Inspection Report

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

Adelaide House Nursing Home

13 Oathall Road, Haywards Heath, RH16 3EG

Tel: 01444441244

Date of Inspection: 12 August 2014

Date of Publication: August 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
Meeting nutritional needs	✓ 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	Adelaide Health Care Limited
Registered Manager	Mr Biju Philip
Overview of the service	Adelaide House is registered for both residential and nursing care for up to 40 people. Residents are generally over sixty years of age, but the home does accept younger residents.
Type of service	Care home service with nursing
Regulated activities	Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury

Contents

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

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 12 August 2014, talked with people who use the service and talked with carers and / or family members. We talked with staff.

What people told us and what we found

One inspector carried out this inspection. The focus of the inspection was to answer five key questions; is the service safe, effective, caring, responsive and well-led?

Below is a summary of what we found. The summary describes what people using the service, their relatives and the staff told us, what we observed and the records we looked at. The home could accommodate 40 people and, when we visited, there were 32 people living in the home.

We spoke with five people living in the home and with four of their relatives. We looked in detail at five care plans. At the time of our inspection the manager was on holiday and so we spoke with the deputy manager, who was in charge, a nurse and a carer. We also spoke with the cook, the activities coordinator, a GP and a Physiotherapist who were visiting.

If you want to see the evidence that supports our summary please read the full report.

Is the service safe?
The manager conducted pre-assessments to ensure the right level of care was available and staff were guided in their work by detailed care plans. Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. Staff were trained and competent to deliver a safe level of care. This meant people were receiving a safe service.

CQC monitors the operation of the Deprivation of Liberty Safeguards which applies to care homes. While no applications have needed to be submitted, proper policies and procedures were in place. Relevant staff have been trained to understand when an application should be made, and how to submit one.

Is the service effective?
We found staff had received appropriate training and regular supervision to ensure that their skills were up-to-date and appropriate to the needs of the people living at the home. This included regular updates in areas such as manual handling, first aid and fire safety.

There was additional training in areas such as end of life care and leadership skills.

Staff were using effective practices, for example, to prevent falls. We also found care staff sought advice, where appropriate, from the qualified nursing staff at the home, the manager and from other external health care professionals. The home was providing an effective service.

Is the service caring?
We observed the interaction between care staff and people using the service and found care was delivered with compassion and consideration. One person who lived in the home said, "The staff are fabulous and care for me very well".

One relative we spoke with said, "The staff are attentive and caring. We always find that there is somebody to sit with him."

Is the service responsive?
We saw that staff responded promptly to call bells and helped people with eating, drinking and moving about the home. We found evidence in the care plans that staff contacted appropriate healthcare professionals when required and informed relatives of any changes in health or welfare.

The provider invited and listened to feedback and made changes where they were reasonably practical. Recent changes included the addition of a ramp leading to the garden from the home. People we spoke with said they enjoyed the food and drink and we saw that the food they received suited their individual needs. The provider was responsive to the needs of people living in the home.

Is the service well-led?
The home was well managed with a qualified team of professional care and nursing staff. The staff we spoke with said that they felt guided and supported in their work.

The provider conducted regular internal audits of the service and the care plans.There was also an annual survey to take feedback and suggestions from people who lived in the home, their relatives and other healthcare professionals. Feedback from the relatives we spoke with was positive and the people living in the home told us they were happy with the care and treatment.

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 lived in the home understood the care and treatment choices available to them. We spoke with five people and one said, "The staff care for me very well, they are all very kind. I can do what I like, or I could do if I was fit enough." The deputy manager said that people were involved in making decisions about their care and could choose how to spend their time. For example another person who lived in the home said, "I have just had a visit from my GP. They never used to visit me at home. Then I thought I would sit here quietly in my room finishing off this book before going down for lunch." We asked the deputy manager about the choices available to people in the home. This demonstrated that people who lived in the home had autonomy and were supported to exercise their independence.

