

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

Launceston Medical Centre

Landlake Road, Launceston, PL15 9HH

Tel: 01566772131

Date of Inspection: 26 September 2013

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	Launceston Medical Centre
Registered Manager	Dr. Janice Haddon
Overview of the service	<p>Launceston Medical Centre is a GP practice providing primary care services for people in and around the town of Launceston, Cornwall. The range of services includes health screening, immunisations, and management of chronic diseases. Maternity and health visitor services are provided by the Launceston Children's Centre. The practice has six GPs who are partners, and four salaried GPs. Locum GPs also provide support when this is needed.</p>
Type of services	<p>Doctors consultation service</p> <p>Doctors treatment service</p>
Regulated activities	<p>Diagnostic and screening procedures</p> <p>Family planning</p> <p>Maternity and midwifery services</p> <p>Surgical procedures</p> <p>Treatment of disease, disorder or injury</p>

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an 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 26 September 2013, 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, reviewed information given to us by the provider and took advice from our pharmacist. We talked with local groups of people in the community or voluntary sector.

What people told us and what we found

We spoke with nine patients who were attending the practice on the day of our inspection. Their comments included "give them a big tick"; "Dr 'X' has been very good with my condition, [they] really have been very good and I could not wish for any better"; "my doctor is lovely. [The doctor] is always very kind and does a good job. We have a chat and decide what to do"; and, "I see the nurses an awful lot and they are so kind to me they really are. They always look pleased to see me".

People told us they felt involved in their care and treatment, and they were treated with respect and dignity by all the staff at the practice.

Staff knew the local safeguarding procedures. The policies for safeguarding children and vulnerable adults were reviewed regularly to ensure they were up to date. Staff regularly attended multi-agency safeguarding meetings. This meant people could be kept safe because information was shared and safeguarding plans were put in place.

There were appropriate arrangements in place which ensured that staff kept their knowledge and skills up to date. Staff told us about the supportive environment and confirmed that they had access to adequate training.

The practice was organised and well led. There were effective systems in place to monitor the quality of the service provided and patients were able to give feedback about the service.

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

We spoke with nine patients who were attending the practice on the day of our inspection. They were mostly positive about the practice. Their comments included "give them a big tick"; "Dr 'X' has been very good with my condition, [they] really have been very good and I could not wish for any better"; "my doctor is lovely. [The doctor] is always very kind and does a good job. We have a chat and decide what to do"; and, "I see the nurses an awful lot and they are so kind to me they really are. They always look pleased to see me".

Patients said they felt involved in their care and treatment. They said they had been given information to help them make decisions made about their care. One patient told us the GP had talked with them about their health condition and made a referral to the hospital. We saw a "Thank you " card from a patient that stated "Thank you for today with X. You really helped him understand".

Patients told us they felt the nurses and GPs treated them with respect and dignity. We saw the GPs and nurses' rooms either had curtains or a separate consultation room for screening and privacy when examinations were undertaken. Staff told us the practice had a chaperone policy in place and usually a nurse would provide this support if requested by a GP. Some of the reception staff had received training to provide a chaperone service. They told us this would only happen if the patient consented and only in the rare circumstances a nurse was not available.

Patients told us they felt in control of their treatment and gave consent where needed. There was an automatic blood pressure machine in the waiting room which patients could use independently. This was used to reduce unnecessary appointments where it was just the blood pressure needed. A parent confirmed they were asked for their consent and involved in the care and treatment of their children.

Staff told us there was an active patient participation group (PPG) which acted as a voice

for patients at the practice. We saw the PPG had been consulted about the lay out on the practice's new website, and there was a dedicated PPG email address for patients to use. We were told there had been a suggestions box however this was discontinued because it was not being used appropriately.

We saw a notice informing patients how they could make a complaint. This information was also available on the practice website. We looked at complaints which had recently been received at the practice and found these were being managed appropriately and in a timely manner.

We saw posters advertising a language interpretation service for patients whose first language was not English.

The premises were generally good for use by patients with disabilities. There were two parking spaces reserved for patients with disabilities, level access to the building and a toilet suitable for wheelchair access. Another toilet was signed as being wheelchair accessible but this was small and would be difficult to negotiate a wheelchair. There were also no rails to assist people who may need additional support when moving and transferring in the toilet. The practice had a tannoy system to call patients to their appointments. We observed some people struggling to hear or understand the name being called. Two people told us they used a hearing aid and this made it difficult sometimes to hear the announcement. The waiting room had mainly low level seating however there were high level armchairs with arm rests for people who may need this support to stand up from sitting.

