

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

South Molton Health Centre

9-10 East Street, South Molton, EX36 3BZ

Tel: 01769573101

Date of Inspection: 23 January 2014

Date of Publication: February 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
Safeguarding people who use services from abuse	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	South Molton Health Centre
Registered Manager	Dr. Christopher Gibb
Overview of the service	South Molton Health Centre provides primary medical services to people living in South Molton, and the surrounding areas. Care and treatment is provided to around 5,000 people by a team of six GPs. In addition there are practice nurses and health care assistants. People who used the surgery also had access to community staff including a district nurses, community psychiatric nurses, health visitors, and midwives.
Type of services	Doctors consultation service Doctors treatment service
Regulated activities	Diagnostic and screening procedures Family planning Maternity and midwifery services Surgical 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
<hr/>	
Summary of this inspection:	
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	4
<hr/>	
Our judgements for each standard inspected:	
Respecting and involving people who use services	6
Care and welfare of people who use services	9
Safeguarding people who use services from abuse	11
Supporting workers	13
Assessing and monitoring the quality of service provision	15
<hr/>	
About CQC Inspections	17
<hr/>	
How we define our judgements	18
<hr/>	
Glossary of terms we use in this report	20
<hr/>	
Contact us	22

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 announced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 23 January 2014, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members, talked with staff and reviewed information given to us by the provider.

What people told us and what we found

We visited the surgery and we met and spoke with 11 people during the day. This number included two representatives of the patient partnership group called P3. We spoke with GPs and practice nurses who were on duty. We obtained information and support from the administration staff which included the practice manager, deputy practice manager and receptionists. We observe how the surgery was run and looked at the facilities and information available to patients. We received additional information from the surgery and feedback from patients following the inspection visit.

People told us about their experiences of the service, comments included: "The doctor took the time to explain what treatment I needed; he explained each stage of the treatment and what it involved. The choices were explained clearly so we were able to decide what to do next." And "We've been coming here for over 30 years. The doctors and nurses are excellent and have always provided a good quality service."

People told us their privacy and dignity were respected. People also told us they thought they were listened to and their opinion mattered, for example, "We're always seen in private and we are treated respectfully." and "I feel listened to by the staff here."

There was evidence that learning from incidents, significant events and investigations took place and appropriate changes were implemented to improve the service and patients experiences.

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. People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

People who used the service understood the care and treatment choices available to them. People told us about how the GPs and nursing staff listened to them and explained what they planned for treatment. The patients we spoke with told us they were able to take part in decisions about their care. For example, "The doctor took the time to explain what treatment I needed; he explained each stage of the treatment and what it involved. The choices were explained clearly so we were able to decide what to do next." In the patient records we looked at we saw notes which showed how the doctors involved patients in their treatment and planning. For example, making choices about whether to have further tests about their illness or not. This meant people were involved in decision making and they were able to make informed choices about their treatment.

In addition patients were given access to information about the practice. For example, out of hours care and specific health needs and treatments leaflets were displayed in the waiting room area. We saw this information included costs of non NHS consultations and treatments as well as information about emergency treatment, inoculations, family health and the practices patient participation group. Information was also available about how to raise a complaint about the practice both internally and through the General Medical Council. One patient told us, "There's plenty of good information about the practice and health care in the waiting room." This meant people had information available to guide and support decisions about their care and treatment.

We heard how the practice staff were flexible and accommodating to meet people's particular needs in regard to appointments and access to GPs to discuss their needs. We heard how the reception team offered them appointments at a time which suited the patient. The length of the appointment was based on the needs of the patient and not on standard time slots. One person told us, "I get seen whenever I need an appointment; there's hardly any delay." We heard from another person who had responsibilities for their relatives care and support about how flexible the GP and staff were in providing

opportunities to plan and discuss their care. We were told about the ease of having telephone consultations and they added, "Basically I always find them a very flexible and understanding service and feel very well supported by them."

During the inspection we did not observe delays in patients being seen however patients we spoke with did say, "We're not always told if there are delays and how long the delays are. Having said that, delays are rare here." The patients' we spoke with told us they never felt rushed and always felt their appointment was carried out in a dignified and professional manner. We also heard about how there was a busy schedule of 'home visits' each day by GPs to meet the needs of the people the surgery supported. This was because they recognised they had a higher number of people who were elderly or frail, had limited transport or lived remotely from the surgery. This showed patients were able to make and receive appointments which met their needs.

People's diversity, values and human rights were respected. We saw how information about people's language and communication needs were sought when people registered with the surgery. Surgery staff told us there were a very small number of people for whom English was not their first language and none of those people had required additional support with communication. If a concern was raised the surgery had access to a translation service.

