

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

## Brooke House

Hetton Road, Houghton Le Spring, DH5 8NB

Tel: 01915842717

Date of Inspection: 26 July 2013

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September 2013

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

<b>Consent to care and treatment</b>	✓ Met this standard
<b>Care and welfare of people who use services</b>	✓ Met this standard
<b>Safeguarding people who use services from abuse</b>	✓ Met this standard
<b>Safety and suitability of premises</b>	✓ Met this standard
<b>Staffing</b>	✓ Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓ Met this standard

## Details about this location

Registered Provider	Northumberland, Tyne and Wear NHS Foundation Trust
Overview of the service	Brooke House is a specialist rehabilitation and recovery service for people with complex mental health needs. The service is registered to support up to ten people on an inpatient basis. Brooke House is based in Houghton-le-Spring, Sunderland.
Type of service	Rehabilitation services
Regulated activities	Assessment or medical treatment for persons detained under the Mental Health Act 1983 Diagnostic and screening procedures Treatment of disease, disorder or injury

## Contents

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

	Page
<b>Summary of this inspection:</b>	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	5
<b>Our judgements for each standard inspected:</b>	
Consent to care and treatment	6
Care and welfare of people who use services	8
Safeguarding people who use services from abuse	10
Safety and suitability of premises	12
Staffing	13
Assessing and monitoring the quality of service provision	15
<b>About CQC Inspections</b>	18
<b>How we define our judgements</b>	19
<b>Glossary of terms we use in this report</b>	21
<b>Contact us</b>	23

## 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 26 July 2013, observed how people were being cared for and talked with people who use the service. We talked with staff.

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

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### What people told us and what we found

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We spoke with four people who used the service. We found that before people received any care or treatment, they were asked for their consent and the provider acted in accordance with their wishes.

People were generally very positive about their care and treatment. One patient explained, "I am being looked after well." People told us they worked with staff to achieve their recovery goals. One person told us, "I like to go to the sports centre play table tennis and footy. For the time being the staff come with me. As I become for comfortable and confident the staff will back off. It is all part of my treatment"

We found people who used 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.

The provider had taken steps to provide care in an environment that was suitably designed and adequately maintained.

There were enough staff to meet people's needs.

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

As part of this inspection, the Care Quality Commission (CQC) liaised with other statutory bodies to identify an overall view of how the trust was performing and any areas of concern. Contact was made with Healthwatch England, NHS England and Monitor, and their views were taken into account in arriving at the judgements on compliance.

No specific areas of concern affecting this inspection were received from local

Healthwatch England, the independent consumer champion for health and social care.

Monitor has the responsibility for ensuring foundation trusts, such as Northumberland, Tyne and Wear NHS Foundation Trust, are well led in terms of quality and finance. CQC received confirmation that apart from one recently received concern, Monitor had no other significant concerns regarding the trust. The issues raised by the specific concern were looked at during this inspection and are the subject of ongoing review by CQC.

NHS England has the responsibility for commissioning services and ensuring the provision of high quality services. The Cumbria, Northumberland and Tyne and Wear Area Team had the view that the trust is providing good care but had some questions about specific services and broader issues such as restraint policy. CQC was made aware that these, as well as quality and workforce issues, restraint and specific serious untoward incidents, will be discussed with the trust through a meeting of the Quality Review Group in September 2013. These issues are subject to ongoing monitoring by CQC and have been taken into account in the judgements made in this report.

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

### Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

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### Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. Where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

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### Reasons for our judgement

Before people received any care they were asked for their consent and the provider acted in accordance with their wishes. We spoke with four people who used the service who told us they were involved in making decisions about their care. People told us had been involved in a discussion about their needs and about how staff would support them, when they began using the service. One person said, "I have a plan of care I have seen it. It is on the wall in my room."

People told us they were regularly attended review sessions where their care was discussed. One person said, "I have had a review I will be able to go to my bungalow when the shower is fitted. I go over now for a couple of hours at a time."

We looked at three people's care records. We saw people had signed their care records to show they agreed to the planned care and treatment they received.

Care records showed that people's ability to make informed decisions had been assessed. We saw where there were concerns over people's capacity to make decisions; a formal process had been followed to determine what was in people's best interests, taking into account the views of families and health professionals. This meant where people did not have the capacity to consent, the provider had acted in accordance with legal requirements. We spoke with two members of staff, who told us they had undertaken training in mental capacity, and were clear on their responsibilities to ensure people's rights were upheld.

