Inspection Report

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

Litchdon Medical Centre

Landkey Road, Barnstaple, EX32 9LL

Tel: 01271323443

Date of Inspection: 17 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	Litchdon Medical Centre
Registered Manager	Dr. Brian Malcolm
Overview of the service	Litchdon Medical Centre provides primary medical services to people living in Barnstaple and the surrounding areas. Care and treatment is provided to over 14,500 people by a team of 10 GPs. In addition there are practice nurses and health care assistants. People who used the surgery also had access to community staff including nurses, health visitors, community psychiatric nurses and midwives. Physiotherapy and counselling services were also available at the surgery. They also offer a dispensing pharmacy for people who have limited access to a pharmacy to readily obtain their prescriptions.
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'.

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 17 January 2014, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, 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 nine people. This number included two representatives of the Patient Partnership Group (PPG). We spoke with GPs, practice nurses and healthcare assistants who were on duty. We obtained information and support from the administration staff which included the temporary practice manager and receptionists. We observed how the surgery was run and looked at some of the facilities and information available to patients. We used information from the services own quality monitoring and from the PPG.

When we spoke with people about their experiences of the surgery they told us they were very happy with the treatment and support they received. We heard comments such as "Excellent", "Brilliant" and "Always a positive experience." Of the nine people we spoke with only one person expressed they felt their treatment had not run smoothly, they told us "Each doctor I see has a different idea." However, they did add they were not specifically worried by this and on the whole they found they had the care and treatment they needed.

People told us about their experiences with staff of all levels at the surgery. People were very happy and found that staff were approachable, friendly and supportive. People said, "Staff are usually lovely," "Able to speak to them, approachable and listen," and "Very polite." People told us this had not always been so, one person told us, and "Things have really improved, no problems." They found the atmosphere at the surgery comfortable, professional and not impersonal.

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

When we spoke with people about their experiences of the surgery they told us they were very happy with the treatment and support they received. We heard comments such as "Excellent", "Brilliant" and "Always a positive experience." Of the nine people we spoke with only one person expressed they felt their treatment had not run smoothly, they told us "Each doctor I see has a different idea." However, they did add they were not specifically worried by this and on the whole they found they had the care and treatment they needed.

People who used the service understood the care and treatment choices available to them. We heard from people about how they were kept informed and were able to discuss their treatment the GPs and nursing staff. People told us their opinion was listened to and their choices were acted upon. We heard how people had found all levels of staff pleasant, friendly and professional.

We saw that people who used the service had information available to them about specific health needs, care or treatment. We found information leaflets or advice sheets were on display in different parts of the surgery premises for people to access and look at. There was an electronic display screen in the waiting room to update people with relevant information whilst they were waiting. We heard from representatives of the Patient Participation Group about a recent open information day held for patients to obtain information and guidance about diabetes. This meant people were provided with information to make informed choices about their health and treatment.

We saw that people were provided with details about their ongoing care and treatment. For example patients were given a plan of support for treatment with a specific medicine which controlled the clotting of their blood. People were given a schedule to attend for regular blood tests and given a plan of treatment. This meant people were kept informed and involved in their treatment.

People's diversity, values and human rights were respected. We looked at how the service supported people with their needs. We saw how information about people's language and communication needs were obtained when people registered with the surgery. We saw from information provided by the surgery an assessment of people's language and communication needs had been carried out to check if they were meeting people's requirements. From the information they had obtained there were a very small number of people for whom English was not their first language and for this purpose they had prepared a leaflet about the service. We heard that nursing staff had available a basic pictorial communication chart for people with learning needs. If a concern was raised about a patient's language and communication the surgery had access to a translation service.

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 each consulting or treatment room had lockable doors and screening around examination couches. The people we spoke with confirmed that they did not feel their privacy was compromised at any point when being examined or when receiving treatment. This meant people's privacy and dignity were respected when undergoing treatment and examination.

We looked at and discussed with staff the use of chaperones to support people when examinations or consultations were carried out. We saw that there was a system for providing chaperone support for patients. This included checking when people registered with the surgery if they had any requirements for a chaperone. People's requirements were recorded in their records so that staff were made aware of people's needs before an appointment commenced. We also heard from patients and staff how automatically a member of staff was called to chaperone when the GP or nursing staff recognised a need for support for the patient. Information about support from a chaperone was on display in prominent communal areas and in the consulting rooms. This meant there were suitable systems in place to respect and maintain people's privacy and dignity.