Patients were encouraged to use a computerised system to book in on arrival. There was a receptionist (two if it was busy) available too. One person said "the girls at the desk are lovely. They do a hard job but they do it well". The reception area was screened to ensure patients' information was kept confidential. Patients could request to speak with the reception staff in private if they preferred and an available room would be used for this. The staff told us their induction included a talk about confidentiality and protecting patient information they entered on to computer records. They said they had requested training about dementia awareness and mental capacity because they felt this would help them to provide a better service to assist people without capacity about making decisions.

Patients said the waiting room was satisfactory. We saw there was play area with toys for children to keep them occupied. There were leaflets and posters with patient information available for people to read and take away with them.

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

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

We spoke with nine patients and looked at a selection of "Thank you" letters and cards from patients. The feedback we received about people's experience of their healthcare was positive about the GPs, nurses and dispensary staff. Comments included "they sent me a letter telling me what dose of medicine I need and say when my next appointment is. Getting a prescription is very easy. I drop it in the slot and pick it up a few days later. The doctors and nurses have been brilliant they tell me what medicine to take when and what to eat and drink with the tablets"; "there are all sorts of posters and leaflets you can read, especially by the nurses rooms but the doctor and nurse explain what I need to know"; and, [the doctor] "doesn't rush you". One "thank you" letter stated "You are all so kind and considerate, [we] feel we are never rushed. Everyone has listened to us and helped us...X has an appointment at [the hospital] it was only a week ago X saw the doctor. Fantastic service".

The staff told us "doctors don't kick people out the door"; patients were given time to explain their symptoms and talk through their health concerns. They said the practice aim was to offer a service that accommodated patients' requirements. This meant there were more than the required numbers of appointments available, and with times that suited the patients. For example, patients were offered appointments that fitted bus timetables or taxi availability. If an appointment was not available then patients were offered a telephone call by a GP. Everyone we spoke with said they had been offered a "same day" appointment if this was their preference. An online system was available for patients to use to book or cancel appointments.

There were patient information leaflets available on medical conditions, self-help groups and government agencies. The PPG actively sourced and set up different organisations and groups to run information sessions at the practice. This included a group that provided information and support for people diagnosed with a lung condition that was booked to be available during the 'flu' vaccination clinics. There were also plans for representatives from the Memory Clinic to set up a stand where patients and/or carers could seek advice and support.

The practice was open on alternate Saturdays to offer patients ultra sound and physiotherapy appointments to avoid them having to travel to local hospitals for these

appointments. There was also a seven day block of appointments for a screening programme, again so patients did not have to travel. Other regular clinics included a consultant psychiatrist who held three clinics each month and patients could be referred to see them by their GP; a nurse specialising in diabetes was available monthly if patients needed further consultation and healthcare support after they had seen the GP or practice nurse; hearing aid "drop in" sessions twice monthly provided patients with a cleaning and replacement service for hearing aid tubes; and practice nurses were able to provide travel immunisations if these met the required timescales.

Patients were signposted from the practice to other clinics such as smoking cessation, counselling service (self-referral), a drop in sexual health clinic for patients who preferred not to see a practice GP, and to join up with a community run "Healthy Weight" 12 week course. GPs and practice nurses also referred patients to a local organisation for help with drug and alcohol dependency, if this was appropriate.

Practice meetings included talks by different groups, for example, Age UK, and representatives from the Falls Clinic. This meant staff were given up to date information about services available in the area, referral systems and /or signposting they could provide for patients.

We looked at a computerised medical record and at sections of patient records. We saw that the patient records contained areas for recording assessments, past medical history, medications, personal and social factors, and diversity. We saw there were systems to alert other practice staff about information of importance. For example, alerts about allergies and reminders for checks needed including blood tests and health screening. Records we saw were easy to understand.

There were systems in place to alert staff to give warnings of medication, to perform medication reviews and to request patients come into the practice. For example, a sticker system was used to remind patients they needed a blood pressure review. There was also a sticker system used to warn patients about certain medication and reminders for patients to make an appointment for a medication review.

Patients told us that any referrals to National Health Service hospitals had been made promptly. We saw that systems were in place to make sure urgent and routine referral letters were triaged, written and sent promptly. We also saw audits were in place to monitor this. There were clear systems in place to organise routine and repeat healthcare screening. For example, cervical screening. There were processes to follow where patients refused or ceased to need this screening.

