's health safety and wellbeing were reduced and managed appropriately. These had been regularly reviewed and were up to date. We saw that where people had been identified as at risk of acquiring a pressure ulcer; pressure relieving equipment was in place to help reduce the risk and appropriate support was sought from the local district nursing team. People's weight was monitored and recorded each month. The entries in the records showed that where there was a weight loss referrals had been made to the dietician or GP. We saw that people had access to fresh hot and cold drinks and snacks throughout the day. Where people were unable to use call bells there were monitoring arrangements in place. We observed staff monitoring people throughout the day.

Staff told us that peoples care and support plans contained the required information to enable them to deliver appropriate support effectively and consistently.
The manager showed us an example of a new care plan format that was being introduced by the provider. The provider may like to note that the new care plan format was very complex and cumbersome and not suited to a care environment. For example the Waterlow assessment tool for assessing risk of pressure ulcers was four pages long; referred to conditions and situations experienced only in an acute setting and used complex terms and language. The proposed care plan was generic and had a tickbox format which distracted from a personalised approach. For example the mental state assessment had a tick box for either co-operative or unco-operative. A person with dementia related needs could at various times be either.

The care records showed that people's healthcare needs were being met and that the staff in the home acted promptly when any concerns were identified.

There was plenty of evidence on view around the home that showed a range of activities were available to people to provide stimulation and engagement. The monthly newsletter contained a planned programme of events for the coming month. These included visiting musical and singing entertainment, social and themed events, visiting pets as therapy, crafts, gardening and church service. We observed staff interacting with people throughout the day.

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

We saw that the provider had made suitable arrangements to ensure that people were safeguarded against the risk of abuse.

The provider had a whistle blowing policy and procedure in place to protect, support and guide staff to report any concerns they may have about the service or a staff member. Records showed that staff had previously raised safeguarding concerns through whistle blowing procedures and were supported through this process.

The provider had a safeguarding policy and procedure in place including local authority safeguarding guidelines and details with regard to reporting a safeguarding concern. The manager demonstrated a good understanding about their responsibilities in relation to safeguarding vulnerable people.

Staff training records showed that all staff had received training in safeguarding vulnerable adults.

Safety and suitability of premises ✓ Met this standard

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

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

The Old Rectory is an older style building that had been extended and comprised of three units. People had individual rooms with en suite facilities. There were three bathrooms and a walk in shower room. Two of the bathrooms had baths with hydraulic chair lifts and the third had a newly installed assisted bath. The provider may like to note that the older bath in The Rectory had a water damaged side panel in need of replacement. The window frame in this bathroom was also very damaged and in need of replacement.

Prior to our inspection we had received information that there had not been any hot water for a long period of time. The manager advised that the bathrooms had been without hot water for approximately five to six weeks; the shower rooms and en suite facilities continued to have hot water as they were supplyed separately. Three new boilers had since been installed; each supplying a bathroom separately to prevent any risk in the future of having all bathrooms out of action at the same time.

The provider may find it useful to note that the premises did not fully take into account people's diverse needs. During our tour of the premises we noted that there was a lack of hand rails in the corridors, bathrooms and shower room and some toilets were very low and did not have hand rails.

We saw a range of equipment in place including various hoists for moving and handling, profile beds that enabled a change in position without manual movement, airwave mattresses to enhance pressure relief and appropriate bed rails to prevent falling.
We saw equipment had been serviced in the last six months to ensure they were safe and fit for purpose.

The home had two passenger lifts. One was not working and the home required a new one, however the space of the old lift was too small to occupy the size of the newer lifts. We were told that this was being looked into.

The bedrooms we looked at were very individual reflecting the person. We saw that people had been supported to personalise their rooms with their own possessions and photographs. This helped to make the environment feel more familiar and homely.

There was a sun lounge in The Rectory which provided a pleasant outlook over the substantial front gardens of the Georgian building. We found this to be very hot and very bright. The provider may find it useful to note that there was not adequate shade provided from light and heat particularly on a bright and warm day. Many older people have certain visual disorders that cause sensitivity and discomfort to bright sun light, additionally older people should be protected from increased heat. The material blinds provided were not suitable as they blocked the light completely and put the sun lounge into darkness; therefore they were not used.

The manager and staff, with donations from relatives had taken steps to provide an environment that was conducive to older people and people living with dementia. One room had been transformed into a 1940's style tea room. The tables were laid with a china tea service, tea pots and sandwich tiers. The room was furnished accordingly and decorated with various pieces of memorabilia. People used the room once or twice a week and people also used it for celebrations with their family.

Another room had been transformed into a leisure room with a 1970's bar. This room opened out onto a decking area and small enclosed garden. We saw photographs of a recent Cockney night held here.

The manager advised us that during the refurbishment programme further consideration was being with regards to colouring, signage and stimulation to assist people with recognition, orientation and attract people's interest.

Appropriate measures were in place to ensure security of the property and people had access to garden areas that were well maintained.

Requirements relating to workers ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

We looked at the personnel records for four staff members and saw that the provider had effective recruitment and selection procedures in place.

Appropriate checks were undertaken before new staff began work which included proof of identification, two references, details of employment history, a Criminal Records Bureau (CRB) check and Independent Safeguarding Authority (ISA) check, now jointly known as a Disclosure and Barring Service (DBS) check.
Where required we saw current evidence of staff member's entitlement to work in the UK. This helped to ensure that new staff recruited were suitable to carry out their role.

