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

### Dr Malcolm Downie

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Tel: 01837810283  
Date of Inspection: 03 June 2013  
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We inspected the following standards as part of a routine inspection. This is what we found:

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<tr>
<td>Safeguarding people who use services from abuse</td>
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<tr>
<td>Management of medicines</td>
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<td>Dr Malcolm Downie operates from Hatherleigh Medical Centre. This GP practice is situated in the rural village of Hatherleigh, Devon. The practice supports around 2060 patients and offers general and enhanced services. The range of services includes health screening, immunisations, asthma and diabetes advice, and management of chronic diseases. The majority of maternity Services are provided by midwives at a nearby children's centre. Minor surgery is not performed at this practice.</td>
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When you read this report, you may find it useful to read the sections towards the back called ‘About CQC inspections’ and ‘How we define our judgements’.

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Summary of this inspection

Why we carried out this inspection

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

This was an announced 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 3 June 2013, observed how people were being cared for and talked with people who use the service. We talked with staff and reviewed information given to us by the provider.

We had a tour of the practice, spoke with the practice manager and a representative from the practice representative group.

What people told us and what we found

We spoke with seven patients who were “extremely happy”, “delighted” and “satisfied” with the service they received. Patients told us they had been involved in the decisions made about their care. One patient said “Oh yes, It’s a two way process.” One patient said “I am in safe hands.” Another said “This is an old fashioned practice that’s kept up with the times.”

Patients said it was easy to get an appointment when they wanted and said they liked the “open surgery” each day where they could “just turn up to wait to see the doctor.” Patients said “We have the best of both worlds; we can book an appointment in advance or just arrive on the day. It works very well.”

Staff were clear about what action they would take if they saw or suspected any abuse. Staff had completed some training in relation to this.

Patients told us that they always felt “in safe hands.” There were appropriate arrangements in place to ensure staff kept their knowledge and skills up to date. Staff spoke about the “good team work” and about working in a “supportive environment.”

Patients said they were able to obtain prescriptions easily. Medicines were safely managed in the dispensary. Emergency equipment and medicines were also managed in a safe way.

The practice was organised and well managed. There were effective systems in place to monitor the quality of the service provided and patients felt able to give feedback about the service they receive.
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 views and experiences were taken into account in the way the service was provided and delivered in relation to their care and treatment.

Reasons for our judgement

We spoke with six patients who were attending the practice on the day of our inspection. We also spoke with a representative/patient from the Patient Representative Group (PRG) who visited the practice to speak with us. All seven patients told us they were "extremely happy", "delighted" and "satisfied" with the service they received. We did not receive one negative comment. Patients told us they had been involved in the decisions made about their care. One patient said "Oh yes, It's a two way process. The doctor and nurses all explain everything to me so I know what is going on and I ask questions."

We were told that patients had their privacy protected when intimate examinations were undertaken. Curtains were available in treatment rooms and patients said they were "encouraged to keep covered" and "given time to get ready." We saw that staff had access to policies which they were expected to read and agree to upon employment and prior to each annual appraisal. The policies included making chaperones available where necessary, and information about consent and confidentiality. We spoke with staff who were aware of the importance of providing privacy.

The practice had devised a simple coding system for recording consent for treatment. Staff said this was simple to use and showed when consent had been obtained.

Staff spoken to had an awareness about the importance of equality and diversity. We were told that the majority of people used English as their first spoken language. However, staff explained they had access to an interpretation service should this be required. We saw that a recent survey had highlighted the need for a designated disabled parking space which was being introduced.

We saw that staff had an understanding of patients with dementia and memory problems. For example the staff were aware of the mental capacity act and gave an example where they had involved other agencies so that best interest decisions could be made.

Patients spoke highly about the doctor, nurses and staff at the practice. One patient said
"As soon as I arrive they welcome me by my name. I like that." Another said "I am so lucky to be here, I've moved a few times but have stayed with this practice. I never feel that I am wasting their time. They never rush me." We heard interactions between reception staff and patients. These were friendly yet professional.

