

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

## Dr J A D Weir & Partners

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Tel: 01482701834

Date of Inspection: 01 October 2013

Date of Publication: October 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

**Supporting workers** ✓ Met this standard

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

**Complaints** ✓ Met this standard

**Records** ✓ Met this standard

## Details about this location

Registered Provider	Dr J A D Weir & Partners
Registered Manager	Dr. John Weir
Overview of the service	Marfleet Group Practice Surgery is situated in a suburb of Hull. There are 6 General Practitioner (GP) partners they are supported by a team of practice nurses, a practice manager, and administration staff. There is access for the disabled and a car-park for the use of patients visiting the surgery.
Type of services	Doctors consultation service Doctors treatment service
Regulated activities	Diagnostic and screening procedures Family planning Maternity and midwifery services Treatment of disease, disorder or injury

## Contents

*When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.*

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## Summary of this inspection

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### Why we carried out this inspection

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

This was an unannounced inspection.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 1 October 2013, observed how people were being cared for and talked with people who use the service. We talked with staff, reviewed information sent to us by local groups of people in the community or voluntary sector and used information from local Healthwatch to inform our inspection.

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### What people told us and what we found

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During our announced inspection we spoke with eight patients, two members of the patient participation group, the registered provider (Dr Weir), one GP, the practice manager, two practice nurses, and two reception members of staff.

Patients told us they felt their privacy and dignity was protected when they visited the practice. Comments included; "I always feel safe in the surgery and the doctor always treats me with respect" and "The doctor always listens to me and they take the time they need with my appointment". One person told us that they weren't always happy with the service but they would complain if they needed to.

Patients expressed their views and were involved in making decisions about their care and treatment. We saw that patients were given information and support with regards to treatment options and that staff maintained patient's privacy and confidentiality.

Staff had received appropriate professional development and training to ensure they could meet the needs of the people who used the service. Staff could tell us who they would contact if they had any concerns about child protection issues or abuse of patients. The practice had systems in place to assess and monitor the quality of the service that people received.

There was a complaints system in place and this was available to all the patients. We spoke with one person who had complained and they told us their complaint had been dealt with appropriately.

We saw that records were up to date accurate and stored securely.

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

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## **More information about the provider**

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

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

## Our judgements for each standard inspected

**Respecting and involving people who use services** ✓ 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

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### Our judgement

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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.

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### Reasons for our judgement

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People who used the service understood the care and treatment choices available to them. People expressed their views and were involved in making decisions about their care and treatment.

We spoke with eight patients, two members of the patient participation group, two GP's, the practice manager, a practice nurses, and two reception members of staff about respecting and involving patients who used the service.

When we arrived at the practice we saw the main reception area was directly accessible from the front door. The reception area was a shared space with an independent pharmacy and other alternative health services. The actual reception area was set back away from the waiting area it had a low table top so that it is accessible to patients in a wheelchair. There is a rope plus stands to keep people in the queue back to ensure the privacy of the patient talking to the reception staff.

In the last GP survey report which showed the results of the national GP patient survey it was noted that people thought the phone access wasn't very easy and the receptionists were not helpful. The practice manager told us these issues were dealt with in staff briefings and they were continually trying to improve the service offered. We observed patients who arrived at the practice. They were dealt with respectfully and treated as individuals. The receptionists spoke discreetly to patients which meant each patient's privacy was respected.

We saw that a variety of information was clearly displayed within the waiting area. This included health promotion leaflets and information about the services available at the surgery such as chaperoning. The practice manager told us that clinical chaperones were used throughout the surgery. The practice manager showed us the practice's confidentiality, consent and chaperone policies and procedures that all staff worked to.

Patients told us they felt their privacy and dignity was protected when they visited the

practice. Comments included; "I always feel safe in the surgery and the doctor always treats me with respect" and "The doctor always listens to me and they take the time they need with my appointment". Another patient told us "The doctor always takes their time and treat me with respect. If I need an examination I always go behind the screening to get ready".

Patients told us that the doctor, nurse or health care worker always explained things fully to them and they could discuss their treatment options. This meant they made informed choices about their care. Information about the services offered at the surgery were available in a practice leaflet and on the practice website. One patient told us "The doctors here work closely with the doctors I see at the hospital which I find reassuring". Another person told us "The doctor always discusses the different treatments with me and helps me with the choice and book system"

The information could be produced in large print format and practice manager told us that if necessary interpreters could be organised for people who did not speak English.