We looked at and observed some of the practices for maintaining people's privacy and dignity. The reception layout and the way the reception staff interacted with patients enabled them to maintain confidentiality on arrival at the practice. The staff understood the need for privacy, dignity and confidentiality, ensuring that patients were greeted politely. When patients were taken into the surgeries we heard the doctors welcoming them. Doors were closed and if staff needed to enter a surgery they knocked on the door and waited until they were invited in. Patients told us about staff keeping them informed about appointments, and how they talked to them in private, if appropriate. We were told, "We're always seen in private and we are treated respectfully." We looked at other aspects of how people's privacy was protected and maintained, particularly in regard to examinations or the provision of treatment. We saw that each consulting or treatment room had lockable doors some had additional screening around examination couches.

We discussed with staff the use of chaperones to support people when examinations or consultations were carried out. The surgery had system for providing chaperone support for patients ensuring when people registered with the surgery if they had any requirements for a chaperone this was recorded in their records. This meant staff were made of aware of need to make a chaperone available to provide assistance when people visited the surgery. We also heard from staff about the training all management and administration staff had for chaperone support. Staff were always available to be called to chaperone when the GP or nursing staff recognised a need for support for the patient.

The surgery had a written policy and guidance for providing a chaperone for people which included expectations of how staff were to provide assistance. People were provided with information about what support was available in leaflets and the guide given to them when they registered with the surgery. There was information on display in consulting and treatment rooms and in the reception and waiting room. We were told and saw evidence that all staff received training in providing chaperone assistance. This meant there were appropriate systems in place to respect and maintain people's privacy and dignity.

We heard about the Patient Participation Group or P3 as it was called. This group ensured

that people's voices were heard and used in how the surgery was run and provided to the community. We saw they had carried out surveys in December 2012 and 2013. We saw the surgery practice had used the information from 2012 to develop what was provided to people. This had included improving the appointment system and delays in people receiving their appointment at their scheduled time. From listening to what people told us the appointment system had improved and from comments made delays in seeing GPs at agreed times was rare. This meant that patient's opinions about their care and treatment were listened to and acted upon. The feedback from the December 2013 survey had yet to be discussed with the P3 group.

We looked at the overall environment of the surgery to see if it was patient friendly and accessible to people with limited mobility. All the treatment and consulting rooms were on the ground floor. However, parts of the access corridors and doorways into some consulting and treatment rooms were restrictive particularly for people using wheelchairs or pushing pushchairs. This was because of the width for access. The provider had already recognised the limitations of the building and the inability to make changes to meet current disability access requirements. We heard how the provider had made adjustments to improve access to the building, such as hand rails and a wheelchair accessible slope into the building. We were told about the plans to make changes to a patient toilet to improve access for people who used a wheelchair or required assistance. We were provided with a copy of the surgery's risk assessment they had carried out to assess and reduce the concerns in this part of the building. Actions included seeking professional advice and what changes they could make. We also heard how people were offered consultations in other rooms if this was appropriate to meet their needs. This meant the provider was aware and made arrangements to meet peoples' physical needs to have of access to health services irrespective of the abilities or illness they had.

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

One person told us about their overall experience of their GP they used phrases such as "I have faith in them as a clinician" and they added, "I feel fortunate. The care and treatment given to me and my (relative) has been good."

People's care and treatment reflected relevant research and guidance. We saw the GPs and healthcare staff offered regular clinics and monitoring for people with long term conditions such as diabetes, asthma and coronary heart disease. There were programmes for prevention of ill health such as health checks and ongoing monitoring for certain types of medicines, carers' checks and lifestyle advice. Patients were able to obtain travel immunisations and support for child health. We saw that these services were provided by staff who regularly attended clinical updates and training to maintain their knowledge. Nursing staff told us about how they had attended recent training for immunisation and treatment and management of leg ulcers. This meant treatment available to people at the surgery reflected current research and guidance.

People had access to associate health care professionals through the surgery. This included community nurses, midwifery, and the health visitors. People could be referred to the community mental health team and they had access to a private counsellor who provided treatment sessions at the health centre. The surgery had a phlebotomy (blood testing) service that was run from the South Molton Hospital on regular days during the week. These meant patients didn't have to travel many miles to the local hospital for blood tests.

We saw information that the surgery was able to offer late appointments up to 8pm to patients on several days during the week. Patients requiring assistance with medical problems that could not wait until the surgery reopened could contact the out of hours (Devon Doctors) service. The practice nurses and healthcare assistants were available most days for assessment and treatment of continuing healthcare needs, and health screening. We also heard how GPs provided a primary medical service to local care and education establishments in the area.