People who used the service and their representatives were asked for their views about their care and treatment and their views were acted upon. We saw that the provider circulated an annual 'service user feedback questionnaire'. We saw the analysis of the responses to the survey for 2014 from the 17 questionnaires that were returned out of a possible 30. 13 said that the home's staff always, "See and treat residents as individuals and never as just one of a crowd" and four said that they did this most often. This meant that people's individuality was respected.

We saw the notes of the most recent residents' meeting which was well attended. At the beginning of the meeting each person using the service was invited to give their views about living in the home. Most of the comments were positive about the care and comfort in the home. Although we observed staff responded to call bells promptly, one person said it took sometimes to respond to a call bell. Another person requested that staff listen more carefully to what they were saying. We saw that these issues were noted in the form of an action plan at the end of the notes and, we saw from the notes, that they had been raised at the next staff meeting. This meant that people were encouraged to express their views and action was taken in response.

We spoke to relatives in one of the lounges who showed us an album of photographs they had brought in to look at with one of the people who lived in the home. They said that, "The staff are marvellous and we know that they have been sitting with (their family member) and discussing the photographs. They are all attentive and considerate here."

A member of staff told us about the activities, including the monthly outings and the events organised in the home. An outing to a garden centre was taking place on the day of our visit and we heard the coordinator informing the relatives of the people who were participating so that they did not have a wasted visit to the home to see a relative. We saw there was a list of activities displayed in the lounge and it included performances from musicians and singers, cookery, clay modelling and quiz games.

There was also a quarterly newsletter for family and friends containing information about developments at the home, entertainment, church services and 'dates for your diary'. One relative we spoke with said, "There are a great variety of activities and outings organised by the home and they always celebrate birthdays." They said that their relative did not join in with everything but that, "He sits and listens and particularly enjoys the music and singers." This demonstrated that people living in the home could make choices about the activities they engaged in.

We found people's goals and achievements for their care were recorded in their care plans and included a 'This is me' booklet. The booklet contained information about the person's preferences for daily living, food, communication and social and leisure activities, relatives and friends and the other healthcare professionals involved. There were wishes for the future and end of life. Some of the care plans we looked at included a form indicating that, in the event of cardiac or respiratory arrest, the person did not want healthcare professionals to attempt resuscitation. These forms were completed correctly and signed by the person themselves, or their representative, and the general practitioner or other senior health professional. The care plans were signed by the person living in the home or their representative to indicate that they had been involved in decisions about their care and treatment.

We noticed staff knocked on doors and waited to be invited in before they entered a room. They offered people privacy, dignity and choice about personal care, what to listen to on the radio or watch on television. We saw people had their own furniture and other personal items, such as photographs and paintings, in their rooms. This meant that people's diversity, values and human rights were respected.

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

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. The home requested and acted upon the guidance of external healthcare professionals when appropriate.

Reasons for our judgement

People's needs were assessed and care and treatment delivered in line with their individual care plan. The deputy manager told us that each person had a pre-assessment before being offered a place at the home. This was to ensure that the home was able to meet the needs for care and treatment of each individual. The family were usually involved in the pre-assessment and sometimes there would be a referral from other social services or other health care professionals. If the home was considered to be appropriate, a full assessment of the person needs would be undertaken and this would include assessments of cognition, psychological, physical, social and end of life care. This assessment was conducted to fully understand each individual's need for support in relation to, for example, daily living, mobility, health and personal care. The deputy manager said that the home would only offer a place if they felt they could meet the person's individual needs. This meant that the provider had effective systems in place to appropriately assess people's needs prior to using the service.