Staff told us that people who had a learning disability, complex health issues or needed time to discuss treatment with the doctor were given longer appointments. This meant staff could effectively diagnose and discuss any treatment options with the patient and/or their carer.

Patients could also use the choose and book system for out patient referrals. One of the GP's told us that patients were given a choice about where they would like to be referred during the consultation. They went on to say "I find I can make a real difference using choose and book to the speed at which some of my patients are seen. In one instance I was able to organise treatment at a different hospital so that the patient could be close to their family when they were recovering". One of the reception staff who organised referral letters to consultants told us that once the patient was in the system they could then ring the appropriate contact and arrange their own appointment. They did say that not everyone took advantage of the choose and book system. Staff then organised the consultant referral for the patients who did not use this system. One person told us they liked this way of booking an appointment as it gave them the opportunity to make their appointment when it suited them.

Patients could also use the NHS Choices website to express their views regarding their experience at this practice. At the time of the inspection there were no comments about the practice on the web site.

There was also a patient participation group (PPG). A PPG is made up of volunteer patients and practice staff who meet regularly to discuss the services on offer and how improvements can be made for the benefits of the local patient population and practice. Members of the PPG told us the group had been in existence for several years, they had implemented a suggestions box, advocated for clearer signage within the practice and worked with the practice manager to implement a help desk.

The surgery was open from 0800hrs to 1830hrs Monday to Friday. We asked patients about their appointment times. Patients told us "It is sometimes difficult to get an appointment with the GP of my choice". Another patient told us "You can get an appointment with a doctor alright it is more difficult if you want to see a particular doctor" and "I love being able to book my appointments on line it is so easy". Information on how to make appointments was also available on the practice website.

The practice was on the ground floor with level access to the building. The doors and

walkways were wide enough for patients in wheelchairs to access the service. The practice had also invested in a portable loop system for the benefit of patients who used a hearing aid. There were disabled facilities in the building.

We spoke with staff about identifying the needs of their patients in relation to equality and diversity. One staff member told us "I treat all my patients as individuals and when necessary I make sure I have the information I need in either pictorial or large print format to make sure people understand what is happening". In a discussion with the practice manager it was clear that people were treated as individuals and they provided evidence to support their claims.

During our inspection we saw information about how to complain displayed in the surgery and on the practice website. The provider took complaints seriously and we saw that complaints received had been acted upon and discussed with staff. A summary of the complaints received was included in the quarterly newsletter issued to patients.

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

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**Our judgement**

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The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

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**Reasons for our judgement**

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We spoke with eight patients, two members of the patient participation group, two GP's, the practice manager, two practice nurses, and two reception members of staff about the care and support people received.

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

Discussion with patients indicated that they were satisfied with the level of care and treatment they received. They all stated they were given the time they needed with the doctor, nurse or health care worker to discuss their health issues or concerns. One person said "I get as long as I need at an appointment" and "I never feel rushed when I am with the doctor or the nurse". A GP we spoke with said that they gave the time someone needed in an appointment to ensure they understood about their treatment. Where it was necessary patients told us that timely referrals had been made to other services for assessment and treatment. We saw the results of the national patient survey and these indicated that the majority of patients felt they got enough time at their appointments and they involved them in their care.

We looked at the treatment records for four patients. The practice held notes on the computer and where required provided paper information for patients. We saw that information about the patient such as medical history, current medications, and any allergies had been obtained. For each appointment there was a brief history of the concern, notes from any examination and what the plan was, for example, referral to outpatients or prescribed medication.

We saw that there were a number of nurse led clinics for patients who had long term conditions such as diabetes or asthma. Again patients told us this meant they saw the same staff and that this helped them feel supported in managing their conditions.

The practice manager explained that there was a system for identifying and supporting patients who received palliative care. Some patients following discussion with their doctor chose to have a do not resuscitate (DNAR) certificate in place. We saw these were recorded on the patients' records and the doctor told us the certificate was held where the

patient lived. GP's spoken with were clear about the issues around capacity to make these decisions and only signed these forms following discussions with the person concerned. We were also told that information was made available to the out of hour's service for any patients receiving palliative care. There was information on the website, in the practice and on the telephone about what emergency/out of hours arrangements were in place when the practice was closed.

