

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

The Millings

The Millings, 5 North End, Bedale, DL8 1AF

Tel: 01677423635

Date of Inspection: 11 September 2014

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

Cleanliness and infection control ✓ Met this standard

Requirements relating to workers ✓ Met this standard

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

Details about this location

Registered Provider	Clifton St Annes PCS Limited
Registered Manager	Ms Sandra Anderson
Overview of the service	<p>The Millings is registered to provide accommodation and personal care for up to 40 older people. The building was originally an old rectory, which has been converted and extended for current use as a care home. The home is set in pleasant gardens and private grounds with parking spaces. The home is situated in the market town of Bedale and is close to the main street, with its shops and local amenities. The Millings is owned and managed by Clifton St Annes Personal Care Services Ltd.</p>
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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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 11 September 2014, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members and talked with staff.

What people told us and what we found

Our inspection team was made up of one inspector. During the inspection we asked five questions; Is the service safe? Is the service effective? Is the service caring? Is the service responsive? Is the service well led?

On the day of the inspection we talked with eight people about their experience of care at The Millings. We spoke with the relatives of two people. We talked with ten staff and looked at records. We also spoke with a district nurse who visited the home frequently. Below is a summary of what we found. If you want to see the evidence supporting our summary please read the full report.

Is the service safe?

People were treated with respect and dignity by the staff and people we spoke with told us that they felt safe. Staff had received training in safeguarding and understood how to safeguard the people they supported. Systems were in place to make sure that managers and staff learnt from events such as accidents and incidents. This reduced the risk to people and helped the service to continually improve.

People were cared for in a service that was safe, clean and hygienic. Risk assessments were in place in individual support plans in relation to activities of daily living. Staff personnel records contained all the information required which meant that the provider could demonstrate that the staff employed to work in the home were suitable and had the skills and experience needed to support the people living at The Millings. Staffing levels were appropriate to meet the needs of the service and were reviewed and adjusted to address any changing needs.

Is the service effective?

People told us that they were happy with the care they received and felt that their needs had been met. It was clear from what we saw and from speaking with staff that they

understood people's care and support needs and they knew them well. Staff had received training to meet the needs of the people living in the home. People's health and care needs were assessed with them and they were involved in writing their plans of care. Relatives we spoke with were able to describe specific benefits to the health and wellbeing of their relatives and the impact that this had had on their daily life. One relative told us, "You know [the person] is in safe hands. If you can't be happy here, you can't be happy anywhere."

Is the service caring?

People were supported by kind and attentive staff. We saw that staff were patient and gave encouragement when supporting people. People told us they were able to do things at their own pace and were supported to be as independent as possible. Where shortfalls or concerns were raised, these were addressed. People's preferences, interests, aspirations and diverse needs had been recorded and care and support had been provided in accordance with their wishes.

Is the service responsive?

People were regularly involved in a range of activities inside and outside the home. The home supported people to take part in activities within the local community which included attending University of the Third Age (U3A) sessions, visiting local places of interest and shopping. People knew how to make a complaint if they were unhappy and all the people we spoke with told us that they felt that they could talk with any of the staff if they had a concern or were worried about anything.

Is the service well-led?

The service worked well with other agencies and services to ensure that people received their care in a joined up way. The service had a quality assurance system which included planned audits. People who lived in the service, staff and relatives were asked for their views. Any identified shortfalls were addressed promptly and as a result the service was constantly improving. When we spoke with a visiting district nurse, they told us that they believed that the service was well run and was a positive place for people to live. They told us, "They seem to want to do the best for the residents, there's a nice atmosphere and the staff are always friendly." Staff told us that they felt well supported by the manager.

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

More information about the provider

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

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

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected. Their 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 had been involved in discussions about their care and support needs and where that was not possible, family members had provided information and discussed their relative's plan of care with staff. The care plans we saw contained information about people's history, individual life styles, likes, dislikes and preferences. We saw that they were signed by the person or on their behalf of the person by their relatives.

Throughout the inspection, we found that people who lived at The Millings were relaxed and we saw that they were offered a wide range of different activities. We observed that people were offered choices about all aspects of their daily life and supported to be as independent as possible. People got up when they wished to do so and we saw that people had an option to remain in their own room or spend time in different communal areas within the building. We observed that the majority of people spent time in communal areas. People chose what they had to eat from a menu and if they preferred something different an alternative was available. We observed staff at lunch time asking people what they would like and checking their preferences.

We observed interactions between staff and people living in The Millings and found that people were treated kindly and with respect. We saw that staff explained information clearly to people and provided support and reassurance. On the day of the inspection we observed staff talking with one person who recently moved into the home and they offered reassurance about family members and explained that they lived nearby. Staff told us that they spent time getting to know what the person liked to eat, their favourite music and how they liked to spend their time. When we spoke with a district nurse who visited the home they told us, "When we go into rooms, staff will preserve dignity and privacy." This meant that staff communicated to people with respect and supported their decision making and choices in activities of daily living.