The service provided care and treatment both to people who had agreed to come into the service and to people who had been detained under the Mental Health Act. People who had been detained had been assessed as needing to be within a care environment in the interests of their own health or safety or for the protection of others. People were given information about their rights when they began using the service. We saw from care records that staff regularly advised people of their legal rights.

Staff told us they checked with people before they provided any care and support. Staff told us that they encouraged people to accept support if they were reluctant, for example, to have a bath or shower, or to eat healthy options, but were people's choices were respected if they refused any care.

**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.

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

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**Reasons for our judgement**

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People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We looked at three people's care records which were held electronically. We saw assessments had been completed by a range of health professionals. These showed people's individual needs had been taken into account. Where needs had been identified we saw care plans which described how these would be met.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. Risk assessments were in place which addressed any identified risks to people using the service and included measures to keep people safe.

Care plans were specific to the individual person, were detailed and easy to follow. This meant that all staff had access to information about the best way to care for people, and could provide continuity of care.

Care plans covered a range of areas which included people's physical, mental health and social needs. Care plans included people's goals and hopes for the future, and set out how staff should support them. For example we saw from one person's care records that they hoped they could return to their own home. We saw this person had a care plan in place which described short, medium and long term personal goals to support them with this, such as initially visiting the home with staff, before progressing to spending time there on their own.

We saw from care records that people's needs and the care they received were reassessed on a regular basis by a range of professionals involved in their on-going care. We spoke with two nurses who confirmed this. One nurse told us, "We are working with people all of the time on an informal basis, checking how they are and what they need support with. But we also formally assess the care people receive and how they're doing. Everyone will meet with their lead nurse on a one to one basis at least once a week. We use these sessions to build trust and work on people's goals." The manager also advised us that a multi-disciplinary team meeting, including consultants, nursing staff, physiotherapists and the pharmacist was held once a week, where all of the people who used the service, and the care they received was discussed.

We spoke with four people who used the service. All of the people we spoke with told us they were happy with the support they received. One person said, "I am being looked after well." Another person said, "It feels friendly, when I first got here I was anxious as there were so many people but the staff introduced me and now I have made friends."

People told us they worked with staff on their recovery goals. One person told us, "I like to go to the sports centre play table tennis and footy. For the time being the staff come with me. As I become for comfortable and confident the staff will back off. It is all part of my treatment" Another person said, "X is my named nurse, we have a one to one each week where we check my mental and physical needs and then update the plan."

We found there were effective processes in place to support people to return home. The service worked with community teams to ensure support was in place before people were discharged. People's discharges were phased, so they gradually spent more time in their own homes or community setting so they were comfortable and supported in returning home.

**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.

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.

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## **Reasons for our judgement**

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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. We spoke with two staff members who were familiar with the term 'safeguarding' and the kinds of abuse that could occur. They were able to describe the signs that would alert them to the possibility of abuse.

Staff told us they had undertaken adult safeguarding training and understood what constituted abuse. Safeguarding procedures were in place. Staff told us how they would report any concerns or signs of abuse. People who used the service told us they felt safe within the service. All of the people we spoke with told us they would talk to either their named nurse or the nurse in charge if they had any concerns.

As well as speaking with staff at the service, two 'open door' sessions were held where staff from across the trust were invited to meet CQC managers.

We were told the Trust safeguarding forum met bi-monthly to ensure systems and arrangements were in place to identify, mitigate and manage risk. All safeguarding alerts were reported using a specific form called an 'IR3 Form'. We were told safeguarding alerts, following a discussion with the Trust's safeguarding lead, were referred to the relevant Local Authority for consideration under their safeguarding procedures. The Director of Nursing and Operations was the Trust's executive lead for safeguarding. 98% of all Trust employees had completed their annual safeguarding training according to the Trusts dashboard.

Staff told us that following periods of physical contact patients and staff were involved in a debrief. The provider may wish to note that there was no documented evidence in RIO notes to show that all patients were offered a debrief opportunity following a period of physical contact in line with NICE guidelines.

At the staff 'open door' session the recent MIND report about restraint was discussed. Staff spoke openly and sensitively about this area, describing the effect that this practice had on them as 'emotionally draining'. They spoke about reflective practice and how staff,

including agency workers, had engaged with this. They said that on rare occasions the use of the prone (face down) position restraint was required to keep people safe. However this was used only as a last resort. Staff reported they were involved in patient debriefs following incidents.

Staff we spoke with were appreciative of the strong support and benefits of the dedicated safeguarding team. They felt that the emphasis was on prevention and felt confident about any need to whistle blow. Staff said they could always seek and obtain advice from the safeguarding team in a timely way. We also spoke with the safeguarding team who described their working relationships with the six local authorities that the Trust services span. We found safeguarding was a standard agenda item at all team meetings.