There were arrangements in place to deal with foreseeable emergencies. We were told staff underwent routine training in dealing with medical emergencies in the practice. There was a range of suitable equipment including an automated external defibrillator, emergency drugs and oxygen available for dealing with medical emergencies. Equipment was available in a variety of adult and children's sizes. This was in line with the Resuscitation UK guidelines. The emergency drugs were all in date and were regularly checked; the drugs were kept along with emergency oxygen in a central location known to all staff. However the provider may wish to note, the emergency equipment was stored and not secured in an area accessible to patients and visitors. This meant there was the potential these items could be tampered with without staff knowledge. Following the inspection we were informed that added security had been put in place and the risks reduced. This meant there were appropriate facilities in place to respond to immediate medical emergencies, until the emergency services arrived.

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

Our judgement

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.

Reasons for our judgement

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. This was because there were safeguarding policies and procedures in place for safeguarding adults and children from possible abuse. These policies, procedures and information were in line with the multi-agency procedures relevant to the local authority and included up to date contact details and guidance. The surgery had a designated staff with lead responsibility for ensuring there were appropriate systems in place and that staff had the skills and knowledge to respond to concerns when they were raised.

We talked with staff about their understanding of safeguarding patients who used the service from possible abuse. Staff explanations showed they understood the different types of abuse and described appropriately the procedure to be followed if they suspected or witnessed any abuse. Staff knew to find information such as the safeguarding procedure and information in the surgery should they need to refer to it. We were told about how safeguarding concerns were discussed routinely at practice meetings so that all staff were aware of concerns that arose. We heard that staff always took daily opportunities to meet mid-morning to highlight health and welfare concerns they had about patients. This meant that there were good methods of sharing information between staff so that they could respond and act swiftly if the need arose. Where there were concerns about vulnerable families GP's told us about making home visits to patients just to "See what was happening in the home".

We saw from patients' records there was a system of alerting staff to potential risks or important information. For example, when patients arrived for appointments or during consultation. This ensured that staff could meet patients' needs and that they could make informed judgements which included providing the right support for staff or the patient themselves. There were clear procedures to protect staff working alone which all staff were aware of; for example the practices chaperone service. This meant patient and staff safety was maintained at all times.

Staff told us about the regular training which had included staff e-learning on the protection

of vulnerable adults. We were given specific examples to show that staff were knowledgeable about the mental capacity act and were aware of involving other professionals where patients were not able to make decisions about their care. Training records showed there was a planned programme of training which had included looking at case studies and discussions that gave staff additional learning to support the fundamental knowledge they already had.

We looked at additional methods of ensuring vulnerable patients were not put at risk. We heard the provider had implemented a new process that all staff employed at the practice would be vetted appropriately to include a police check before they commenced working in the practice. They had also looked at historical employment information and assessed the information they held about all staff employed at the practice. They had identified that a very small number of long term employees had not had an appropriate level police check carried out. The practice manager provided evidence of how this had been risk assessed and the actions put in place to rectify these concerns until a disclosure and barring check had been obtained.

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

Our judgement

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.

Reasons for our judgement

Patients told us staff were "Professional, kind and helpful" and "always able to give us the time we need". One person told us they had always found the reception staff, "Polite and helpful." We saw from the surgery's last survey carried out in December 2013 there were some very positive comments from the 41 received. They had included, "I have always found everyone to be very friendly and helpful." And from a new patient, "So far, I've been impressed with the thoroughness of the staff I have seen." Another person had put, "I do hope that the doctors and staff at this practice are recognised and thanked regularly for the great work they all do. The nurses in particular are a delight to visit. This is the nicest, friendliest practice I have ever visited. Thank you!"

We spoke with the practice manager, deputy practice manager, five reception or administrative staff and three practice nurses working at the surgery on the day of inspection. All said it was a "A friendly and welcoming practice" to work in and all said that they felt supported by the practice manager and GP partners. We were also told it had become a "Focussed and positive," working atmosphere.

We heard how the surgery was a training and teaching practice. Qualified doctors and medical students were regularly on placement at the surgery. This meant the training, supervision and mentoring practices carried out were scrutinised by the responsible training and professional educational bodies. We saw there were policies and procedures for the provision and support for training which included initial induction training for new staff, a training needs assessment and the support the practice would provide to individuals to continue with their professional development.

Staff received appropriate professional development. Staff told us about their training opportunities and experiences. We were told about how they could obtain training within the surgery and externally as part of their continuous professional development. These included mandatory health and safety training and specific specialist topics relevant to their roles in the surgery practice. For example each GP took the lead for particular areas of interest, such as diabetes, end of life care and women's health. We heard from nursing staff they too had particular areas of clinical practice they were responsible for like, coronary heart disease. One practice nurse told us about their involvement with teaching

in conjunction with a local university. This meant that staff were able to maintain their skills and competencies to reflect current research and good practices.

