

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

## Radcliffe Manor House

52 Main Road, Radcliffe-on-Trent, Nottingham,  
NG12 2AA

Tel: 01159110138

Date of Inspection: 14 August 2013

Date of Publication:  
September 2013

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

<b>Care and welfare of people who use services</b>	✓ Met this standard
<b>Management of medicines</b>	✗ Action needed
<b>Staffing</b>	✓ Met this standard
<b>Supporting workers</b>	✓ Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓ Met this standard

## Details about this location

Registered Provider	The Trustees of Radcliffe Manor House
Registered Manager	Miss Karen Jane Squire
Overview of the service	Radcliffe Manor House is a care home for older people. It is located in Radcliffe-on-Trent in Nottinghamshire and is close to the shops and community amenities.
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'.*

	Page
<hr/>	
<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
What we have told the provider to do	5
More information about the provider	5
<hr/>	
<b>Our judgements for each standard inspected:</b>	
Care and welfare of people who use services	6
Management of medicines	8
Staffing	10
Supporting workers	12
Assessing and monitoring the quality of service provision	14
<hr/>	
<b>Information primarily for the provider:</b>	
Action we have told the provider to take	16
<hr/>	
<b>About CQC Inspections</b>	17
<hr/>	
<b>How we define our judgements</b>	18
<hr/>	
<b>Glossary of terms we use in this report</b>	20
<hr/>	
<b>Contact us</b>	22

## 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 14 August 2013, 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.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

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### What people told us and what we found

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We spoke with two people using the service. They told us their needs were met and staff were caring. One person said, "Oh they're very caring" and "Nothing [is] too much trouble for them."

We spoke with three relatives. They told us their family members received good care that met their needs. One relative said, "I think it's very good actually."

During our visit we saw positive interactions between staff and people using the service. We spent 40 minutes observing the care at lunchtime in the dining room. We saw staff provided support to people who needed this. We also saw staff communicated warmly with people as they were supporting them.

People using the service who we spoke with told us they were happy with arrangements for their medication. However, we found some gaps in the medication records. We also found that medication was not always stored at an appropriate temperature.

We found that there were enough qualified, skilled and experienced staff to meet people's needs.

We also found staff received inductions, supervision, training and appraisals.

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

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

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### **What we have told the provider to do**

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We have asked the provider to send us a report by 09 October 2013, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

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.

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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

### Care and welfare of people who use services

✓ Met this standard

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

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### 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.

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### Reasons for our judgement

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

When we inspected the service on 8 February 2013 we found that some risk assessments had not been updated when needs had changed. We also saw examples of monthly reviews where information had not been recorded each month. We received an action plan from the provider to tell us the actions they would take to improve people's experiences in this area. When we visited the service on 14 August 2013 we checked whether improvements had been made.

We spoke with two people using the service. They told us their needs were met and staff were caring. One person said, "Oh they're very caring" and "Nothing [is] too much trouble for them." They told us they got enough to eat and drink and staff provided choices and respected their choices. One person told us they could see their GP and other professionals when needed.

We spoke with three relatives. They told us their family members received good care that met their needs. One relative said, "I think it's very good actually." Another relative said, "Absolutely. [Family member] is well cared for."

During our visit we saw positive interactions between staff and people using the service. We spent 40 minutes observing the care at lunchtime in the dining room. We saw staff provided support to people who needed this. We saw people were provided with enough to eat and drink and were offered choices. We also saw staff communicated warmly with people as they were supporting them.

We also spent time in the lounge in the morning and observed a staff member running a bingo session. We saw that the atmosphere was relaxed. The registered manager told us that the service employed activities coordinators and we saw in a newsletter that different

activities took place such as music for health.

We spoke with two care staff. They told us how they supported people to maintain their health and wellbeing and could tell us about the needs of people we asked them about. They also told us what actions they would take to meet people's cultural and spiritual needs. They told us they offered choices to people and had an understanding of the Mental Capacity Act 2005 (MCA). The MCA protects people who lack capacity to make a decision for themselves because of permanent or temporary problems such as mental illness, brain injury or learning disability. If a person lacks the capacity to make a decision for themselves, staff can make a decision in their best interests once an appropriate assessment has taken place.