Patients told us they felt involved in the way the practice was run. One patient said "I've been sent questionnaires a couple of times. They want to keep things good for us." All patients said that all staff were approachable and that they would speak to any of them if they wanted to make suggestions or a complaint.

Patients said the waiting room was comfortable and said it was "nice to be separate from the reception", so privacy could be protected. There were magazines available to keep patients occupied and a selection of toys for children to play with.

When the practice registered with the CQC they declared they had not fully asked for patient's feedback. At this inspection we saw that action had been taken regarding this. We saw that the patient representative group had conducted a survey in September 2012. The questionnaire focussed on communication at the practice, appointments, getting repeat prescriptions and use of a referral system at a local NHS trust. We saw responses were positive. Comments included "Thank you for providing first class care." And "It is easy to see my doctor because I do not have to make an appointment."
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, treatment and support that met their needs and protected their rights.

Reasons for our judgement

The surgery was located in a rural area of West Devon and served approximately 2060 patients. The main service was to patients with chronic diseases including asthma, diabetes, and heart disease. The practice also provided child immunisation, flu vaccines, pneumococcal immunisation and general services such as wound care, and phlebotomy (the process of taking blood). The majority of maternity services were provided at a nearby children's centre, although the doctor did carry out some ante natal and post natal care on his patients. The practice did not carry out travel immunisation, complex family planning or surgical procedures. The surgery had one full time doctor, a full time practice nurse and healthcare assistant.

The surgery had provided patients with information on how to access the surgery both during the day and out of hours, including what to do in certain medical emergencies. Patients particularly appreciated the "open surgery" each day where they could "just turn up to wait to see the doctor." Patients said "We have the best of both worlds; we can book an appointment in advance or just arrive on the day. It works very well." Patients said they had enough time at each appointment to consult with a doctor, "and "never felt rushed."

One patient said "It may mean you have to wait ten minutes but when you are in there you are given all the time you need."

Patients appreciated the attitude of the doctor. Four patients gave specific examples of when the doctor had "done that little bit extra." One patient described how the doctor had supported the family through a personal event. Another patient said "I have recently had an operation. I came out of hospital and he turned up a few hours after I was at home to check I was all right."

All seven patients we spoke with were very complimentary about the service they received. One patient said "I am in safe hands." Another said "This is an old fashioned practice that's kept up with the times."

We saw patient health information leaflets were available in the waiting room for patient use. One patient said "I know they are there but the doctor and nurse explain what I need to know."
We looked at a blank computerised medical record used for training purposes and briefly at sections of patient records. We saw that these contained areas for recording assessments, past medical history, medications, personal and social factors and diversity. We saw there were systems to alert other surgery staff of information of importance; for example allergies and other important medical information. Records we saw were easy to use and understand.

Patients said that any referrals to National Health Service hospitals had been promptly done. We saw that systems were in place to make sure referral letters were written and sent promptly and saw audits were in place to monitor this.

Patients said they were impressed with the continuity of care at the surgery. One person said "It's small so there they all know what's going on with me. They must keep good information on the computer because when I come in they know what's happening." Patients said the doctor and nurse "worked well together." We spoke with the practice nurse and healthcare assistant who explained their days were varied to meet the needs of each patient.

There were arrangements in place to deal with emergencies. Staff had received training in basic life support. Emergency equipment, including oxygen, defibrillator and emergency drugs were available and had been well maintained. The surgery had a contingency plan in place to deal with emergencies. For example the written plan included information on how to manage loss of computer systems, telephone systems, failure of services such as gas and electricity and what to do if any staff were incapacitated.

During the inspection there was a situation which needed to be managed urgently. Observation of staff showed that this was managed in a sensitive, responsive and professional manner. The doctor and practice nurse visited a patient at home during the lunch time to ensure they were safe.
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 talked with staff about identifying and preventing abuse. They had a good understanding of the different types of abuse and described correctly the procedure to be followed if they suspected or witnessed any abuse. All said they would speak with the practice manager or doctor if they had any concerns. The practice manager and doctor were aware of the correct reporting procedures for both children and vulnerable adults.