Staff records showed that staff had completed or were working towards National Occupational Standards (NOS), formerly known as National Vocational Qualification (NVQ) in care, level two and/or level three. This ensures staff are qualified and competent to carry out their role and meet the needs of people who used the service.

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

Following our previous inspection in January 2013 we had concerns that there were insufficient staffing levels to meet the needs of the people using the service. The provider sent us an action plan advising that staffing levels had been increased to meet the needs of people using the service.

During this visit the manager told us that staffing levels had been addressed and improved. We reviewed the staff rota, spoke to people who used the service and staff to assess if there were sufficient numbers of staff to meet people's needs throughout the day and night. People we spoke with told us that although there were times when staff were very busy they felt that there were enough staff on duty during the day and night time. Staff we spoke with told us that there were always key times during the day when additional staff would be beneficial but on the whole there were enough staff. The manager advised that she was reviewing shift patterns and flexibility to help cover key periods when the home was a its busiest such as assisting people to get up and go to bed, meal times particularly with the introduction of supper at 20:00hrs.

Each day shift had a senior carer on duty who was responsible for administering the medication. They were also responsible for observing that the appropriate care and support was provided to ensure that people who used the service were safe and that their health and welfare needs were met.

An activity co-ordinator had been recruited since our last visit for five days a week, one of which was a day over the weekend period. This had improved the level of social activity people experienced in the home and promoted their well-being.

We observed that there were sufficient numbers of skilled and experienced staff to meet the needs of people.

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

Staff received appropriate professional development and support to enable them to carry out their role effectively and safely.

We found that the provider had a robust induction system in place for new staff members that included completion and assessment of competence in Skills for Care core induction standards. These induction standards are an introduction to the skills, knowledge and values a care worker should meet and they underpin further training in National Occupational Standards modules.

The provider had a staff training plan in place. This showed us that staff training was monitored effectively, up to date and well managed. The service belonged to a training consortium along with other similar services. The consortium jointly sought training for its staff members in subject areas specific to their services and the needs of the people using them. We saw that staff had received training in key subject areas required for their role such as safeguarding vulnerable people, moving and handling, health and safety, food hygiene, infection control and Mental Capacity Act.

In addition staff had received training in subject areas specific to meeting the needs of the people using the service such as introduction to dementia, continence management, dehydration awareness, pressure ulcer prevention and management, wound care, deprivation of liberty, person centred care and managing behaviour that challenges. We saw that training in a further range of subject areas was booked for staff in the coming months such as nutrition.

We saw that the provider had supervisory arrangements in place. Records showed that staff received supervision usually every two to three months. Supervision provided staff with formal one to one time with their supervisor that addressed day to day practice and meeting people's needs. We noted that where staff members required more support they received supervisions more frequently.

We saw that the provider had an annual system of appraisal that promoted staff professional development and addressed staff performance, capability and competence.

Assessing and monitoring the quality of service provision ✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had systems in place to regularly assess and monitor the safety and quality of service that people receive.

Reasons for our judgement

The service was well led. The registered manager had recently completed 'My Home Life', a leadership support programme run by the local authority. The programme was a good support mechanism for managers to reflect on own performance and leadership skills. The manager told us that it also provided a good opportunity to meet other managers and exchange views and experiences.
The registered manager, since coming into post a year ago, has made positive changes to the home and overcome resistance from some longer serving staff. Staff we spoke with spoke highly of the manager and felt the home had improved and was now moving in the right direction.

Records showed that checks and audits were regularly undertaken to ensure that systems and processes in place were being carried out properly by staff, such as medication management, infection control, fire safety and people's weight monitoring.

The provider may find it useful to note that a health and safety assessment of the environment had not been carried out. This would identify the shortfalls and improvements necessary such as the provision of hand and grab rails in key areas around the home.

The service was taken over by a new provider on 01 October 2013. The manager advised that the new provider was addressing a maintenance and refurbishment plan for the home.

We saw that accident, falls and incident records were analysed each month to identify trends and themes that could be addressed to reduce them. In one instance it was noted that a person kept falling out of the right side of the bed, it was found that this was because their bedside cabinet was placed on the left side of the bed and not on the right where they were used to it. Once the cabinet was moved the falls were reduced. The provider may find it useful to note that times of accidents/incidents/falls, which may be significant, were not analysed.

Complaints and concerns were viewed in a positive way to improve the quality of the service. Relatives told us that the manager was approachable and that they would feel

comfortable to raise any concerns, if they had any, and know that they would be dealt with.

The manager was transparent, open and approachable and held regular surgeries for staff and relatives to raise any issues of concern. Staff meetings were held and the records of the minutes showed that the agenda covered a range of topics to improve delivery and quality of care for people, including any actions required from complaint, safeguarding and incident investigation.

Residents meetings were held. The records of the minutes showed that people who used the service, where able, were supported to, express their views, choices and preferences in relation to entertainment, activities, outings and menus. Residents were consulted for their views on any potential changes such as times of meals.

A relative forum had been introduced and attendance had increased. This enabled relatives to have a more active and supportive role in the day to day lives of people using the service.

The provider may find it useful to note that the systems in place did not include an overview of the information gathered to identify the weaknesses and strengths of the service delivered. This would enable the provider to make the necessary improvements or enhance the quality of the service and effectively complete the quality monitoring cycle.

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.

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

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

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

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

Glossary of terms we use in this report

Essential standard

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

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

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

Glossary of terms we use in this report (continued)

(Registered) Provider

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

Regulations

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

Responsive inspection

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

Routine inspection

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

Themed inspection

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

Contact us

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