The registered manager told us that the care records for people using the service had been reviewed since our inspection on 8 February 2013. They told us that most people using the service had care records that were using new documentation and all records were reviewed on a monthly basis. They also told us they had commenced monthly audits of the care records to regularly check that they were complete and up-to-date.

We looked at the care records for three people and saw that the registered manager had checked the care records in July 2013. We saw care plans on different subjects such as personal hygiene and dressing, communication, mobility, continence care, social needs and nutritional needs. We saw these included information about people's preferences and their care and support needs. We saw these had been produced during 2013 and had been reviewed monthly.

We also saw risk assessments on different subjects such as falls, moving and handling, pressure ulcers and infection prevention and control. We saw these had been reviewed monthly. This meant the provider had taken action to make improvements since our inspection on 8 February 2013.

We saw in the care records that people using the service had access to support from external professionals such as health professionals.

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

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## Our judgement

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The provider was not meeting this standard.

People were not fully protected against the risks associated with medicines because the provider did not have appropriate arrangements in place to manage medicines.

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.

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## Reasons for our judgement

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Appropriate arrangements were not in place in relation to the recording of medicines.

When we inspected the service on 8 February 2013 we found gaps in some medication records. We also saw that the care office containing the medication trolley and medication administration records (MAR) charts was not locked. We received an action plan from the provider to tell us the actions they would take to improve people's experiences in this area. When we visited the service on 14 August 2013 we checked whether improvements had been made.

We spoke with two people using the service. They told us they were happy with the arrangements for their medication and had no concerns. They also told us they got their medication when they should.

We spoke with three relatives. They told us they had no concerns with the medication arrangements for their family members.

We spent 40 minutes in the dining room at lunchtime and saw a staff member administering medication during part of this time. We saw they locked the trolley containing medication when they left it to give people their medication. We also saw they observed people taking their medication before returning to the trolley to record this.

We spoke with two care staff. One staff member told us they did not administer medication. Another staff member who did administer medication told us they observed people taking their medication before recording it and they kept medication secure. They also told us what actions they would take if an error had been made. They told us they had completed some recent medication training and the registered manager was arranging additional medication training.

The registered manager told us some staff had attended medication training in April 2013 and more training was being arranged for staff who had recently started. We also saw in



some staff files that medication administration competency checks had been completed. We saw a medication policy was in place.

We looked at the medication room with the registered manager and saw it had a lock on the door. We saw that controlled drugs were locked in a cabinet. We checked the quantity of one drug and saw it matched the records in the controlled drugs register. We looked at all of the records in the register since 15 April 2013. We saw that signatures had been provided by two staff on all but one day. However, the second staff signature was missing on 9 August 2013.

We saw that a new lockable fridge for storing medication had been obtained since our inspection on 8 February 2013. This meant the provider had taken some action to make improvements. However, we looked at the records for recording the fridge temperature from the beginning of July 2013 until the date of our inspection and saw seven gaps where the temperature had not been recorded. Medication should be stored at certain temperatures to ensure its effectiveness and temperature checks should be completed. We saw that the fridge temperatures when recorded were within an acceptable range.

We also saw seven gaps in the temperature records for the medication room for the same time period and saw that the temperature had exceeded the acceptable temperature of 25°C on five days with 28°C recorded as the temperature on one day. We also saw seven gaps in the records for the care office where the medication trolley was stored and saw four entries at 26°C. This meant staff had not always recorded temperatures and there had been times when medication had been stored at an inappropriate temperature. We also saw no evidence that action had been taken when staff had identified that the temperature of the medication room and care office were not within an acceptable range. This meant there was a risk that medication would no longer be as effective as it should.

We saw that a lock had been added to the care office where the medication trolley was kept. We looked at the blister packs containing medication for six people from 12 August 2013 and these seemed appropriate.

