

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

Rockliffe Court limited

331-337 Anlaby Road, Hull, HU3 2SA

Date of Inspection: 23 July 2013

Date of Publication: August 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
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Care and welfare of people who use services	✓	Met this standard
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Safeguarding people who use services from abuse	✗	Action needed
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Management of medicines	✓	Met this standard
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Safety and suitability of premises	✓	Met this standard
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Staffing	✓	Met this standard
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Records	✗	Action needed
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Details about this location

Registered Provider	Rockliffe Court Limited
Registered Manager	Mrs. Jean Susan Goodwin
Overview of the service	Rockliffe Court is situated in a residential area not far from the city centre of Hull. The service has shared and single bedrooms over two floors. There are various communal areas and a large garden. The building is accessible to people with mobility difficulties. There is car parking at the rear of the building.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

Contents

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

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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 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 23 July 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 talked with other authorities.

What people told us and what we found

We spoke with seven people who used the service, two visitors, three staff and both providers.

People told us they were treated with dignity and respect and they could make choices about their lives. Comments included, "It really is a nice place here and has a pleasant atmosphere. There is not one thing wrong I can say about this place" and "I get myself washed and dressed and if I can't do anything I just ask. I come and go as I please."

People told us their health needs were met. Records showed they had access to health professionals for advice and treatment. Comments included, "We are looked after well and treated kindly."

We found systems in place for recognising potential financial abuse and the procedure used to manage and record finances did not fully protect people from the possibility of abuse.

We found people received medicines as prescribed, although some minor recording issues were to be addressed.

The service provided people with a safe and homely environment. People told us they were happy with their home and liked the large bedrooms and garden.

We found there were sufficient staff to support people who used the service. Comments included, "If I can't do something I ask and they come as quick as they can" and "The staff are excellent and it's a friendly atmosphere." A relative told us the staff had been very thoughtful and knew their relative's needs well.

We found some of the records used in the service were not accurate and up to date.

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

What we have told the provider to do

We have asked the provider to send us a report by 31 August 2013, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

We have referred our findings to Local Authority: Safeguarding. We will check to make sure that action is taken to meet the essential standards.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

More information about the provider

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

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

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People's privacy, dignity 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

We found that 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. Most people who used the service had sight impairment but maintained a level of independence. They were able to voice their views and opinions to staff. People told us they could make choices about their lives and the routines within the service were flexible. For example, they said they could choose when to get up and go to bed, what meals to have, where to sit during the day, who they wanted to visit them and which activities to participate in.

People who used the service told us they were treated with dignity and respect. They also said they were supported in promoting their independence and community involvement. Comments from people who used the service included, "It really is a nice place here and has a pleasant atmosphere. There is not one thing wrong I can say about this place", "I get myself washed and dressed and if I can't do anything I just ask. I come and go as I please", "I go out to the tandem club and no-one makes me do anything I don't want to do" and "My daughter comes and takes me out for a meal or to the museum."

A relative spoken with told us, "She actually wants to stay here. The staff make sure she always looks smart." The relative also told us staff helped the person to be independent by providing them with a flask of tea which they could pour themselves throughout the day.

Staff described how they promoted privacy and dignity and supported people to maintain their independence. Comments included, "I ask them if they want me to go out of the room so they can have privacy" and "If we are talking to people confidentially, we keep the door closed."

We found that bedrooms were personalised and people were able to bring in items from

their previous home to decorate them to their choice. Some people had their own telephones and fridges in their bedroom. One person who used the service had their cat living with them and staff supported them to care for it.

Most people used bedrooms for single occupancy but some people had chosen to share a bedroom. The provider told us they had a portable screen to use for privacy in shared bedrooms but they had plans to install privacy curtains.