We saw that staff supported people to undertake different activities and to make decisions

about how they preferred to spend their time. There were opportunities for people to be involved in different social and recreational activities within the service and there were outings into the local community. The home was situated in the middle of the town which meant that people were able to use the facilities, visit local shops, the church and hairdresser. The activity coordinator who worked at The Millings facilitated a wide range of different activities and involved people in discussing what they would like to do. We spoke with one person who wanted to go and see a film in a nearby town. She told us that she had enjoyed herself and staff had arranged to go with her. She told us that they had tea before the film and a meal afterwards. This meant that staff responded to people's individual preferences and supported them to do what they wanted to do.

We observed that there were different areas in the building where people could spend time either with others or alone. There were two large communal lounge and three different dining rooms. There was a quieter lounge where people could go to relax and spend time with staff or visitors. On the day of the inspection, one lounge was being redecorated and this had been discussed with people who were supported to sit in other parts of the building or in their own rooms. We saw that there were chairs placed throughout the building for people to rest on their way to their rooms or to spend time talking with others or admiring the views over the garden.

The home had a spacious garden with different seating areas and well maintained paths where people could walk unaccompanied and sit either alone, with other people who lived in the service or with family members. This meant that people had different options throughout the building where they could spend their time. On the day of the inspection several people chose to sit in the garden and one person walked around the grounds exercising with a walking frame.

During the inspection, we looked at several bedrooms which were personalised with pictures, ornaments and books. Some bedrooms that we saw had en-suite facilities. If people preferred to have a bath, these were available on each floor. This meant that staff supported people to personalise their private space with keepsakes which reminded them of home and family.

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

Our judgement

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.

Reasons for our judgement

We spent time in the communal areas of the home observing the interactions between staff and people who lived in the service and talking with people. We found the home to be welcoming and clean. The home was well maintained and had a good standard of décor and furnishings.

We saw that people looked clean and well cared for and we observed that staff provided support for people whilst encouraging them to be as independent as possible. We saw that there was a facility for people to have their hair done by a local hairdresser. When we spoke with one person they told us that they were happy living at The Millings. They told us, "The staff are very good, they look after us and we try to do as much as we can."

When we spoke with relatives, they told us that they were able to talk with staff and discuss issues about the care of their relative. One relative told us "It's lovely here, I have no complaints and we can talk to the manager." Another relative commented on the impact on their relative's health and well-being, "[The person] likes it here, it's more like a private hotel. Any concerns, we can talk to [the manager] and it's all sorted out. [The person] loves the food and has put on weight, really thrived." Staff we spoke with told us that they aimed to make visitors welcome and talk with them to better understand how they could meet their relative's individual needs.

We looked at three care plans to see how people's care was planned, coordinated and reviewed. These plans guided staff in how to support people in the way that they preferred. There were risk assessments in place for all activities of daily living including practical, emotional and social support. Plans were in place to support people to manage their personal hygiene, diet, mobility, continence and social activities. We observed that plans were reviewed regularly and people had a 'care partner' (These are staff who have a specific responsibility for one person and meet with them and their relatives to discuss progress and any issues). One member of staff told us, "I always involve them [in writing the care plan] and in anything I need to add." Another carer told us, "We update them once a month; I sit down with them and see if they have any issues." This meant that staff involved people in discussions about their care and support and reviewed plans on a regular basis.

We observed that people had access to support from a range of health care professionals. On the day of the inspection, we met a local district nurse who was part of a team of nurses who visited The Millings on a regular basis. She told us, "There's a nice atmosphere, staff seek advice and guidance, the communication's good and if they have any concerns they'll get back in touch with you." This meant that staff worked in partnership with health professionals to support and deliver appropriate care for people who lived at The Millings.

We saw that staff kept daily records of the care provided for each person throughout each shift. This ensured that any changes were communicated to staff coming on duty. Staff told us that the senior carer came in before the shift started for a handover and communicated any changes to staff. This meant that there was continuity of care provided for people who lived in the service and any changes in care required was communicated to staff.

We saw that there was a planned programme of activities on a daily basis and specific events were planned each month. These were based on individual preferences which had been discussed with people living in the service. People were supported to be independent and some people went out unaccompanied by staff to the local town. On the day of the inspection one person had gone out for the day on local buses to nearby places of interest. Other people went out with visitors and two people went to the service at the local church. We were told that there were links with all local churches and the chapel. This meant that people's different spiritual needs were supported.