We saw posters displayed in the surgery which included the contact details for the local adult and child safeguarding teams if abuse was suspected.

Training records and conversations with staff confirmed they had undertaken appropriate levels of training including protecting vulnerable children and adults. This training had been in line with the local authority safeguarding procedures. Staff were aware of the whistleblowing policy and knew who to speak to if they needed to raise concerns to external organisations about care at the practice.

We were given specific examples to show that staff were knowledgeable about the mental capacity act and were aware of the process of involving other professionals where patients were not able to make decisions about their care.

We saw there were up to date safeguarding policies available for staff to refer to. These included information from the British Medical Association for the doctors in the practice to follow.
Management of medicines

People should be given the medicines they need when they need them, and in a safe way

Met this standard

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

The surgery was a dispensing practice. A dispensing practice was one which was situated remotely from a community pharmacy. Patients therefore received medicines and general healthcare all in one place.

As part of this inspection we looked at the dispensary and spoke with two dispensary staff. We talked with patients about their experience of this aspect of the service provided at the surgery.

Patients told us they really appreciated this service and found it "more convenient." One patient said "It's so much easier. I come, see my doctor and pick up my prescription on the way out. If they don't have it in stock, it will be here the next day". Another patient said "I don't have to waste time driving into Okehampton just to pick up a prescription. The dispensing staff are very efficient".

Patients said obtaining a repeat prescription was easy. One patient said "Because I live quite a distance away, I give the staff pre paid envelopes and they post them to me. It works very well".

We saw the dispensing system in use meant patients received their medicines promptly. One patient said "Often it's ready to collect on my way out." We observed a member of dispensing staff receive the prescription from the surgery printer. An initial visual check was performed by staff followed by a barcode electronic check. Dispensing staff demonstrated an alarm which would prevent a label being printed should the medication name or strength be incorrect.

We found that medication was being stored safely. Medication was supplied to the dispensary in secured delivery boxes. Dispensing staff had a clear system to cross check the delivery stock on arrival. We saw records were kept of these checks.

The dispensary was secure and was not accessible to members of the general public. Windows were secured with shutters and the dispensary was alarmed.

We saw the dispensary areas were clean and free from a build up of excess stock. Hand
washing facilities, aprons and gloves were available for staff to use.

We spoke with dispensing staff who told us they performed regular assessments and checks for the Dispensing Service Quality Scheme (DSQS). We saw that one of these audits had included looking at medication wastage at the practice. Staff found that this was significant, introduced an action plan and monitored the results. This had resulted in a significant reduction of waste medications. A patient said "They have started asking us if we need all the medication on the repeat prescription form. Often I only need one thing."

We saw that systems were in place to monitor dispensing errors. Dispensing staff were able to show us a report which showed there had been one minor medicine near miss for the practice within the past 12 months. We saw records that dispensing staff had managed to spot this issue and provide the patient with the correct dosage.

Dispensing staff had received training in medication management and dispensing. Regular updates had been provided. Records showed that dispensing staff had been assessed each year on their dispensing competencies.

The medication system allowed for an audit trail to be completed recording the receipt, administration or return and disposal of prescribed medication. The provider may wish to note that the lack of records did not clearly provide robust written evidence of medication that had been disposed of appropriately at the practice.

We saw Standard Operating Procedures (SOP) were in place to assist dispensing staff to perform their role. For example staff produced a SOP for the safe management of dosette boxes. A dosette box was a box where people's medication could be pre loaded for the week. Staff explained that they recognised that the risk of medication error increased for this service so had written guidance for staff to follow to reduce the risks.

We checked controlled drugs storage and management and found these to be appropriate. Controlled drugs were types of medication which required additional storage and record keeping.
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

Patients told us the staff were "lovely", "polite", "efficient" and "professional". Patients said they felt "confident" in the care of the staff and "in good hands." One patient said "He (the doctor) is excellent. He has years of experience in treating me and he is so knowledgeable. I would not want to go anywhere else." Patients also praised the reception staff and said they were "lovely on the telephone."