All staff attended yearly updates on cardiopulmonary resuscitation (CPR) and life support. The staff we spoke with were able to talk us through the procedure they would follow if anyone needed emergency treatment and we saw evidence of their training in the staff files. We were shown the emergency equipment the practice had at each location for dealing with emergencies and saw this included an emergency drugs kit, and a defibrillator. These had been checked by the staff on a regular basis to ensure the equipment was in working order and the listed emergency medications were available and in date. Staff told us how they would alert other staff to an emergency situation. They showed us the series of computer keys that would be used by anyone at a computer to alert others in the event of an emergency.

Discussion with the practice manager and checks of the accident book and incident logs showed there had been no untoward events in the previous 12 months. All accidents were recorded and the manager understood about their role and responsibilities with regard to the Reporting of Injuries, Disease, and Dangerous Occurrences Regulations 1995(RIDDOR). We also saw the practice business continuity plan which included plans to cope with adverse situations such as system failures, disruption to key premises and responding to major incidents. The practice kept an analysis of significant events and these events were discussed at team meetings. This meant that people's practice would improve.

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

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## **Our judgement**

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The provider was meeting this standard.

Patients 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.

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## **Reasons for our judgement**

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Patients 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.

We looked at records and documents relating to safeguarding practices. Patients we spoke with were very happy with the service and did not raise any concerns. One patient said "If I have any concerns I would talk to my doctor".

The staff we spoke with told us that they had received training in safeguarding of children and we saw evidence of this in their staff files. We also noted that the GPs had appropriate child protection level three training. Staff demonstrated their understanding of child protection responsibilities, of the signs and symptoms of abuse and the types of abuse that could occur.

All staff had received up to level one of safeguarding vulnerable adults and we saw evidence that the GP's were booked on to further training. The staff had access to policies and procedures for reporting any incidents relating to safeguarding of children and safeguarding of vulnerable adults.

The staff we spoke with told us they would contact their manager or one of the GPs with any concerns. The manager said they would then make alerts to the appropriate local authority safeguarding team.

The practice had a consent policy and discussions with a GP and the manager indicated they were aware of the Mental Capacity Act (MCA) 2005 and how patient's capacity to make decisions might change. Staff told us they had completed some training in the MCA and could explain some of the principles of the Act to us.

The manager told us that, when necessary, the GPs took part in best interest meetings to discuss a person's care and treatment. Best interest meetings take place when informed choice cannot be made by the individual, and include the views of all those involved in the individual's care.

We spoke with the manager about enhanced criminal records checks carried out by the

Disclosure and Barring Service (DBS) as part of the safeguarding measures within the practice. Checks of the staff files showed that the GPs and clinical staff had these checks in place. The manager told us that the reception staff did not have direct unsupervised patient contact so did not have a DBS check.

**Staff should be properly trained and supervised, and have the chance to develop and improve their skills**

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## **Our judgement**

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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.

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## **Reasons for our judgement**

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Staff received appropriate professional development.

The manager told us there were approximately 40 staff at the practice plus six GPs. We saw a sample of training records and certificates held for each person. The medical and nursing staff had records which identified what subjects had been completed and how many hours of study had been carried out to meet their continuing professional development (CPD) and professional registration criteria. We were told that none of the GPs had yet been through the revalidation process but each had dates for when this would happen.

We saw evidence from staff files that they had an annual appraisal and they had personal development plans.

The staff meetings included clinical development sessions. Topics covered included; dermatology, cancer, the effects of excessive alcohol and the mental capacity act. The senior practice nurse or their deputy also attends the practice meeting to ensure they remain up to date with activities within the practice.

The staff we spoke with told us this helped ensure they were up to date with current best practice. There was no formal supervision process in place to support staff. However, discussion with staff indicated that they felt they worked as an effective team. We were told by staff that the manager and senior nurse had an open door policy and were available if they needed to discuss any concerns. Staff commented to us that they valued the opportunity to meet as a team.

We saw evidence of current registration with the relevant professional bodies, for example, the manager held records of the registration details of the nurses with the nursing and midwifery council.

The provider also offered staff vaccinations to protect them from some infectious diseases, for example one nurse told us she had Hepatitis B and flu vaccinations. The manager told us these were routinely offered to all staff.

## Assessing and monitoring the quality of service provision

✓ Met this standard

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

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### Our judgement

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The provider was meeting this standard.

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

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### Reasons for our judgement

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Patients who used the service, their representatives and staff were asked for their views about their care and treatment and they were acted on.