We also looked at the medication administration record (MAR) charts for eight people from 5 August 2013 until 14 August 2013 and saw gaps for five people with a total of 13 gaps. The MAR charts provide a record of medication taken or not taken by a person using the service. We discussed the gaps with the registered manager during our visit who checked the blister packs containing medication and the medication returns book and told us there was no evidence that the medication had not been given or offered if it was 'as required' medication. However, the lack of records meant it was not always clear whether staff had acted in accordance with the instructions on the MAR charts. The registered manager told us they would notify the GP about the gaps in the records. They also told us they would address the issue with staff and remind them again of the importance of maintaining appropriate records. They told us they had planned a meeting with staff to discuss the medication issues.

We also looked at the cream charts for four people from 5 August 2013 until our visit and saw that staff had provided appropriate entries.

Overall, we found that the provider had taken some action to make improvements since we inspected the service on 8 February 2013, but further improvements were 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.

We spoke with two people using the service. They told us their needs were met. One person said, "I think they could do with a few more [staff]" and told us there was sometimes a short delay in receiving assistance, but they also said, "Normally it's quite acceptable." Another person said, "Yes I think so" when we asked them whether they felt there were enough staff.

We spoke with three relatives. They told us they felt there were enough staff to meet their family members' needs.

We observed the care for 40 minutes in the dining room at lunchtime and saw that people received appropriate support.

We discussed staffing arrangements with the registered manager. They told us 24 people were using the service at the time of our inspection. They told us they did not use a specific tool for working out the appropriate staffing arrangements, but considered the needs of people using the service and would increase the number of staff if people's needs increased. They told us they felt the staffing arrangements at the time of our inspection were appropriate.

The registered manager told us a senior carer and three care assistants worked from 8am to 2.30pm, a senior carer and two care assistants worked from 2.30pm to 9pm and three care assistants worked during the night. They also told us the service employed a cook, a kitchen assistant, housekeeping, laundry, administrative, activities and maintenance staff. The registered manager told us they had a team of permanent staff and also employed bank staff. They told us they used agency staff to fill gaps.

We spoke with two care staff. They told us they felt there were enough staff to meet people's needs. They told us cover was arranged from staff employed by the service if staff were unavailable to work, for example, due to sickness, and agency staff cover was arranged if needed. One staff member told us that agency staff would usually be staff that regularly provided support at the service.

We looked at the staff rota from 22 July 2013 until 19 August 2013 and saw this reflected the staffing levels that the registered manager told us were appropriate.

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

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## Our judgement

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The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

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## Reasons for our judgement

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Staff received appropriate professional development.

When we inspected the service on 8 February 2013 we found mixed evidence as to whether staff inductions had been taking place. We also found some gaps in training, supervision and appraisals. We received an action plan from the provider to tell us the actions they would take to improve people's experiences in this area. When we visited the service on 14 August 2013 we checked whether improvements had been made.

We spoke with two people using the service. They told us they felt staff were well trained. However, one person said, "Some of the agency ones could do with a bit more training."

We spoke with three relatives. They told us they felt staff were well trained. One relative said, "I think they're amazing."

The registered manager told us an induction programme was in place and staff completed work books as part of their induction. They told us a three month probationary period was in place and staff completed their induction during this period.

We spoke with two care staff. One staff member told us they had completed an induction. Another staff member told us they were in the process of completing this and had been provided with an induction pack and work books to complete.

We looked at three staff files and saw that inductions had been completed or were in progress for staff who had recently started to work for the service. We saw the inductions included regular appraisals and direct observations. An induction form was also used to record when staff had received different information, such as information about safeguarding and the complaints procedure.

Staff we spoke with told us they felt supported. One staff member told us they had received regular supervision and an annual appraisal. Another staff member who was new in post told us supervision had been arranged. We looked at the staff files for three staff. We saw in two that supervision had taken place. The third staff member was new in post,

but a one month appraisal form had been completed. We saw that training was discussed during supervision. We looked at the staff supervision matrix. We saw that one to one supervision had been taking place and took place every two months. We also saw that annual appraisals had taken place during 2013.

We saw in the staff files that staff had received training on different subjects. We saw this had included some training in 2013. We discussed training with two care staff. One staff member told us they were working through their work books as part of their induction and had received training in previous roles. Another staff member told us they had received a lot of training in 2013 and felt they had received enough training to provide appropriate care.