We spoke with seven members of staff working at the surgery on the day of inspection. All said it was a "good place" to work and all said that they felt supported by the practice manager and team. All staff shared a mutual respect of each other and said support was obtained from the team and practice manager. One member of staff said "It's lovely working here. I think you will find that when you realise how long we have all been here."

We spoke with nursing staff who told us they kept their skills and knowledge up to date. A healthcare assistant had printed off recent training certificates. These included information management, equality and diversity, child protection, fire safety and moving and handling. We looked at this member of staff's file and saw evidence continuous development. Subjects included basic life support and safeguarding of vulnerable adults.

The doctor received monthly peer support from other doctors in neighbouring practices. This was a time where they could discuss complex cases, whilst protecting the patient’s confidentiality.

The practice manager told us she attended a local practice manager's group where current trends and issues could be discussed.

The practice nurse also told us she attended a practice nurses' professional group where topics were discussed and best practice shared. We spoke with the practice nurse who provided evidence of how she kept her knowledge updated. We saw updates were related to the service the surgery provided. For example we saw study days had been held on the subjects of immunisations, asthma management, sexual health issues, travel health, diabetes and family planning. We were told that further education and training was supported at the surgery.
We saw that continuous development also included administrators at the surgery. For example reception staff had attended training in basic life support, computer literacy, and information governance.

All staff had attended basic life support training and had received an annual appraisal. Staff told us the appraisals were performed every June or July. We saw from records this was a time to discuss their performance, training needs and a time when they read the policies and procedures.

Regular staff meetings were held at the surgery. Staff told us these were an opportunity to discuss any issues formally. Staff also told us that the team met informally each day where any concerns or changes were shared more informally. One member of staff said "One example is that we came up with ideas that would improve our personal safety. These were listened to and changes made."
Assessing and monitoring the quality of service provision

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

Our judgement

The provider was meeting this standard.

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

We spoke with patients about how able they felt to give feedback or make a complaint about the surgery. One patient said "I was sent a form to fill in." Another said "I'd speak with the practice manager but I can't see anything that needs improving."

Patients we spoke with knew how to make a complaint but said "I can't ever see me having to complain. I am very happy."

The practice had a patient representative group in place at the practice which met monthly. We spoke with a representative who said they had been involved in running the survey and were raising money to buy additional equipment for the practice.

A survey had been completed for the period of September 2012 to February 2013. We looked at the results and found comments to be very positive. For example, one comment read "We are lucky in Hatherleigh to have an open surgery each day, which means you will be seen without an appointment. I also find all the staff most helpful." We saw that action had been taken following suggestions. For example there had been a request for a female doctor. The answer on the survey read "The practice now have a female doctor."

The practice had participated in the annual national Quality and Outcomes Framework (QOF). This was a nationally recognised voluntary annual reward and incentive programme for GP surgeries in England. The surgery had to achieve targets called indicators in four main sections. The sections were called domains. These included clinical care, organisational, patient experience and additional services. The clinical care domain looked at areas such as coronary heart disease, high blood pressure and heart failure. The organisational domain looked at issues such as education and training, practice management and medicines management. The patient experience domain consisted of the length of consultations. Additional services indicators looked at cervical screening, child health surveillance, maternity service and contraceptive services. We saw that the surgery had performed well on their QOF results. We saw that Hatherleigh Medical Centre Surgery used this process to maintain quality services at the surgery.
The surgery also carried out separate systems and checks to ensure the service was effective and safe. For example regular audits of the medicines, emergency equipment and refrigerated medicines had been undertaken. Systems were in place to ensure medicines reviews took place on a regular basis. Computer systems helped staff monitor when patients had received the results of their blood test or missed health screening programmes.

There were policies and procedures in place for staff to use for guidance. We saw there were systems to keep these up to date.
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:

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**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.