

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

## CircleReading

100 Drake Way, Reading, RG2 0NE

Tel: 01189226888

Date of Inspection: 09 May 2013

Date of Publication: June 2013

We inspected the following standards in response to concerns that standards weren't being met. This is what we found:

<b>Respecting and involving people who use services</b>	✓ Met this standard
<b>Care and welfare of people who use services</b>	✓ Met this standard
<b>Cleanliness and infection control</b>	✓ Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓ Met this standard
<b>Complaints</b>	✓ Met this standard

## Details about this location

Registered Provider	Circle Hospital (Reading) Limited
Registered Manager	Mr. Adrian Peake
Overview of the service	CircleReading provides a range of inpatient and day patient surgical procedures. The location also provides outpatient therapy, diagnostic and screening services. There are 30 inpatient beds and 20 day case beds.
Type of services	Acute services with overnight beds Diagnostic and/or screening service
Regulated activities	Diagnostic and screening procedures Surgical 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'.*

	Page
<hr/>	
<b>Summary of this inspection:</b>	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	5
<hr/>	
<b>Our judgements for each standard inspected:</b>	
Respecting and involving people who use services	6
Care and welfare of people who use services	7
Cleanliness and infection control	9
Assessing and monitoring the quality of service provision	12
Complaints	14
<hr/>	
<b>About CQC Inspections</b>	16
<hr/>	
<b>How we define our judgements</b>	17
<hr/>	
<b>Glossary of terms we use in this report</b>	19
<hr/>	
<b>Contact us</b>	21

## Summary of this inspection

---

### Why we carried out this inspection

---

We carried out this inspection in response to concerns that one or more of the essential standards of quality and safety were not being met.

This was an unannounced inspection.

---

### How we carried out this inspection

---

We looked at the personal care or treatment records of people who use the service, carried out a visit on 9 May 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, talked with staff and reviewed information given to us by the provider. We reviewed information sent to us by other regulators or the Department of Health, talked with other regulators or the Department of Health and were accompanied by a specialist advisor.

We were supported on this inspection by an expert-by-experience. This is a person who has personal experience of using or caring for someone who uses this type of care service.

---

### What people told us and what we found

---

People who use the service understood the care and treatment choices available to them. People we spoke with told us that they were able to access information about CircleReading and their upcoming treatment very easily.

We observed call bells for people admitted were answered promptly and if additional or specialised help was needed, it was summoned. This meant people's needs were constantly monitored and when they changed, treatment plans were altered.

People we spoke with also told us the location well-presented and clean. They told us they were confident that the cleaning staff were thorough and demonstrate high standards in their routines. All of the people we spoke with during the inspection told us they had no concerns about infection control and told us they had not experienced any post-operative infections.

The provider had established a number of committees to oversee the quality and safety of care that people who use the service received. We saw these included meetings held about health and safety, medicines management, radiation management and a critical care.

We spoke with four people admitted to the location, three people who had outpatient consultations and one visitor on the day of our visit. All of the people we spoke with were satisfied with the service provided and none had any concerns to raise with us.

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](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** ✓ 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.

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

---

### Reasons for our judgement

People who use the service understood the care and treatment choices available to them. People we spoke with told us that they were able to access information about CircleReading and their upcoming treatment very easily. They felt all members of staff were welcoming and that the consultants were very pleased to answer any queries they had. All of the people we spoke with felt that the hospital allowed them to be able to make choices on treatment and follow up dates. One patient commented that the pre-assessment appointment system seemed to be restricted to the hours of 9am to 3.30pm and they could be more flexible, especially for people who work business hours.

People we spoke with who were admitted to the hospital told us that they had been satisfied with the way that their privacy and dignity had been maintained and none had any concerns on this issue. People who needed help with washing, dressing and toileting felt that care workers were very considerate when helping them and the support and patience demonstrated was appreciated. As people occupied single en-suite rooms there were no obvious issues regarding their privacy and all told us they felt safe and secure in the environment provided by the hospital. The provider may like to note that one of the feedback cards we viewed included a comment that in the day procedures area, one person could overhear other people's discussions with members of staff.

People expressed their views and were involved in making decisions about their care and treatment. All of the people we patients spoken with were aware of their treatment plan and could name their consultant and key members of staff providing their treatment, support and care. Discharge arrangements were known to them and all said their views had been included in the whole process. For example, on one a patient feedback form a person had written, "From start to finish I have been treated very well. Everyone explained everything very clearly."

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

---

**Our judgement**

---

The provider was meeting this standard.