We heard about the work and involvement of the Patient Participation Group who contributed to how the service was run. When we spoke with the chair of this group we were told about the work they had been doing and the plans for more involvement with the surgery. We heard how patient feedback had influenced what was provided for people. This had included training and a focus on communication and customer care for staff. Also, how and what information was available on display in the waiting area.

Staff told us they had listened and changed the way the service was run in regard to the patient experience so they had improved the access to treatment by having a 'Same Day Team' for urgent consultations that were triaged and accessible to people if required. They had looked at improving telephone access people had with their usual own doctor which supported patients to speak with a preferred GP for continuity of care. This meant that patients' opinions about their care and treatment were listened to and acted upon.

We spoke with people who had been using the surgery for many years and those who had joined more recently. People told us they did not think there was anything to improve about the service. Two people were quick to point out they felt the service had improved significantly over the latter months and the atmosphere was quite positive.

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.

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

Reasons for our judgement

People told us they received the support, care and treatment they needed. All of the nine people we spoke with were happy about the treatment and support that was available to them. Comments made about the GPs and nursing staff included; "Always very pleasant" "Usually see my own GP and it is nice not to have to explain each time I come in." One person said, "Although it is always busy, it still feels personal as staff know me." Three people told us how they were experiencing a long wait to go in to see the doctor on the day of the inspection. However, two people said were quite happy to wait as they felt it was important that people had the time they needed with the GPs. One person said, "It is only fair, I know that at times I have taken longer and other people have had to wait for me." The third person was using the 'Same Day Team' service where patients have to anticipate a possible wait to be seen as people were prioritised to be seen in accordance to their needs.

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, coronary heart disease and other chronic diseases. There were programmes for prevention of ill health such as health checks and services specifically for women, such as contraception. People were able to obtain travel immunisation and support for smoking cessation. People had access to attached support staff and services such as Health Visitors, Midwives, and Community Psychiatric Nurses. The surgery was also able to provide access to physiotherapy and counselling services. We were told minor surgery treatment was available on the surgery premises. However, this was minimal; most patients were referred to an external healthcare provider for treatment if it was required.

We heard about the work one GP was involved in outside the surgery in improving services for dementia and mental health care in North Devon. Other GPs had particular interests in ear, nose and throat, ophthalmology, and sexual health, which meant patients could benefit from their specialist knowledge. The senior partner at the surgery was a GP with Special Interests (GPwSI) in dermatology and had additional clinical responsibilities at the Lichdon House, the North Devon District Dermatology Service out-patient service. This meant patients were able to obtain treatment from a specialist clinician within the surgery.

We saw services were provided by staff who regularly attended clinical updates and training to maintain their knowledge. The surgery was a training surgery for GP student/registrars, which meant there was a focus on learning and development which included maintaining the most up to date knowledge and research. One member of nursing staff told us they had attended recent training for maintaining their knowledge of supporting people with diabetes and child immunisation. There was a wide range of leaflets and information available to people in both the waiting areas and treatment rooms about health conditions and treatments available at the surgery. This meant treatment available to people at the surgery reflected current research and guidance.

The surgery had designated areas for specific types of treatment and activities. There were two rooms used by the health care assistants for phlebotomy (blood tests). There was also a separate clinical suite, with three treatment rooms and a treatment area for the nursing staff to provide any gynaecological/ contraceptive support, wound care and health screening. There was a designated treatment and consulting suite near main reception where the 'Same Day Team' ran morning and afternoon surgeries for those people who required urgent treatment that could not wait until a routine appointment was available.

We were shown a recent development, a 'virtual ward' where people whose health needs gave greater concerns to the health practitioners were identified and information could be shared between them and the out of hours service. This meant that all GPs, healthcare staff and administration were aware of people at risk and could take appropriate steps should other issues arise if their own GP was not available.