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

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## **Our judgement**

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The provider was meeting this standard.

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

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## **Reasons for our judgement**

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The provider had taken steps to provide care in an environment that was suitably designed. The ward was a 10 bed inpatient service for people who following a period in hospital require rehabilitation into the community. The ward accommodated both male and female patients. We saw bedroom, toilet and bathing facilities were clearly divided into male and female areas.

The communal areas within the ward were very homely. Patients had access to a kitchen, dining room, lounge, conservatory area and a large outside garden and patio area. The communal areas within the ward were very spacious. We were told whilst generally people prepared their own meals, on a Sunday most of the people from the service, with support from the staff, would cook a communal meal. We saw there was enough room in the kitchen and the dining areas to accommodate this.

We saw the environment had been adapted to meet people's needs. We saw one of the bathrooms had a walk in shower with step free access to accommodate people with mobility needs. We spoke with one of the people who used the service who told us since coming to the service they no longer needed staff support to shower, as they used this facility.

We spent time looking around the ward. The ward was clean, tidy and well maintained. We saw there were systems in place to ensure the wards and the building were adequately maintained. Managers within the service carried out monthly checks of the environment and maintenance staff were available to carry out any improvement work required.

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

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## **Our judgement**

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The provider was meeting this standard.

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

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## **Reasons for our judgement**

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There were enough qualified, skilled and experienced staff to meet people's needs. At the time of our inspection nine people were being supported on the ward. There was one nurse on duty, and two support workers. We saw staff worked two shift patterns which overlapped, so later in the visit the nurse was supported by four support workers. During our visit we saw there was a good staff presence in the communal areas, staff were able to meet people's requests quickly and during our visit staff accompanied people in the community going to the local shops or taking part in leisure activities.

We spoke with the manager who told us there were always at least one nurse and two support workers on the ward during the day. She told us overnight there was always at least one nurse and a support worker working on the ward. We reviewed the staff rota for the month leading up to our inspection and saw the home consistently met these staffing levels. The manager told us these figures were based on an assessment of people's needs.

The manager told us there were processes in place to provide cover for any staff sickness or absence. She told us whenever possible staff who worked on the ward would cover additional shifts. The home also occasionally used agency staff to ensure the home was fully staffed.

We spoke with four people who used the service, who told us there were enough staff to meet their needs. People told us they were able to access the community, accompanied by staff whenever they asked. One person said, "I go shopping mainly; one of the staff comes with me."

We spoke with two staff who confirmed that there were enough staff to be able to meet people's needs. One staff member said "Staffing is good. During the afternoon we have enough staff to meet anyone's request. People can go out and about every day if they wish."

As well as speaking with staff at ward level, two 'open door' sessions were held where staff from across the trust were invited to meet CQC managers.

During our 'open door' sessions staff, without exception, gave positive feedback about

their selection and induction process, describing a varied, well- structured process.

Staff said there had been 'vast improvements' in the staff training provided. We found E learning was used across the Trust but staff also reported that there was good provision of face to face education, most of which was provided in house. We received positive feedback about topics such as the prevention and management of violence and aggression (PMVA) training, the training dashboard, leadership courses, root cause analysis and the opportunities for personal development.

In general staff reported that they felt there were sufficient numbers of staff and those levels had increased recently. Staff said that support staff such as activities coordinators and sports staff had also increased and this had helped to ease the pressures on them and further improved the quality of care given to patients. Members of the training department told us they offered qualifications across the Trust to all staff. These included relevant qualifications such as the Qualifications and Credit Framework (QCF) to level 3, the Learning Disabilities Qualification (LDQ), basic skills in Maths and English, and for individual development, foundation degrees. We were advised that activity coordinators were also given the opportunity to achieve sports coaching awards to enable them to encourage and support patients to make full use of the gym facilities provided.

## 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 received.

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### Reasons for our judgement

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People who use the service and their representatives were asked for their views about their care and treatment and they were acted on. The manager advised us that meetings were held for people who used the service every fortnight and for relatives and carers every month. The manager was able to tell us about changes which had been implemented on the ward following people's feedback, including introducing new activities.