We saw evidence in care plans that the home took steps to protect people's safety and welfare. We spoke with people living in the home about the care they received. One person said, "I don't like being old but I am comfortable here. I think this is a good home where everything is done for me because I don't always remember." We saw the home compiled a dependency assessment to measure the level of support required in areas like mobility, medication, bathing, eating and communication. This enabled the home to provide the right level of support and assistance. There were risk assessments for people who were likely to become agitated and confused and for those who may fall when moving around the home. These risk assessments were intended to guide the staff and included recommendations for mitigating some of the risks, such as assistance with eating and walking with the use of a mobility aid. This demonstrated that care was planned and delivered to meet the needs of the individual and to keep them safe within the home.

Risk assessments were undertaken and kept up to date for issues such as pressure sores, infections and falls. The home used the a pressure ulcer prevention tool to help the staff support good skin care and we saw that any wounds were marked on body charts and treatment was recorded and monitored. We saw that people had a mental capacity assessment on admission, which included questions about each person's ability to retain

information and to make decisions about different aspects of their care. These assessments were updated regularly and signed by an appropriate healthcare professional. There were also details of communication with relatives and any representatives who were to be involved in any decisions about care and treatment. The deputy manager informed us that care plans were updated daily in the days and weeks immediately after admission and then as needed, but at least monthly. We noticed that communication with relatives was recorded in the care plan along with details of who to contact if there was a change in the person's health or wellbeing. A relative we spoke with said, "They called us straight away when he had a water infection. The communication is good." This meant that the care was being well managed and relatives were well informed and involved in decisions about care.

The provider conducted risk assessments and took specialist advice where appropriate, consulting dieticians, physiotherapists and the West Sussex integrated falls team. Detailed records of care and treatment were maintained to guide the staff and these were reviewed at least monthly and audited by the provider. The care plans we reviewed were accurate and well presented. Pre-assessments and decisions about care and treatment were made by the staff at the appropriate level and any concerns were escalated to the qualified nursing staff as necessary. Risks were identified, around behaviour, mobility and balance for example, and assessed and managed effectively to protect the safety, health and welfare of people living in the home.

People's care and treatment reflected research and guidance. We spoke with a physiotherapist who was visiting a person in the home and helping them regain some mobility. The physiotherapist said, "The staff here follow my advice and do everything that I ask. At the same time they stay within the limits of their competence and they will say if they don't feel confident about doing something, which is how it should be. They also give me a thorough progress report when I visit." We also spoke with a GP who visited weekly and they said that the care was well managed in the home and, "They contact us appropriately for support and guidance." This demonstrated that the staff were able to request and act upon advice from external healthcare professionals when required.

We spoke with a relative who visited most days and said, "On the whole they are quite good and he would be the first to complain if it wasn't". Another relative we spoke with said, "They are very welcoming, always make us a cup of tea. It is a difficult job and they do it very well." The relatives we spoke with were positive about the care and welfare provided by the service.

We saw that there was an emergency policy and plan, a policy on fire safety and regular fire drills to practice evacuation in an emergency. We saw a business continuity file that contained important emergency contact numbers, full details of the people living in the home, the contact numbers of relatives and a floor plan for the home. We also saw policies and staff training records for first aid, falls prevention, health and safety and procedures to adopt during hot weather. This demonstrated that the provider had procedures in place for dealing with different conditions and emergencies that would reasonably expected to arise from time to time.

Meeting nutritional needs ✓ Met this standard

Food and drink should meet people's individual dietary needs

Our judgement

The provider was meeting this standard.

People were protected from the risks of inadequate nutrition and dehydration. People were supported to eat and drink and there was an awareness of different cultural tastes.

Reasons for our judgement

People were provided with a choice of suitable and nutritious food and drink. We spoke with a person who lived in the home about the food and they said, "We have plenty of choice and the food is always very good." We saw one person who had attended the most recent residents meeting had requested, "More variety in vegetarian options if possible." The deputy manager said that they had spoken with this person and found that they would prefer vegetarian dishes of a particular type, rather than greater variety. This was now being provided and the person was satisfied with the food. This demonstrated that the home asked for feedback, listened to what people said and took appropriate action.