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

---

**Reasons for our judgement**

---

We received information of concern in December 2012 about an emergency incident involving one person and the provider notified us of the incident without delay. We saw the provider carried out an investigation and co-operated with our enquiries, and those of other bodies, to ensure that people who use the service were safe and not at risk. Prior to the inspection, we sought advice from our pharmacist inspector regarding the matter, and reviewed records we requested from the provider about the person's care. Our pharmacist inspector confirmed the provider had followed established standards set by national guidelines, such as those published by the Resuscitation Council (UK). At the inspection, we observed the provider had the necessary procedures and equipment in place to deal with foreseeable emergencies. Care workers we spoke with also confirmed they had the training required to respond to any complications that may arise as a result of people's care and treatment at the location. They told us of the steps they would take in the event of a person's deterioration. We also saw a medical officer was available on site at all times to review patients as needed.

People we spoke with were satisfied with the care and support they had received as patients at CircleReading. They told us that staff were friendly and cheerful, they helped people feel at ease and provided a relaxing environment during their treatment. People told us the patient journey from initial consultation to planned aftercare was clearly explained and patients valued the attention to detail that staff displayed, from greeting them to responding to individual needs during the treatment period. We looked at patient feedback forms during our visit and the comments were also positive. Quotes from these forms included: "My third experience of this hospital; it is always calm and comforting". Another stated, "Excellent care from the moment I walked into the hospital-thank you."

None of the people we spoke with needed support with eating and drinking but they told us they were aware that staff made time for those who did require help. The quality of the food served in the hospital was mentioned by patients and visitors and a member of the catering team was observed checking that a patient could manage eating without assistance following their surgical procedure earlier in the day.

We observed call bells for people admitted were answered promptly and if additional or

specialised help was needed, it was summoned. We observed in one unit a relative came to the nurses' desk and told staff a patient was in pain. A nurse spoke to the medical officer and provided a summary of the patient's pain and analgesia that had been given. We saw both the nurse and the medical officer went to assess and manage the patient's pain immediately. This meant people's needs were constantly monitored and when they changed, treatment plans were altered.

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We spoke with four nurses during the inspection. All of them were able to tell us about how people's needs were assessed and care was planned. We looked at one patient's journey in detail with two of the nurses. The nurses were knowledgeable about the person's care and welfare without reliance on the medical records. They described the pre-admission process, how risks for individual patients were determined and addressed and what the procedures were for discharge. We observed the tools used by the location to assess and manage patient's needs, and noted these were based on guidance issued by the appropriate professional and expert bodies. The workers we spoke with also explained how patients were able to contact the hospital after leaving if they had any concerns or potential complications.

Care for children was appropriate and safe. We saw the provider had purchased the necessary equipment to deal with paediatric emergencies and workers were trained how to use it. The rota ensured that nurses with the appropriate skills, knowledge and experience were on shift when children were present or admitted.

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

---

**Our judgement**

---

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.

---

**Reasons for our judgement**

---

In November and December 2012, we received information of concern about the location's infection control procedures and the associated outcomes for people who use the service. We spoke with the provider regarding this matter and the provider sent us information which demonstrated they were aware of the issues and were investigating the concerns. In April 2013, we received further information of concern regarding the location's infection prevention and control procedures. We discussed our concerns with Public Health England following the receipt of the new information. We inspected the location and checked the provider's compliance with this regulation. We engaged a specialist advisor in infection prevention and control to assist us on our visit. Our expert by experience also spoke with people who use the service about infection control.

People we spoke with told us staff were thorough in using hand antibacterial hand disinfectant gel when they entered and left patients' rooms. People told us there were supplies of the hand gel at the nurses' stations and in inpatients' rooms and in day care patients' rooms. We observed this as we visited different areas of location during our visit. People we spoke with also told us the location well-presented and clean. They told us they were confident that the cleaning staff were thorough and demonstrate high standards in their routines. All of the people we spoke with during the inspection told us they had no concerns about infection control and told us they had not experienced any post-operative infections.

We spoke with the registered manager, clinical governance lead and head of risk and assurance about infection prevention and control measures. We saw there was an established infection prevention and control committee at the location. All departments within the hospital were represented on this committee and this allowed for dissemination of information to workers and for matters to be brought to the attention of the committee by the different areas of the hospital. The committee met bi-monthly. We saw the minutes of these meetings for October and November 2012 and February and April 2013. The supporting papers for this committee included analysis of hand hygiene, cleaning, environmental audits and patient satisfaction and complaint analysis. We saw investigation

into infection prevention and control incidents was reported and any action for improvement and learning documented.

The hospital used a computer system known as Datex to record all incidents including incidents of infections. There were detailed incident forms to record any infections that occurred whilst the patient was in the hospital. We saw these infections were discussed at the infection control committee and where there were serious infections the Royal Berkshire NHS Trust microbiology department and advisors were involved. We saw there was a system in place to carry out root cause analysis (RCA) to attempt to determine the cause of serious infections or incidents and prevent further occurrences. During the inspection this was demonstrated by records of investigation into a number of infections in recent months. Four of these were considered to be major and three were considered to be minor infections. The RCA of the major infections appeared robust and provided assurance to the provider that infection control and prevention processes were scrutinised and improved where necessary.