There were arrangements in place to deal with emergencies. Staff had received training in basic life support from the nurse practitioner at the practice. Emergency equipment, including oxygen, a defibrillator and emergency drugs were available. These had been well maintained and were in date. On the day of our inspection the emergency alarm was raised in error. The response of staff was prompt, professional and calm.

The practice had a contingency plan in place to deal with emergencies. The written plan included information on how to manage loss of computer systems, telephone systems, failure of services such as gas and electricity and what to do if any staff were incapacitated. It also included details of organisations to contact if this happened.

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

All the patients we spoke with felt they were safe and comfortable with the staff at the Launceston Medical Practice.

We spoke with staff about safeguarding. They told us if they suspected abuse they would speak to the safeguarding lead at the practice but would also use the social services safeguarding single point of contact to refer any abuse. We saw this information was available for staff in the administration office. We spoke with the doctors about safeguarding procedures in the practice. The doctor was aware of the local safeguarding adult process to be followed if any staff in the practice needed to raise a safeguarding alert.

We were told about safeguarding meetings which were held every two months. Staff explained these meetings were multi-agency and included social workers, health visitors, midwives, and safeguarding leads of different teams.

There was a pop-up facility on the patient record for practice staff to flag up any concerns to the GP before the patient went in for their appointment. We were told about a recent example when a patient had arrived at the practice inebriated. The reception staff had used the pop-up system to alert the GP so they were prepared for and better able to manage the patient during their appointment.

We saw panic buttons were in place in GP and nurse consultation rooms, and in the main administration office. Some of these panic buttons linked directly through to the local police station. Some reception staff had attended training about how to handle unreasonable behaviour. They were also told they must remove themselves from the reception desk if anyone became physically or verbally threatening towards them and call for assistance from a manager.

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 they felt confident about the care and treatment they had received from the clinical staff.

We looked at four staff files which showed that all four staff had received an annual appraisal where training needs were identified, present conduct discussed and future plans agreed upon. We saw that clinicians were appraised by clinicians and administration staff appraised by administration staff. This meant that competencies were assessed accurately by managers who were aware of the member of staff's role.

We spoke with three doctors about the process which was in place for their appraisal. Doctors explained they had protected time to meet with other GPs who were qualified to appraise their colleagues. We saw one GP's record of evidence kept for the appraisal. This showed details of the continual professional development which included study days and individual learning. The appraisal also included quality improvement actions where the GP demonstrated their input into the profession. For example, the doctor we spoke with had been the chairman of a lung foundation group. The appraisal also included discussing any significant events, feedback from patients and colleagues and looking at any complaints. We saw that appraisals had resulted in learning opportunities and changes in practice. For example, feedback from colleagues had resulted in organisational change of named administration staff to each doctor.

There was a locum GP induction in place and this was overseen by the office manager with one of the partner GPs. They were also responsible for arranging locum GP cover when this was required.

We saw dispensary and nursing staff files which contained evidence of professional training and reflection on specific issues. For example, dispensary staff files contained reflected learning on change of drug names, recent medication errors and clinical diseases.

We saw that information and guidance was offered to staff at the practice in the form of protocols and policies. The dispensary had a comprehensive and detailed set of standard operating procedures (SOP) for staff to use for guidance. These included dispensing

specific drugs which needed particular and additional checks. The SOPs also included the management of controlled drugs, staffing arrangements and how to manage any medication errors. New staff were expected to read and understand these. They were also used to assess dispensing staff competencies each year.

We saw a training matrix that showed reception and administration staff had attended courses such as telephone skills and customer care, information management and data protection legislation. Informal supervision was available for reception and administration staff although we were told this was not documented or regular. Anything that was a matter of concern and serious, however, was documented and formally addressed by the staff member's line manager. One example we were told about was poor documentation in patient records. This was addressed by ensuring staff received training about how to write appropriate records so patients were not clinically being put at risk.

We saw that all staff had received training in basic life support and anaphylaxis either annually (clinicians) or three yearly (administration staff). We were told locum GPs were invited to join these training sessions. Fire awareness training took place three yearly for all staff. We saw the last session was held in February 2012 however new staff had this when required as the practice nurse was the fire warden and responsible for fire safety including training.

Child Protection training attended by GPs, nurses and administration staff was in February 2010. The deputy manager advised us that, as this training should be updated three yearly, online training would be arranged for staff and GPs. We were told the local clinical governance group was in the process of organising safeguarding children training and this would be completed by staff through an online training module, and safeguarding vulnerable adults E-learning would be accessed through the local council website.