There were other arrangements in place to deal with foreseeable emergencies. The surgery had a system of triaging people's requests for urgent appointments. This meant the duty doctors identified if people needed to be seen urgently that day or required another type of support. For some people this would result in an appointment with the 'Same Day Team', home visit or consultation over the phone with a treatment plan, such as a prescription. We also found the surgery had systems in place for responding to immediate medical emergencies in the surgery building. There was equipment and medication packs for use if a person collapsed so that staff could provide treatment until paramedics arrived. This equipment was placed in a central area where it was readily available for staff to obtain. We were told about the training staff had been provided with in regard to emergency treatment.

We looked at the feedback the surgery had from a recent quality assurance process that had been carried out by an external provider for some of the GPs' appraisals. GPs were required to obtain feedback annually from patients and colleagues and use this information for their revalidation process for their professional development. Comments included, "I am very happy with Dr X and always find him very helpful and caring, and always listens well and gives good advice. Thank you." And "Always makes me feel much better, good listener and explains things well to me. Very warm and caring."

Safeguarding people who use services from abuse ✓ Met this standard

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 told us they felt their interests and safety were protected by how the surgery was run and the services were provided. People told us they were confident they could speak to staff if they had concerns as they found staff to be friendly and approachable.

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.

We spoke to all levels of staff about the training and practices for safeguarding vulnerable adults and children. There was a designated member of staff to lead for vulnerable adults and safeguarding children. When we spoke with them it was clear there were a very small group of patients that were currently 'at risk' or required extra monitoring. However, there continued to be a focus on training and information provided to staff on a regular basis so that they could respond appropriately if concerns were raised. We saw from information provided by the senior management there was a focus of joint working with health visitors and school nurses to discuss patients and work together where concerns were raised.

When we spoke with staff they told us if they suspected abuse or if someone was at risk they would speak to the lead doctor on duty. Staff also told us about the training they had in the surgery and the discussions had in staff meetings to ensure that they had the knowledge and confidence to act if needed. One staff gave an example of what actions they took recently when they had concerns about a patient and how the situation was managed. This showed they understood and responded appropriately to ensure people's safety and welfare was protected.

We looked at additional methods of ensuring vulnerable people were not put at risk. Through discussion with the senior management we were informed that all clinical staff who had direct contact with people had been subject to a police check before they commenced working in the service. We heard they had identified some administration staff who were employed prior to the surgery's registration with the Care Quality Commission

had not had this carried out. We were told what steps they had taken to minimise the potential of risks as to these staff having access to confidential patient records. They had carried out a risk assessment and put strategies in place to minimise risks until the action plan to complete full disclosure and barring checks had been carried out. This meant people were protected from the risk of abuse because there were reasonable steps in place to identify the possibility of abuse and stop abuse from happening.

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.

Reasons for our judgement

People told us about their experiences with staff of all levels at the surgery. People were very happy and found that staff were approachable, friendly and supportive. People said, "Staff are usually lovely," "Able to speak to them, approachable and listen," and "Very polite." People told us this had not always been so, one person told us, "Things have really improved, no problems." They found the atmosphere at the surgery comfortable, professional and not impersonal.

We looked at some of the systems in place for professional development and support. Staff told us about their training experiences and we were told about the opportunities to obtain training within the surgery and externally. These included mandatory health and safety training and specific specialist topics relevant to their roles in the surgery practice. We heard how the GP student/registrar training and support was provided and the different tools including observation of staff's consultations with patients and their individual practice. There was a programme of learning for all staff where by external speakers/ professionals were invited to the regular staff meetings where shared learning took place. The surgery was also involved in 'away days' which where joint training and learning sessions for all staff where they met with other local GP service providers to learn and develop together.

There was a structured induction and training programme when new staff started working for the GP surgery. Each induction training included training relevant to roles. We spoke to one new member of staff about the training and support they had for their induction. We heard there was a formal programme including orientation to the surgery and learning about the services' policies and procedures. We saw there were practical shadowing and learning sessions. For example on the day of the inspection this member of staff was learning to triage and respond to telephone calls received. In the afternoon they were spending time with face to face experience with patients visiting the surgery in the reception area leaning to respond to queries.