We spoke with the cook who explained that the home had recently started having prepared meals delivered and these were cooked in a special oven. These foods were being introduced for a trial period to see if people liked and benefited from the foods. One of the relatives we spoke with said, "I think this new food is really good and my husband says he enjoys it." Another said that, "The food was better before, but there had been sample tasting sessions where people could say which dishes they particularly liked". Other people we spoke with had not noticed that there had been a change.

The meals were nutritionally balanced and tailored to the particular needs and preferences of the individual. We saw a list on the wall in the kitchen with the names of those who were on a gluten free or diabetic diet. We also saw a list of those trying to gain and those trying to lose weight and people who needed to avoid certain foods because of an allergic reaction. Some people were receiving soft or pureed foods and were being assisted to eat by staff who were taking their time. Staff were helping discreetly and chatting during the meal. We observed the lunch time meal in the dining room and noted that people could request what they wanted, even if it was not on the menu. One relative said, "He can't tell us that he likes the food, but he seems to let the staff know what he wants and he eats well and looks healthier than before he came to live here."

There was a choice for breakfast and the cook showed us the breakfast cards they used to make a note of individual preferences for tea or coffee, cereals, porridge, eggs and toast. The deputy manager said that a cooked breakfast was also available, but that people did not appear to want a big breakfast. Some people chose to eat in their rooms and others came to the dining room.

People were supported to be able to eat and drink sufficient amounts to meet their needs. We saw from reading the care plans that the home used a malnutrition universal screening tool to assess the level of risk of malnutrition. In addition, the GP we spoke with said that the home was careful to monitor peoples' weight. We saw that the weight charts in the care plans were completed and monitored on a monthly basis and more frequently if there was a particularly concern. The GP we spoke with said, "The staff had worked particularly hard with one patient who was continuing to lose weight. They had involved the dietician and tried him on all types of food, including Indian foods, to see if that would tempt him to eat." This demonstrated that people were supported to eat and drink when they were unwell and the staff were aware of people's cultural tastes.

Supporting workers ✓ Met this standard

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. Staff received induction and on-going training and supervision.

Reasons for our judgement

Staff received appropriate professional development and induction. A recently appointed nurse told us about the professional development which included a thorough induction programme, face to face training in areas such as fire awareness, medication management, health and safety and manual handling. This member of staff said that she was also supported with her orientation as she had been recruited from another country and so was also becoming used to an unfamiliar culture. This member of staff said, "The manager has been my mentor as I have got used to applying my skills in a new environment. it is all about choice and understanding." One member of staff spoke with us about the regular fire drills and the training they received in safeguarding vulnerable adults. This member of staff said, "I read the home's policies and procedures and I understand that we must maintain high standards here. The manager and more experienced staff provide plenty of advice and support. I am learning fast and it has become easier as I have got to know the people here." This demonstrated that staff were receiving appropriate induction training.

We also inspected a training matrix that listed all the training that had taken place and had been planned for the rest of the year. The items listed included wound care, medication, falls prevention, palliative care and prevention of pressure sores. There was also additional professional development available and the deputy manager told us that she had been learning about finance and audit and was beginning her training in a leadership skills to assist her in her role. This meant that, from time to time, staff were able to obtain further relevant qualifications to assist them in their work.

Each member of staff had at least six supervision session annually and had signed a supervision agreement. We saw a record of the supervision session and the notes of some recent supervisions. The notes included a job task performance table and an appraisal rating for items such as care of the residents, documentary record keeping, punctuality, relationships with staff and residents and trustworthiness and honesty. Where ratings were below the highest levels there were actions plans to improve performance. We saw that some of the action plans were about developing new skills and others were about becoming more confident when talking with people living in the home and their relatives. We noted that the managers were encouraging and supporting members of staff

to work towards building relationships with people in the home and their relatives. Performance appraisals also took place twice a year and were conducted by the manager and deputy manager.