We were told that The Millings held a family day during the summer with a sandpit, paddling pool, ice cream van and face painting for children and families of people living in the home. Staff arranged for people to come into The Millings from local schools and other organisations to sing and give talks on a wide range of topics which included, fans, flower arranging and a demonstration of cup-cake making. The activities coordinator told us that some people were involved in photography, listening to music and philosophy with University of the Third Age (U3A) and some meetings were held in The Millings with people from the local community. Staff supported people to keep fit with balloon badminton.

The evening before the inspection, the home had a cheese and wine party for a member of staff who was leaving to go on maternity leave. One person we spoke with told us that they had been involved in knitting a changing mat for her new baby and compiling a book of old nursery rhymes which they had presented at the party. One person who lived in the home told us, "You're not pushed, if you want to go you can." We were told that people had dressed up for the party and enjoyed the evening. This meant that people were supported to pursue interests within the home and in the local community from a wide variety of different options and staff supported people to choose activities they enjoyed and to be as independent as possible whilst remaining safe.

We talked with the cook who explained that the menus for the service were planned on a four week basis. People's individual preferences were catered for and there was flexibility to provide different meals on the day if people fancied something different. Individual diets were catered for and where people had particular dietary requirements, they were supported. Food was served in individual dishes which meant that people could choose how much they wanted to eat.

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

Our judgement

The provider was meeting this standard.

People were protected from risk of infection because appropriate guidance had been followed.

Reasons for our judgement

During the inspection, we talked with all the domestic staff on duty about their knowledge of infection control procedures. We spoke with care staff about the way they looked after people who lived in the service and the training that they had undertaken. We looked at records of cleaning processes and discussed with staff measures they took to reduce the spread of infection. We did not undertake any checks in the kitchen but we talked with the cook who explained that they had undertaken infection control and food hygiene training. They confirmed that temperature checks were made on all cooked food and these were recorded. The cook described the cleaning regime for the kitchen. This meant that appropriate measures were taken by the cook and kitchen staff to ensure that appropriate standards were maintained.

We looked at communal areas, bathrooms, four bedrooms and the laundry and we found that these were clean. We saw staff using appropriate protective clothing and took precautions against cross infection by washing their hands and supporting people who lived in the service to wash their hands. Furnishings, curtains and carpets appeared to be clean and the bathrooms that we inspected looked clean and well maintained. Throughout the day we observed care staff and domestic staff wearing appropriate protective clothing. We saw that there were gloves, aprons and hand gels available for staff to use.

When we talked with staff, we found that they had undertaken infection control training and were aware of the required procedures when caring for people. Staff we spoke with explained that when people were ill, they minimised movement between floors in the home. People who were ill were supported to remain in their rooms and all surfaces were disinfected and cleaned on a regular basis including door knobs and light switches and telephone receivers. The domestic team leader demonstrated a process used on a regular basis to disinfect all rooms and soft furnishings with an anti-bacterial spray.

We saw records of cleaning schedules which showed that each room was cleaned on a regular basis. All staff we spoke with were able to describe hand washing procedures that they used and the ways in which they cared for people to reduce the spread of infection. This included supporting people who used the service to wash their hands regularly before eating food. We saw that instructions for correct hand washing procedures were displayed

prominently in the home.

We discussed the process for managing soiled linen and the system for using separate bags for storing different linens. The routines that were used by staff ensured that different items of clothing, bedding and dining table linens were kept separate. We saw that the laundry room was clean, well maintained and we were told that the equipment was up to date and well maintained.

We were told that the home had in place required disposal processes for incontinence pads and clinical waste which was collected and removed. We saw that there was a continuous programme of maintenance which was either undertaken by the maintenance person employed by the home or reported and undertaken by approved contractors.

Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People who lived in the service were cared for by staff who were recruited in line with policies and procedures and were supported to undertake their role.

Reasons for our judgement

We looked at files for two members of staff who had recently been appointed to the service, talked with staff and discussed staffing with the manager.

We found that staff had been recruited in line with the policies and procedures of the service. Required checks had been undertaken in relation to the Disclosure and Barring Service (DBS). (These are checks which are made to check whether people have any criminal convictions which would prevent them from working in the service). We observed that two references had been obtained for each person and these had been satisfactory. We saw that people had been supported to undertake induction training in key areas and had access to appropriate training on an ongoing basis.

We talked with one member of staff who had recently been appointed to a caring role. They told us that they shadowed more experienced staff for some shifts while they learnt the routines of the service and began to understand the needs of people who lived there. They explained, "The [staff member] I was with told me about the person before we went into their room, what they were capable of and how they preferred things to be done." The member of staff said that they had undertaken required induction training and had felt supported by their colleagues. "I could ask staff any questions." This meant that newly appointed staff were supported to understand their role, undertook induction training to develop essential skills and worked with staff who were experienced in order to develop their knowledge and confidence.