The practice employed an IT manager who was responsible for a number of areas including staff training and support with computer programmes and systems. They told us that all staff were signed up to and understood the legal requirements they had to meet in order to comply with the Data Protection Act, and individual staff were appropriately trained for each criterion to meet information governance requirements.

All the staff we spoke with knew their lines of accountability and where they could seek support about any work-related issues or concerns. One staff member told us [we are] " a tight-knit team".

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

The practice appeared to be well led and organised. Staff were aware of their responsibilities and of the responsibilities of others. Staff were complimentary about the leadership at the practice.

Launceston Medical Centre 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. The practice had to achieve targets called indicators in four main sections, called domains. These included clinical care which looked at chronic diseases such as asthma and coronary heart disease to make sure the staff were caring for these patients adequately. Monthly checks and audits of clinical staff records were made to ensure recalls were achieving the criteria. We were told if these were found to be failing, patients would receive a letter inviting them to attend for a health check. We saw that templates of "help lists" had been devised to prompt staff for health checks. For example, if a patient was attending for a diabetes health check, there was a prompt to ensure foot checks were included.

The practice had other systems and reporting systems to monitor the quality of services at the practice. These included, for example, 'flu vaccinations. Staff told us they checked the criteria to see who was eligible, ensured the correct numbers of vaccines were ordered, and sent out invitations to patients to attend this clinic. A staff member said they tried to "take a structured approach" and use resources available. For example, patients with a chronic disease were recalled for a health check using the date of their birthday. This meant one letter was sent to the patient inviting them for a health check, informing of their eligibility for a flu vaccination, and also confirming their preference for contact by text message.

The IT manager explained a new computer system recently introduced to the practice provided wider opportunities for an electronic workflow so staff could capture patient information and ensure it was dealt with by the relevant clinician. For example, if a patient

was recently referred to or discharged from hospital, when the hospital letter arrived at the practice it may not be addressed to the referring GP. This caused delays. We were told about plans to address how the assignment and coding of information happened. This would ensure there was no delay in the referring GP receiving the information and deciding on appropriate action.

The practice website allowed patients to request repeat prescriptions and a limited number of appointments were also available to be booked via the website. Staff told us the website was in the process of being updated with active involvement by the PPG. One improvement was to keep patient information to a minimum. This meant patients used their NHS number as a means of identity; there was no patient details such as date of birth or email address, and any contact by a patient was encrypted. Amendments were also to be made to make it easier for patients to request repeat prescriptions both for themselves and other family members. Staff told us that the PPG would test some of the new features before the website went "live". They said "it's their [PPG] resource and their website. They will test it for us".

We looked at the quality checks and systems in place within the dispensary. We found these to be comprehensive and robust.

The standard operating procedures (SOP) in the dispensary demonstrated the process followed by staff when receiving, dispensing and discarding medication. Clear records were in place for the receipt, administration and disposal of controlled medication. Storage facilities were secure, clean and well maintained. There were SOPs in place specifically for the management of controlled medication including who to alert if complications arose.

We saw the system used to record medication errors. The practice had divided these into three stages. The first stage being when one member of staff had made an error, stage two when the error had been spotted after two staff had not picked up the error and stage three when a significant event had occurred. Stage three complaints were very low with the 13,000 products dispensed each month. For example, 10 events had been picked up in the period of 2012-2013. No harm had come to the patients.

We saw systems in place to monitor the safety and effectiveness of equipment at the practice. For example, fridge temperatures were taken and recorded to show that correct storage temperatures were maintained for immunisations and medicines. Effective checks were performed on the emergency medication, oxygen and defibrillator. We also saw regular audits and systems to monitor cleanliness and infection control of the premises.

We saw a formal analysis of significant events took place at the practice. This was done to highlight any trends. A review of complaints also took place each year to monitor any areas where improvements could be made. We saw the responses to complaints were prompt and letters were written in an open non defensive style. We noted that minor concerns had also been reported as formal complaints. We were told this was to ensure all issues of concerns were addressed fairly.

Staff explained about the meetings that were held at the practice on a regular basis. We saw minutes for these meetings which included quarterly heads of department meetings, dispensary meetings and nurses meetings. These were held in addition to partners meetings and formal significant event and safeguarding meetings. Minutes for these showed a culture of openness and willingness to learn from events and a striving to continuously improve the service. For example, the business manager explained that due to staff concern about confidentiality, the reception area had been "built up" to improve

confidentiality of patient information.

We saw a patient survey which had been conducted between 2012 and 2013. The results showed that 85% of patients would recommend the practice, 87% had trust and confidence in the staff and 87% of patients thought they had enough time with the doctor or nurse.

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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