We spoke with two GPs; one of which was still undergoing supervised practice, who said they received regular peer support in meetings and at a personal level. This was a time where they could discuss complex cases or diagnosis had also been used to update their knowledge and to share best practice. There were GP partners' meetings where clinical, business and staff support issues were discussed.

We saw there were systems in place to monitor staff performance. There was a system of annual appraisal of all staff which was regularly carried out. The GPs took responsibility for their own annual validation and appraisal process. There was a record of what staff had achieved and there was a planned training programme for updating the skills and knowledge of staff. This meant the provider had a system in place to assure staff continued to be competent to deliver safe care and treatment to patients.

We were given information of how the practice had reviewed their processes for appraisal and core competencies for all of the different levels of staff employed. We saw they had a new policy, procedure and measures in place that was introduced in July 2013 to improve how staff behave and were supported in their roles.

We heard how the surgery staff participated in joint learning and development with other primary medical services in the area. The practice manager told us they had attended a local practice managers group every six weeks where current trends and issues could be discussed. This information was then shared with the other staff and led to developments and changes in how they provided the service in the best interests of the patients.

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

People who used the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. We heard from the representatives of the patient participation group, P3, how they had been involved with the survey processes that had been carried out. We also heard how information from these surveys and from the regular meetings P3 had with the management of the surgery had resulted in changes made to improve the service. For example the layout and facilities of the waiting room area, telephone contact and repeat prescribing. We heard from P3 how they felt there was an open approach by the management of the surgery who were always ready to listen to issues when they arose.

There was evidence that learning from incidents, significant events and investigations took place and appropriate changes were implemented. We saw that significant events and incidents were recorded and there was a process of review and analysis. Events such as these were discussed at staff meetings and there was information to show that changes were put in place to prevent a reoccurrence or to ensure that they surgery staff managed the situations appropriately in the future.

The provider took account of complaints and comments to improve the service. We looked at this particular aspect of the quality assurance processes because we had been made aware of a concern expressed to the service. This had resulted in a subsequent outcome report from the Parliamentary and Health Service Ombudsman in January 2014. We found that in response to the specific comments this complaint, the report by the Parliamentary and Health Service Ombudsman and further observations by staff; that the whole practice team at the surgery had been involved in developing and implementing actions to improve how they worked and provided support to people. This had included how they managed and responded to health screening tests, such as blood tests, and record keeping in the electronic patient records. They had also identified they needed to strengthen their approach to overall quality monitoring by setting up a quality group. This meant there was evidence that learning from concerns and complaints took place to ensure improvements were made to how the service was provided.

We found from information held at the surgery that complaints or concerns were managed appropriately by staff in accordance to the provider's complaints procedure. Complaints were also reviewed as significant events and incidents and reviewed and managed in a similar way. The practice manager had implemented a system of monitoring trends of complaints and comments made to the service. They also maintained their obligations to report concerns and significant events to the Clinical Commissioning Group they were responsible to.

In addition we saw the provider had taken steps and made sure the practices complaints policy was made available in the waiting room as well as information about complaining to the NHS or General Medical Council. They had also put on display information to engage patients in becoming involved with the patient participation group in place at the surgery and the group was advertised in the waiting area and local community.

We saw that there were other systems in place to check the quality of the service. There were portable appliance testing to ensure electrical items were safe to use, checks on fire safety and firefighting equipment and the storage of oxygen. They had also ensured there were designated staff leads for other checks that were carried out. These included infection control, health and safety, and clinical audit such as Quality and Outcomes Framework (QOF). QOF is a nationally recognised voluntary annual reward and incentive programme for GP surgeries in England. This meant that people who used the service were protected from unsafe care and treatment by means of an effective system that monitored the quality of the services it provided.

We saw that there were checks in place for managing the emergency equipment and medicines. However, the provider may find it useful to note the recording of the checks made of emergency medication was completed but not recorded in a robust way. This was because guidance for expected stock levels of emergency medication were not recorded.

We saw evidence the practice manager maintained a full and comprehensive range of general operating policies and procedures for the practice. These were updated and amended to reflect changes in legislation and recognised good practice. Copies of these were available to staff in paper form in staff areas and on line for them to refer to easily.

We were provided with information of how the practice staff learnt and listened to information from external sources such as the peer support obtained through the local practice managers' meetings and communication with other local practices. We saw plans for improvement they had identified they needed to put in place. These included managing safety and security, such as practices for key holders and maintaining the fabric of the building. They had looked at policies and procedures such as those for employment and supporting staff and were in the process of implementing improvements, for example reviewing the need for repeating police checks post-employment. They had reviewed their relationships and working practices with other providers and were instigating meetings and improved mechanisms of communication. This meant the provider had an effective system to regularly assess and monitor service quality and had put actions in place to improve the service that people received.

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

Copyright Copyright © (2011) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.