People told us they felt involved in the service and that their feedback was important. One person told us, "Two lads came to see me about a month back they asked similar questions to what you are now. They were from the Trust they had been inpatients and now work for the Trust, I think." The manager confirmed this and told us the service had taken part in a patient led assessment, where people who used to use services within the Trust, talked with current service users about their experiences, and fed their results back to the management team on areas such as involvement, environment and food. There was also a suggestion box with questionnaire cards available on the ward. We saw the board above the suggestion box included suggestions which people had made, and the action staff had taken in response. This showed the provider took account of complaints and comments to improve the service.

There was an effective system in place which regularly assessed and monitored the quality of service people received. Care records were checked regularly for accuracy and completeness. A number of audits were carried out on a regular basis including health and safety checks, medicines audit and infection control audit.

We found there were robust governance arrangements to provide 'ward to board' assurance in quality and safety across the Trust. There was an overarching Quality and Safety Governance Committee chaired by a Non-Executive Director, which was underpinned by service-led locality governance groups in the areas of urgent care, planned care and specialist care. These groups discussed, amongst other things, serious incidents, complaints and patient experiences and linked into a number of sub-groups. At ward level we saw evidence that these areas were being discussed within teams. We viewed the Trust's quality and safety dashboard that is in place. All staff had their own individual quality and safety dashboard with a number of quality outcomes that need to be

met. These outcomes were reported at team level, then at service level and finally to the Board. The development of the Trusts quality and safety dashboard gave further assurance to the Board.

We saw that the Trust had a Serious Incident team that was responsible for the management of serious incidents. We found each serious incident review was completed with an action plan and 'signed off' by the Medical Director and the Executive Director of Nursing and Operations. The process was then overseen by the Quality and Performance Group. The current target for completion of the serious incident report was 60 days. Findings from each serious incident review were delegated to individual service managers to be implemented. We saw the Trust used a number of different methods, such as thematic analysis, story boards and safety messages, to disseminate the learning from the serious incidents. These were cascaded to all staff in the Chief Executive's weekly bulletin. The quality of the serious incident review report was monitored externally by a Serious Incident Review Group to which commissioners were invited. All serious incidents were discussed at the Trust's Senior Management Team meeting.

We found the Trust had an internal complaints team which was responsible for managing complaints received. We saw that when a complaint was made the Trust acknowledged the complaint and allocate a person to investigate. We were told the Trust worked within set national timeframes. If a complaint was likely to be complex, the Trust negotiated an extension with the person who made the complaint. The Trust worked with commissioners to negotiate a quality target aimed at reducing the number of complaints received about staff attitude. Complex complaints were discussed at the weekly Senior Management Team meeting.

We were told, and ward staff confirmed, that the Trust had a planned programme of 'mock' inspections which looked at the Care Quality Commissions (CQC) essential standards of quality and safety. All wards had at least one unannounced 'mock' CQC inspection per year. Following the inspection each clinical team received a report outlining areas of good practice and any areas which needed further development to ensure the quality and safety of their service.

The Executive Director of Nursing and Operations was responsible for patient and carer involvement. We saw the main method used to collect patient experience feedback was a system called, 'Points of You'. This was a patient-led initiative where the patient group developed a number of questions to ascertain patients' experiences of using the services. This information was fed back to clinical teams to enable them to improve the patients' experiences from using the service. The provider may find it useful to note we found patient returns for each clinical area varied and some areas provided a low return.

These sessions were attended by approximately 100 staff of all designations across the Trust. Staff we spoke with described a visible, approachable and open culture of senior management. One nurse said, "The clarity of vision and purpose given by our Director of Nursing and Operations gives us clear direction and enables us to get on with our day to day work effectively".

We were told by the staff group that staff were used flexibly across the trust with two benefits. One was to broaden their knowledge and secondly to ensure staff resources were deployed effectively to meet increased demand at busy times. The Medical Director told us that every psychiatrist had an annual appraisal. All Consultant Psychiatrists attended peer review sessions and presented a number of cases at each session. Attendance at these forums was monitored through annual appraisal. We found

the Trust also had a clear process for managing concerns about medical staff which was supported by the 'handling concerns about doctors policy.'

There was a clear process in place which provided assurance to the Board that qualified nurses were on the Nursing and Midwifery Council register. The Trust monitored this by emailing a reminder to the Registered Nurse before their registration is due to expire. On the 28th of each month, the Registered Nurse receives a second e-mail and a third e-mail is also sent to the Registered Nurse on the 30th of each month. If the registration is not renewed by the Registered Nurse following the email reminders, then on the 1st of the following month, the Registered Nurse is given a first written warning and is then paid as a Health Care Assistant until they re-register as a Registered Nurse. The Executive Director of Nursing and Operations is responsible for such referrals to the NMC.

## 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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