We were told that there were five staff on for the morning shift which enabled two staff to support people in two different parts of the building while one person administered medication. When we spoke with the manager they told us that on occasions, they or another senior carer administered medication themselves to ensure that there were always four staff providing support for people to get up and dressed. She told us that sometimes two staff administered medication.

Some staff we spoke with told us that they believed there were not always enough staff on duty. "Sometimes we're pushed. Sometimes I feel a bit rushed and then we have to get care plans up to date." Another staff member told us, "Recently we've been a little short

staffed." They explained that they were concerned if they were supporting someone to have a shower or bath and a bell went off (This is a bell which alerts staff to a request for support from someone in their bedroom), they were unable to answer this straight away. This meant that staff were concerned about not being able to respond to the needs of people living in the service in a timely way.

The manager explained that the service had recently recruited new staff as three staff had left at the same time and there had been some staffing issues. They explained that this situation had been managed with support from some domestic staff who provided personal care and as they already knew people living in the service, this ensured that care was provided in a consistent way. Other staff had worked split shifts to cover some hours at the start and end of the day. This ensured that people who lived at The Millings continued to be supported by staff who understood their needs.

Staff told us that they recently provided support for new staff who worked in the service and that often people appointed to a caring role joined the service with some existing knowledge and experience. This meant that newly appointed staff were supported to develop their skills and knowledge in their new role by existing staff.

When we spoke with staff, they told us that they were well supported in their job. They said that they had access to training, there were staff meetings held on a regular basis. All staff said that they could talk with the manager if they had any concerns. One staff member told us, "It's lovely, the atmosphere, the staff, you can always go to [the manager], I enjoy working here, no day's the same." Another person said, "I love coming to work, every day's different." A third member of staff said, "I'd like to live here." This meant that staff who worked at The Millings felt supported in their role and enjoyed their work.

Assessing and monitoring the quality of service provision

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

During our inspection we found that The Millings had a variety of mechanisms in place for assessing and monitoring the quality of service provision. These included meetings with staff and people who lived in the service, regular audits and incident reports. We found evidence of different ways in which the manager used feedback to respond to suggestions for improvements and implement changes.

We observed staff throughout the day responding positively to people who lived in the service and their relatives and communicating in an open, friendly and supportive way. Feedback from people who used the service on a daily basis was used to modify and adjust individual plans of care.

We looked at care plans and found that these were discussed and reviewed on a monthly basis and where possible family members were involved in discussions about the care and support for their relatives.

When we talked with relatives of people who lived at The Millings they told us of the improvements that they had seen in the emotional, mental and physical wellbeing of their family members. Two relatives we spoke with told us that they felt supported by the manager of the service and staff and could talk with them about issues of concern. We observed that the manager provided opportunities for relatives to attend review meetings at convenient times for them particularly if they worked and we saw that they arranged meetings with relatives at their convenience to ensure they could be involved.

We saw records of regular meetings held with people who lived in the service, care staff, domestic and maintenance staff and the activity coordinator.

We saw that details of incidents relating to health and safety and any falls were recorded, collated and submitted to the managing director on a monthly basis. These incidents were monitored by the manager and enabled staff to manage changes to patterns of care and processes if they believed that these would improve care provided. In addition to these we

saw records of internal quality audits which were held on a regular basis.

When we spoke with the maintenance staff member they told us that there was a programme of audits and maintenance throughout the building which included regular testing by approved contractors in relation to health and safety and fire appliances. We saw that there was a planned programme of redecoration of bedrooms and we were told that furniture was replaced as required. This meant that the quality and safety of the building was monitored and maintained by appropriately qualified staff.

We observed that the manager provided alternative opportunities for staff, relatives and people who used the service through a weekly 'Open Surgery' where they were available from 2.00- 6.00 on a Monday each week and there was also a 'Suggestion Box' in the hall for people who preferred to put any comments in writing. One person had used this facility to suggest that shrubs in the garden were pruned and on the day of the inspection, a team of gardeners were pruning all the bushes and shrubs. We spoke with the person who made the suggestion and they explained that they liked to watch the birds feeding outside their window and look over the garden. This meant that staff addressed issues raised by people living in the service and responded to comments.

We saw the latest monthly report from the meeting held with the managing director, manager and deputy manager and saw that all aspects of the service were discussed and monitored. This provided an opportunity to review progress and ensure that any required changes were discussed.

About CQC inspections

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

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

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

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

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

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

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

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

Glossary of terms we use in this report

Essential standard

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

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

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

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

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

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

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

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

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

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

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

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

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

Glossary of terms we use in this report (continued)

(Registered) Provider

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

Regulations

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

Responsive inspection

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

Routine inspection

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

Themed inspection

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

Contact us

Phone: 03000 616161

Email: enquiries@ccq.org.uk

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

Website: www.cqc.org.uk

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