We spoke with one of the registered nurses about training available to maintain their skills and competencies. We heard they had good access to training and had a very supportive line manager to enable them to continue developing their skills and competencies. They

told us training needs and wishes were identified through discussion and the supervision and appraisal process with the senior nurse and this enabled them to focus on acquiring the training and support they specifically needed. We were told staff had regular supervision meetings with their line manager and we were informed this process had changed more recently from six monthly in depth meetings to more frequent meetings on a monthly basis. We were told by staff this was appreciated and was helpful to have so that they had the opportunity to discuss concerns and practice more readily.

We spoke with senior staff and a GP about the continuing professional development (CPD) and appraisal requirements each medical practitioner must undertake. The GPs took responsibility for their CPD and the surgery assisted with obtaining feedback from the patients they supported.

We were told the senior management had looked at how they maintained records of staff's training, supervision and appraisal. This was because they had already identified that the approach to retaining and managing this information was not as thorough as it could be and there were gaps in what they held. We were told how they had started to address this through using recognised internet systems so that training could be planned with greater effect. This meant the provider had systems to assure staff continued to be competent to deliver safe care and treatment to 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

We looked at the systems in place for monitoring the quality of the service and we spoke with staff about the practices in place for audits and checks. We met with representatives of the Patient Participation Group (PPG) and spoke with people using the service on the day.

People who used the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. People told us they had participated in surveys about the surgery. We saw evidence from information provided by the surgery that actions had been taken to develop and improve several aspects of the surgery and patient experiences because they had listened to feedback from patients. This had been through exit interviews, responding to feedback left on the NHS Choices website and surveys carried out for GPs' appraisal and revalidation. They told us about the changes that had been made which had included improvements to facilities such as the car park and about identifying and acting upon improving customer care. We heard how the PPG had provided input and support for training for all staff in regard to customer care and which had included assistance from specialists such as local psychologists. We found from speaking to patients on the day of the inspection that the customer care training had a considerable impact on the experiences of patients. This was because we were told how they had found improvements in communication, contact on the phone and face to face with all levels of staff.

We heard how the PPG was very actively involved in developing the systems of seeking patients' opinions of what was provided. We also were told about the very positive relationships they had with staff and senior management at the surgery and how supportive staff were with developing the group.

We heard how the PPG were involved in other aspects of how the surgery was run. This was through involvement in specific events such awareness events in regard to long term health conditions for patients. They told us how they planned to hold more events in the future so that people had access to support available and knowledge to manage their long term health.

We saw there were other systems in place to check the quality of the service. The practice participated in the annual national Quality and Outcomes Framework (QOF). This was a nationally recognised voluntary annual reward and incentive programme for GP surgeries in England. This including supporting and monitoring people with long term health needs such as diabetes, and chronic obstructive pulmonary disease (COPD). Some of these QOF targets contributed to the overall quality monitoring of the service. We heard there was a dedicated member of staff to check people had had their required regular checks and they also looked at the quality of the whole of the electronic record keeping to check it was up to date and maintained.

We saw there were systems in place to ensure medicines reviews occurred on a regular basis. Changes to how prescriptions were managed had been put in place in response to patients' feedback. The surgery had an electronic prescribing system which meant a greater flexibility for patients to order and obtain their routine prescription. This also assisted the surgery staff to monitor how medicines/ prescriptions were used and prompt patient reviews and checks.

We heard from discussions with staff and saw from information provided to us there had been a focus on improving how the surgery assessed and developed how it delivered services to people. A member of staff had been made designated lead to develop the business practices of the service and included in that role was to look at how quality monitoring was carried out. We saw there were already a number of audit processes in place. These ranged from checks made to ensure the safety and wellbeing of people visiting and working in the surgery premises were protected. This included at a clinical level and the systems for delivering the service safely. We heard that quality monitoring systems were undertaken by all staff. One GP led on ensuring each clinical consulting room had the necessary equipment, documents and information so that GPs had them accessible and readily to hand. This meant people experienced consultations where GPs had the right equipment and information available to them, making each visit an effective focussed appointment for them.

We saw that there were checks in place for managing the emergency equipment and medicines. There were checks for the fire safety and safe working practices. We were told by the member of staff responsible for the maintenance of the surgery recent improvements had been made to the water system so that they met the requirements for protection from legionella. They also told us about the changes made to check appropriate hot water testing at outlets were in place to protect people visiting and working at the surgery from burns and scalds. 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.

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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