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

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

People spoken with told us their needs were met by care staff. They confirmed staff contacted their GPs for them when required and supported them to attend appointments with other health professionals such as dentists. People said they received visits from district nurses, opticians and chiropodists. Records confirmed that people received treatment and advice from a range of health and social care professionals. Comments included, "I see my doctor and optician and I see the nurse for a flu jab", "I've filled out since I've been here. I really like the meals", "We are having some exercises tomorrow" and "We are looked after well and treated kindly."

A relative and a visitor spoken with said they were happy with the care provided in the home. Their comments included, "It's a brilliant home. The staff really understand her and really care" and "They always look clean and tidy."

We were told that one person who used the service had made a daily choice to consume more alcohol than was safely recommended. Health professionals involved in their care were aware of the issue and staff were aware of the effects of the alcohol use. The provider told us they believed the person had the capacity to make their own decisions, which created a dilemma for staff when managing the situation. There was a risk assessment and care plan in place regarding this issue. The provider may find it useful to note this did not include monitoring the amount of alcohol consumed or managing the behaviour that could challenge the service and other agencies. It also did not include any measures and specialist advice required to support the person to reduce the amount of alcohol they consumed. This was mentioned to the manager to address in a review of the care provided to the person.

Care plans provided staff with information in how to support people although we found one care plan did not fully address the nutritional needs of one person. In discussions with staff it was clear they were knowledgeable about people's health care needs. They described how they supported people to be independent especially since the move from Rockliffe House to Rockliffe Court had had an impact on people with sensory impairment. Staff said,

"People are quite independent here. We guide people and help them in their new environment to be as independent as they were in their old home."

Staff described how they monitored people's skin condition to prevent pressure ulcers from occurring. We found people's weight was monitored and staff were aware of who to contact if they had any concerns.

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

Our judgement

The provider was not meeting this standard.

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

We have judged that this has a moderate impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

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

Prior to the inspection we had received information of concern regarding how one person was supported to make their own purchases and manage their finances. This issue is currently being investigated by other agencies.

During the inspection we looked at how the service supported people to manage their personal allowance. The provider told us most people had support from family to manage their finances but a small number of people were able to manage their own finances with minimal support. This support consisted of transferring personal allowance owed to them from their pensions and benefits which had been paid directly to the service combined with their residential fee. The support also consisted of collecting items from the shops for people.

The records maintained by the service regarding this support were limited. This made it difficult to audit exactly how people who used the service were supported to manage their personal allowance and expenditure. For example, the provider told us they frequently went to the shops to make purchases for people but there were no records of the monies given to the provider, the purchase made, the receipt, nor the return of excess monies to the person.

One person was supported by family to manage their finances but the provider told us the person only received a fraction of the weekly allowance that should have been paid to them. The provider showed us receipts where they had bought the person clothes and paid for hairdressing, toiletries and chiropody for them. Although the provider made sure the person did not go without necessities, the person was entitled to receive their full personal allowance. The provider had not addressed this with the person's family nor

alerted social services so they could address it. We spoke with the local safeguarding team following the inspection and forwarded an alert form as requested so they could investigate this situation.

The provider told us they paid people's personal allowance to them every six weeks and rounded this up to £24 pounds per week instead of £23.90. They said this was because people who used the service had sight impairment and preferred to have their personal allowance in one pound coins. This showed us the provider tried to accommodate people's wishes and preferences.

People who used the service told us they felt safe in the home and confirmed they received their personal allowance every six weeks in one pound coins. They told us they had a lockable facility in their bedrooms to store monies and personal items securely. Comments included, "I get a hundred and odd coins each time and keep them in my safe" and "The money comes directly to me and I keep it safe. I am security conscious."

The personal allowance record book indicated the monies were paid to people weekly and not every six weeks. This meant the records did not match what happened in practice.

In discussions staff were knowledgeable about the safeguarding procedure and who they would speak with if they had any concerns. They confirmed they had completed training in how to safeguard people from abuse and were able to describe the types of abuse and signs and symptoms of abuse.