There were effective systems in place to reduce the risk and spread of infection. The provider had a service level agreement (SLA) with the Royal Berkshire NHS Foundation Trust for infection prevention and control advice and microbiology services which had been in place since the hospital opened in August 2012. The agreement identified the microbiologists providing the service and their contact details. Until February 2013, strategic infection prevention and control advice was provided 'in house' by an infection prevention and control consultant nurse employed by the provider. Since then, Hinchingsbrooke Healthcare NHS Trust had taken on this role and offered a full infection control and prevention service outlined in a SLA dated February 2013. This SLA outlined services such as the provision and review of all infection control policies and practices, staff training, audit, surveillance, and 24 hour advice. We saw the infection control lead role for the location was undertaken by the head of risk and assurance within the hospital. We saw the infection prevention and control structure chart for the location was revised and dated 8 May 2013. Workers we spoke with across the location confirmed their knowledge of the staff involved in infection control matters.

The built premises appeared to be compliant with infection prevention and control guidance on finishes and furnishings. The whole building appeared clean. There were designated leads for infection prevention and control, decontamination, cleaning, catering, estates and safety. An infection prevention and control audit utilising the Infection Prevention and Control Society audit tool had been undertaken by an external consultant in April 2013 and we viewed the results and action plan as part of our inspection. We saw there were few significant areas of concern identified in the audit.

There was a housekeeping policy in place outlining the responsibilities of the cleaning supervisor and staff. The policy included standards of cleanliness required and the methods of auditing to ensure that standards were met. We saw the cleaning service was provided in house with a dedicated housekeeping team. Schedules and specifications for cleaning were available and in line with the NHS Cleaning Manual guidance. The materials to be used were identified along with the specified detergents and disinfectants. There was a weekly and monthly audit process in place and arrangements were being made to further develop these audits by using more objective processes for audit. For example, we were told the provider would engage an auditor external to the housekeeping department. The housekeeping supervisor had access to patient satisfaction survey results and had to demonstrate how improvements could be made if the service was not in accordance with the required standard. The housekeeping supervisor had contact with patients whilst in the hospital and could address any shortfalls in standards that were drawn to their attention by

patients.

There was evidence that all staff had infection prevention and control training at induction and throughout their employment. Not all annual updates had taken place at the time of our visit as the hospital had not yet been open a full year. We saw the infection control liaison leads in each department of the hospital were all undertaking an online formal qualification in infection control. However, we saw they were also being provided with in house training for their role as part of the agreement with Hinchingsbrooke Healthcare NHS Trust. There was an agreed programme for all staff to have infection control training provided by staff from Hinchingsbrooke Healthcare NHS Trust and the comprehensive programme was provided to us as evidence during our visit.

The provider may like to note there was a lack of accessible information in appropriate formats, for example leaflets, brochures and posters on infection prevention and control for visitors and patients.

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

---

### Reasons for our judgement

---

The provider had an effective system to regularly assess and monitor the quality of service that people receive. We saw the hospital's governance structure and how there were clearly defined roles and responsibilities for the people who managed each relevant department. Leads in each area we spoke with confirmed they understood the hospital structure and felt comfortable raising any issues with the registered manager and other members of the executive. Care workers we spoke with also told us that the managers and leads were approachable, available and responded to their issues as needed. We saw staff feedback was gained on a regular basis and used to drive changes in the location's practices and procedures. We saw an action plan in place to deal with constructive opinions from staff.

The provider had established a number of committees to oversee the quality and safety of care that people who use the service received. We saw these included meetings held about health and safety, medicines management, radiation management and a critical care. An overall clinical governance and risk management committee reviewed all of the findings and input from the various other committees. We spoke with the clinical governance lead about this and viewed the meeting minutes from the meeting held on 23 April 2013. We saw the agenda covered the reports from the other meetings, patient concerns and complaints, clinical incidents and audit results. There were clear objectives and detailed action plans, and progress towards improving the quality and safety of people's care was clearly documented.

The clinical governance lead told us about how people's opinions of their outpatient and inpatient experience were assessed, recorded and analysed. We saw all people who use the service were invited to complete a feedback card or provide verbal comments that could be recorded by staff. The provider was transparent with the findings of the feedback, providing them to both staff and actual and future patients via their website. We saw that from August 2012 to March 2013, 2,064 feedback cards had been completed and 97% of patients would recommend the location to family and friends. We observed that the provider asked people what could be done better, and that the findings from the feedback were collated and organised into trends. The clinical governance lead told us the

responsible staff member was identified and tasked with implementing changes which addressed people's suggestions for improvements. For example, we saw people provided feedback about the temperature of the air conditioning and this was delegated to, and managed by the facilities lead.