The treatment plans contained evidence that they were reviewed every time a patient attended the surgery, both in terms of the presenting concern and any changes to medical history or medications. This helped to ensure the correct care and treatment was given.

We spoke with eight patients, two members of the patient participation group, two GP's, the practice manager, a practice nurse, and two reception members of staff.

The PPG members explained the role of the group and both said the group had worked with the practice to improve the annual survey. The group met quarterly and minutes of the meetings were displayed in the reception area and on line. Both members said that the practice manager who attended their meetings was interested and listened to their concerns/plans /ideas and they had useful discussions.

Staff told us how they regularly assessed and monitored the quality of care and treatment. We saw evidence of a number of different ways that quality was checked and improved including audits of infection control, clinical audits, and the national Quality and Outcomes Framework (QOF).

The QOF is a voluntary incentive scheme for GP practices in the UK, rewarding them for how well they care for patients. The QOF consists of groups of indicators, against which practices score points according to their level of achievement. For example clinical indicators related to the management of patients with coronary heart disease and hypertension. We saw that this included reviews of such areas as accident and emergency attendances and redesigning care pathways. The QOF for 2011/12 indicated that the surgery had achieved 954.01 out of 1000 points. The practice did not perform very well in the areas of cardiovascular disease primary prevention or Epilepsy. The practice manager was aware of this and had implemented further checks of patients to ensure these tasks were performed appropriately.

There was a complaints procedure in place which was on the web site and information available in the practice leaflet and from reception staff. The practice manager audited the complaints and used the information to develop an action plan to improve services.

**People should have their complaints listened to and acted on properly**

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**Our judgement**

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The provider was meeting this standard.

There was an effective complaints system available. Comments and complaints people made were responded to appropriately.

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**Reasons for our judgement**

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People had their comments and complaints listened to and acted on, without the fear that they would be discriminated against for making a complaint.

There was a complaints procedure in place which was on the website and information available in the practice leaflet and from reception staff. Patients could also contact a helpline either in person, on the phone or by e-mail. Staff told us the help desk was usually the first point of contact for people who had been unhappy with the service they had received. There was also a comments box for people who used the surgery on a day to day basis to use if they had any comments.

Several negative comments had been posted on the NHS choices website. These had all been responded to by the surgery. They acknowledged people were unhappy and apologised where they felt someone had received an inferior service.

We spoke with one person who had raised concerns and they told us that the issues had been dealt with immediately and the practice manager had followed up with a phone call to ensure they were satisfied with the surgeries response.

We saw a log of complaints that had been received by the surgery and associated actions taken to remedy the issues raised. The practice manager told us that in the preceding year there had been a high volume of complaints and these related to communication problems. As a result the helpline was introduced and extra staff were made available at peak times to answer the phone.

The Patient Participation Group told us they were working with the practice manager to see how they could reduce the number of complaints. One of the options they were discussing were open meetings so people could just come along and express their views. By giving patients more opportunities to express their opinions about the service the PPG and the practice manager hope the level of formal complaints to reduce.

Patients we spoke with told us they would raise any concerns they had with the doctor or the practice manager. They expressed confidence that their concerns would be dealt with appropriately.

## Records

✓ Met this standard

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

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### Our judgement

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The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained

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### Reasons for our judgement

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People's personal records including medical records were accurate and fit for purpose.

We found that patient records were in place and reviewed by the GP or practice nurse at each visit. The records documented people's medical history, the presenting concerns, medications appropriate referrals and test results. The records were kept securely on the computer and staff needed computer key card as well as a password to access the records.

Other records kept for the safe running of the service, recruitment records and evidence of training were stored securely within the service.

Staff told us that they had completed training on Information Governance which was about keeping records safe and confidential. This was confirmed by the training plan given to us by the practice manager.

Discussion with the practice manager indicated that records which were no longer in use, were archived for a specific length of time and then disposed of in accordance with current legislation such as the Data Protection Act 1998. Once the timescales were reached, where information could be destroyed, the provider used a confidential shredding company to dispose of the records.

## 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.

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

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

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

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

## Glossary of terms we use in this report

### Essential standard

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

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

### Regulated activity

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

## Glossary of terms we use in this report (continued)

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### **(Registered) Provider**

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

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### **Regulations**

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

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### **Responsive inspection**

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

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### **Routine inspection**

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

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### **Themed inspection**

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

## Contact us

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