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

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

During the inspection we spoke with the provider and care staff about the management of medicines. We also checked medication administration records (MARs) for a selection of people who used the service.

We found appropriate arrangements were in place in relation to obtaining medicine. Medicines were kept and stored safely. Medicines were prescribed and given to people appropriately and staff had received training in how to manage medicines.

The MARs showed us staff signed when they gave medicines to people and we observed no gaps in administration. There were some recording issues and unclear directions for some medicines which were prescribed to be taken when required. Also not all medicines were signed when received into the service and shelf limiting medicines were not dated when they were opened. This made it difficult to audit when they could no longer be safe to use. These issues were discussed with the manager to address.

We found one person occasionally missed a dose of their vitamin medicine as they chose to go out during the day. The manager is to discuss this with the person's GP to see if the dosage could be changed to times that best suit the person.

People we spoke with said they received their medicines on time and were not left waiting for medicines when they requested them for pain. Comments included, "I broke my arm a month ago when I was out and the staff are looking after me. I get my painkillers on time" and "They are pretty good. I get my pills on time."

The provider told us they were changing their supplying pharmacy at the end of the month. They also told us they had discussed some of the recording issues about unclear directions and these were to be addressed during this process.

Medicines were stored in a trolley and cupboards in a designated room. Staff monitored the temperature of the room to ensure medicines were stored correctly. Controlled drugs were stored in a secure cupboard and recorded appropriately. Stock control was managed well although we found one person had an excess amount of inhalers. The manager was to address this with staff.

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

Our judgement

The provider was meeting this standard.

People who used the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

Reasons for our judgement

We completed a tour of Rockliffe Court and found the provider had taken steps to provide care in an environment that was suitably designed and adequately maintained. We found the home was clean and tidy with spacious bedrooms, communal areas and gardens.

The service had five shared bedrooms and 19 single occupancy bedrooms. Each bedroom had an en suite. When the provider purchased the service they replaced the showers, toilets and sinks in each of the en suite rooms. As well as showers in each of the bedrooms there were two bathrooms and additional toilets throughout the home. This meant there was a choice of bathing facilities for people.

The service had a large dining room, a large sitting room and separate seating areas in specific parts of the building. This meant people had choices about where they would like to sit during the day.

Corridors were wide and had grab rails to aid mobility and there were two passenger lifts and a chair lift to the upper floor. There were ramps to each exit and into the garden. These measures meant that people who used wheelchairs or who had mobility difficulties could easily access all parts of the home.

The service had a kitchenette for staff or relatives to use when preparing drinks. The main kitchen was large and near to the dining room. The cook told us they had everything they required to complete catering tasks.

People spoken with told us they were happy with their home. Most of the people who used the service transferred to Rockliffe Court from Rockliffe House in May 2013, whilst repair work was carried out. The provider told us people would be offered the choice of which home they would prefer to remain in when repair work has been completed. Comments included, "My room is lovely. I like the space and the garden is great."

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

During the inspection we found there were enough qualified, skilled and experienced staff to meet people's needs. There were 19 people who currently used the service. Rotas indicated there were two to three care staff on duty in the morning, two in the evening and two at night. The cook and domestic staff worked five days a week and maintenance personnel worked three days a week. The provider told us they were waiting for the return of recruitment checks for a weekend cook before they could start work in the service. There were also two trainee care staff and one trainee kitchen assistant due to start when their recruitment checks were received.

One of the providers was also the registered manager and staff confirmed both providers spend various days of each week in the service. The providers were also completing catering tasks at the weekend until the new cook was in place.

Staff told us they had sufficient staff on duty to meet the current needs of people who used the service. They told us most people were independent so only required minimal support, prompts or guidance. They said only one person required more support from staff, as they were recovering from a fall in which they had fractured their hip.