There was evidence that learning from incidents and investigations took place and appropriate changes were implemented. All incidents were recorded in an electronic database by care workers at the point and time of their occurrence. The incidents were tracked using the database which detailed how the incident was risk assessed, investigated and managed by the appropriate staff members. Four care workers we spoke with told us there was an open culture at the hospital for reporting incidents and that they also received feedback from the management regarding the outcomes of investigations. We also saw meeting minutes from April 2013 that showed department leads discussed incidents with staff which confirmed this. We asked for a list of clinical incidents since January 2013 and this was provided promptly. We looked at the management of an incident in details and saw that the outcome for the person who uses the service was positive. The person's care was adjusted to ensure their safety and the provider reviewed their procedures to prevent similar incidents from occurring in the future.

We spoke with the human resources lead who explained the auditing process for personnel files. We saw records which indicated that ten employee files were audited in April 2013 for required documentation and compliance and action was taken to address any issues identified. The human resources lead told us a sample of files was audited on a regular basis. We also saw that the provider checked care workers' right to work documentation and professional registration with relevant bodies such as the General Medical Council and Nursing and Midwifery Council. There was a system in place which flagged alerts of employee's registrations that may be due to expire, and the provider sent letters to ensure they provided the appropriate documentation in time. There was a robust system in place to ensure that care workers were qualified and licensed to provide care to people who use the service.

We spoke to the facilities lead and looked at checks undertaken on the premises. We saw audits of the premises ensured the safety of people who use the service. For example, we saw records of checks on access control to the site, air conditioning, water temperatures, electrical safety and fire safety. We looked at a report for 2013 from an external contractor who checked water samples for the location which showed a minor problem. We saw the provider had immediately assessed the risk to people, taken appropriate actions to address the concern and then re-checked the water quality. The provider's actions had resulted in the problem with the water being resolved. We spoke to the registered manager about this and they confirmed they were aware and had been informed by the facilities lead. We also saw this prompted the provider to review and change the process for checking water quality.

## Complaints

✓ Met this standard

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.

Comments and complaints people made were responded to appropriately.

---

### Reasons for our judgement

---

We spoke with four people admitted to the location, three people who had outpatient consultations and one visitor on the day of our visit. All of the people we spoke with were satisfied with the service provided and none had any concerns to raise with us. All of the people we spoke with also told us they knew how to raise complaints with workers and would feel comfortable to do so.

We spoke to the clinical governance manager about complaints management procedures at the location. We saw the provider had a detailed "complaints, concerns, comments and compliments" management policy implemented. The policy specified relevant legislation that the provider needed to consider in dealing with peoples' complaints, such as the Human Rights Act 1998, the Data Protection Act 1998 and the Mental Capacity Act 2005. The policy also stated who was responsible for acknowledging and investigating concerns or complaints. Four care workers we spoke with confirmed the procedures within the policy were known to them. They told us all staff had a responsibility for dealing with any concerns, and they were able to explain procedures the provider used. Care workers confirmed that complaints were investigated and feedback was given to relevant staff regarding the outcomes of complaints.

People were made aware of the complaints system. This was provided in a format that met their needs. For example, people who had hearing problems could use the hearing loop or have sign language arranged. People who spoke another language could have translators from care workers or external sources assist them to make a complaint. Signage was observed in various areas throughout the location which provided information for people about how to make a complaint. We also saw that a "patient complaints guide" was available at inpatient and outpatient rooms. This detailed how people could raise issues with the provider and how the matters would be dealt with. The guide also stated people who remained dissatisfied could take their complaint further with other organisations. For example, the guide stated people could refer to the Parliamentary and Health Services Ombudsman or the Independent Sector Complaints Adjudication Service. The provider also engaged advocacy services to provide advice and support to people who may be involved in a complaints process.

The provider maintained a detailed record of complaints and concerns received. The clinical governance lead showed us how complaints were recorded and tracked in electronic and paper based systems. We observed how one person's complex complaint had been dealt with using the provider's established mechanism and the responses to the person at each step of the process. We also observed response letters from people who had previously raised complaints and had them investigated. We saw people were satisfied by the provider's investigations into matters they had raised. For example in April 2013, one person had written "I would like to thank you for taking our concerns seriously, and for carrying out a thorough and comprehensive investigation". This showed that comments and complaints people made were responded to appropriately.

## 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

---

Phone: 03000 616161

---

---

Email: [enquiries@ccq.org.uk](mailto:enquiries@ccq.org.uk)

---

---

Write to us  
at: Care Quality Commission  
Citygate  
Gallowgate  
Newcastle upon Tyne  
NE1 4PA

---

---

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

---

---

Copyright Copyright © (2011) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.

---