We looked at the staff training matrix. We saw that a lot of staff training had taken place since our inspection on 8 February 2013. The provider may find it useful to note that we saw a small number of gaps in moving and handling practical training. This meant there was a risk some staff would not have up-to-date knowledge in this area. We discussed this with the registered manager. They told us training had been arranged and they confirmed after our inspection that this had taken place for most staff, and the remaining staff would have this training in early September 2013. We also saw seven gaps in COSHH (control of substances hazardous to health) training. However, the registered manager told us this was covered under health and safety training that had been provided and COSHH training had been arranged for September 2013. They also told us other training was planned such as falls prevention, audiology and refresher fire warden training. We also saw on the matrix that most staff had a National Vocational Qualification in Health and Social Care at levels two or three and two staff had this at level four.

## Assessing and monitoring the quality of service provision

✓ Met this standard

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

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### Our judgement

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The provider was meeting this standard.

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

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### Reasons for our judgement

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

We spoke with two people using the service. One person told us they felt listened to and the registered manager was approachable. Another person said, "It's a nice place. It's lovely here." They told us they felt listened to and had attended some residents' meetings.

A relative we spoke with told us the registered manager was good. Another relative said, "I have faith in this place. I'm so grateful that I've found it." They told us they liked to attend the relatives' meetings that took place and knew how to make a complaint.

We spoke with two care staff. They told us they felt the service was well run and they could have a say in how it was run and they felt listened to. They told us they had read the complaints policy and would take appropriate action if a person wished to make a complaint. One staff member said, "The residents are happy. The management team are a happy team" and, "Here is a brilliant place."

We saw that a residents' meeting for people using the service had taken place in May 2013. We saw that the registered manager had asked people for their views on different aspects of the service such as social activities and the food. We also saw that a relatives' meeting had taken place. This meant systems were in place for obtaining people's views on the service. The registered manager told us they had not sent out survey forms to gather people's views but were planning to do this.

We saw minutes from staff meetings, which meant staff also had opportunities to provide feedback on the service. We saw that one set of minutes highlighted that senior care assistants were responsible for specific care plans and for directly observing care staff who are key workers for particular people using the service. This meant systems were in place for monitoring the care.

We saw that the registered manager had an audit folder. We saw that medication audits

had been completed in June and July 2013. We also saw that they had completed a home audit on 13 June 2013, which had included looking at the home presentation, the exterior of the building, care documents, the pressure ulcer audit review, accident records, complaints, training records, staff supervision and social activities. We saw other completed audits such as monthly kitchen audits, room and complaints audits and health and safety and infection control checks. We saw that some checks on the building and equipment had taken place. We also saw in the care records we looked at that the registered manager had started in July 2013 to complete monthly audits of the care records. This meant systems were in place for monitoring the service.

We saw that a complaints and concerns policy was in place and information was recorded about the investigations and outcomes when complaints had been made.

We also saw that other policies and procedures were in place. However, the provider may find it useful to note that some policies had review dates in 2009, but had not been reviewed. This meant there was a risk they did not all contain up-to-date information. We saw that the abuse policy had been produced in 2008 and did not include some up-to-date details about who safeguarding concerns should be reported to. The registered manager did know how to report allegations of abuse. They told us that they and the provider were aware of the need to review some policies and procedures and were taking action in relation to this.

The registered manager told us they attended the monthly management committee meetings for the service and provided information to the committee members. They told us that the provider had representation on the management committee.

We saw that a providers visit folder was in place that contained records of monthly visits by members of the management committee. We saw that the monitoring visits had included considering whether the issues raised at the Care Quality Commission inspection in February 2013 had been addressed and had included talking with people using the service, reviewing activities, interviewing staff, and checking audits, complaints, and the condition of the internal environment.

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	<b>Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010</b> <b>Management of medicines</b>
	<b>How the regulation was not being met:</b>  People were not protected against the risks associated with the unsafe use and management of medicines because the provider did not have appropriate arrangements for the recording, handling and safe keeping of medicines. Regulation 13

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 09 October 2013.

CQC should be informed when compliance actions are complete.

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.

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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

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### Essential standard

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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)

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### Regulated activity

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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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