In discussions staff demonstrated their knowledge of people's needs and how they managed one person's behaviour that had, at times, been a challenge to the service. They said they had time to read care plans and sit and talk to people. Staff confirmed they had access to training and supervision. They also said they were well supported by management. Comments included, "They (management) are good. You can go to them with problems and they will sort it out", "We have good team work here. I like coming to work" and "People are looked after here. I would certainly have my relative here."

People who used the service told us staff treated them well and were available when needed. Comments included, "The staff are excellent and it's a friendly atmosphere", "The staff are great, always treat us nice and come quickly when you press the lifeline", "I go out to my daughter's but I am always happy to come back". "The staff are absolutely perfect. I'm happy here" and "I do think they look after us and the home runs smoothly."

A relative and a visitor were complimentary about the staff. Comments included, "It is a brilliant home. I looked around 12 homes until I decided on Rockliffe", "Anything I ask they

will go out of their way to help. Nothing is too much trouble and I am not just saying that" and "The girls are thoughtful".

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

Our judgement

The provider was not meeting this standard.

People were not protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were not consistently maintained.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

During the inspection we looked at a selection of records used to support people who used the service. We also looked at other records such as staff rotas and finance records.

We found people's personal records including medical records were not always accurate and up to date. Care files were in place but the ones we looked at did not have full and accurate information. For example, one person's nutritional needs had changed and although staff were aware of this and the person was receiving food supplements this was not included in the care plan. Another person had fluctuating needs in relation to nutrition but their risk assessment was not completed fully. Other risk assessments had not been updated when needs had changed, for example following a fall. One person required the use of bedrails and a brief risk assessment had been completed. Staff had not completed the more comprehensive one available for use in the service.

We found one person had behaviour that could be challenging to staff at times. Staff were aware of the behaviour and in discussions they both gave examples of the approaches they used to manage it. Both staff gave different examples of what worked well to support the person when they were agitated. There was no behaviour management plan that gave clear and consistent guidance to staff. Both staff felt this would be useful and the manager is to speak with all staff and some health professionals to arrange a meeting to discuss.

Although we found the medication administration records (MARs) were signed when staff gave medicines to people, they were not always signed when the medicines were received into the service. There were also some directions written by the GP that were unclear. Staff had crossed out some medicines but had not indicated the reason. When changes were made to the MAR on instruction from the GP, staff did not have this countersigned by a witness, which would help to prevent mistakes. Staff were aware of the frequency of one person's, 'when required' medicine but this was not clear on the MAR.

We also found some staff records and other records relevant to the management of the services were not always accurate and fit for purpose. We looked at staff rotas for July and

noted an error had occurred where staff had inputted the date at the top of the page and put the wrong corresponding day of the week underneath it. As this was out of sync by three days it made it difficult to follow and audit who had been on duty on a set date.

The records used to show that personal allowance was given to people did not match what happened in practice. Staff signed this weekly but the money was given to people every six weeks. To be accurate there should be only one entry and signature every six weeks and not an entry and signature every week.

Care files were stored in a staff office and staff files were stored in the manager's office. Computers were password protected. This meant that records were kept securely and could be located promptly when needed.

This section is primarily information for the provider

✘ Action we have told the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2010</p> <p>Safeguarding people who use services from abuse</p>
	<p>How the regulation was not being met:</p> <p>The provider had not made suitable arrangements to ensure that service users were safeguarded against the risk of abuse. This was in relation to theft, misuse or misappropriation of money. Regulation 11 (1) (a) (3) (c)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010</p> <p>Records</p>
	<p>How the regulation was not being met:</p> <p>The provider had not ensured that service users were protected against the risks of unsafe or inappropriate care and treatment arising from a lack of proper information about them. Accurate records in respect of each service user were not in place and up to date. Accurate records were not in place for some areas relating to the management of the regulated activity. Regulation 20 (1) (a) (b) (ii)</p>

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

The provider's report should be sent to us by 31 August 2013.

CQC should be informed when compliance actions are complete.

This section is primarily information for the provider

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of 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.

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