The staff we spoke with were positive about these sessions and one senior carer said, "We know that we don't always understand what is being asked and we are very grateful for the support and guidance from the managers." One member of staff said, "Sometimes I have noticed that a resident has asked for something and the member of staff has not fully understood. It tends to be a communication issue rather than anything else. Usually it is nothing major, you know, something they want to talk about from the past or a film maybe, but it is a nuisance because it puts an additional burden on the people who have been around longer and know and understand the residents." We found that this was reflected in the notes of the residents meetings and one relative said: "Sometimes I think that one of the girls is just not responding, ignoring me, but then I realise that she has just not understood what I am saying. I go and ask someone else." We were informed that this issue had been raised at staff meetings from time to time but that but the provider may find it useful to note that it remains a concern within the home.

The deputy manager said that they had regular staff meetings where staff were encouraged to raise issues. We saw the minutes of staff meetings and noted that the manager used the meetings to remind staff about standards care and expectations. For example, at the last meeting the manager reminded staff about repositioning residents throughout the day and night and the proper use of equipment such as sliding sheets and hoists. We saw that there were handover meetings at the beginning of every shift. The deputy manager reminded staff to familiarise themselves with any updated policies and procedures and to sign that they had read them. One member of staff said," The home is friendly and we can always ask if we are unsure about something." This demonstrated that the staff were supported with appropriate information, guidance and instruction.

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. The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

Reasons for our judgement

People who lived in the home, their representatives and other healthcare professionals were asked for their views about the care and treatment at the home and the provider acted on the feedback.The provider circulated questionnaires annually to collect feedback from people living in the home, their relatives and the staff who visited the home. We saw that an analysis of the responses to these surveys was displayed on the notice boards in the home. Many of the additional comments collected via the survey were positive about the service. Relative's comments included, "In my opinion, Adelaide House is excellent, thank you." and, "Whenever I have visited my mother at Adelaide House I have always been impressed by a very warm welcome." One relative we spoke with said, "I can't think of anything I would change here and the staff are super."

We asked how the provider had responded to any concerns raised in the questionnaire and the deputy manager told us that, in response to feedback, a ramp had been installed to improve access to the garden. We were also informed by a relative that a paved area had been created in the garden for wheelchairs, so that people could go into the garden when the grass was wet. This demonstrated that feedback was taken seriously and the provider was responsive to feedback.

We saw that the home had a complaints policy and a complaints book. However, responses to the questionnaire revealed that some people could not recall seeing the complaints policy, which had been included in the welcome pack and was on display in the foyer. As a result, the activities coordinator included a reminder about the policy in the summer edition of the newsletter with an invitation for anyone who wished to raise any issues with the manager. This demonstrated that the provider welcomed feedback in order to continually improve the service offered at the home.

The provider visited the home weekly and conducted an audit by touring the building, undertaking spot checks and talking to people living in the home and to the manager. The provider also completed an audit of care plans to ensure that the documentation was up-to-date and people and their relatives were involved in their care planning and reviews. The provider also received a monthly report from the manager coving any issues at the

home. This demonstrated that the provider was protecting people living in the home by continually assessing and monitoring the quality of the service.

The provider recorded all accidents and falls within the home and made a note of where they had occurred, what happened and what action had been taken. In addition, the manager conducted an audit to identify any patterns and worked closely with GPs and other external healthcare specialists in falls prevention and physiotherapy.The deputy manager informed us of the action they had taken to prevent one person having falls when getting up in the night. This person had been encouraged to call for help and to leave a light on. This demonstrated that the provider was continuing to monitor and investigate accidents and make changes to improve safety within the home.

About CQC inspections

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

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

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

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

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

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

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

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

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

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

How we define our judgements

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

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

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

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

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

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

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

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

Glossary of terms we use in this report

Essential standard

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

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

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

Glossary of terms we use in this report (continued)

(Registered) Provider

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

Regulations

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

Responsive inspection

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

Routine inspection

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

Themed inspection

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

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