

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

Sovereign Practice

Princes Park Health Centre, 7 Wartling Road,
Eastbourne, BN22 7PG

Tel: 01323744644

Date of Inspection: 08 October 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	Sovereign Practice
Registered Manager	Dr. Jonathan Andrews
Overview of the service	<p>Sovereign Practice is a GP practice serving the Sovereign Harbour and surrounding area in Eastbourne.</p> <p>The practice supports over 14,500 patients. The practice offers general treatment and consultation services along with some enhanced services. The practice has five GPs who are registered as a partnership together with a business partner. There are four salaried GPs. The business partner is also the practice manager.</p> <p>The practice also employs six practice nurses, six health care assistants and a team of supporting management, administration and reception staff.</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 8 October 2013, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members and talked with staff.

What people told us and what we found

This inspection visit was undertaken by two compliance inspectors.

We spoke with nine adult patients and two children on the day of the inspection visit. We also spoke with three of the GPs, the practice manager, four practice nurses, a telephonist and receptionist.

Patients told us that they felt well informed and involved in making decisions about their care and treatment. They said that all staff were approachable. Confidentiality was protected. Patients were happy with the care and treatment they received and valued the local services provided. However, some found that they experienced difficulties in getting an appointment on the day.

We looked at the processes that the practice had in place to ensure the patients were protected from abuse. We found that staff had received appropriate training on all safeguarding issues. Staff spoken with understood that any suspicion of abuse needed to be reported.

Staff told us that they had training and development opportunities and that they were well supported by the provider. They felt well qualified for their roles and responsibilities.

We found processes in place to review and monitor the quality of the service provided. Patient surveys were conducted with the results analysed. There was learning from the processes and the information was used to improve 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 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

There was a large, open plan waiting area. Patients could book in and request repeat prescriptions at 'windows' between the office and the waiting area. Staff told us that they took account of patient privacy when holding conversations in this area. We observed that computer screens were out of sight and that staff spoke quietly to patients at the 'windows'. Telephone calls were made and taken in the office behind the reception area and could not be overheard by patients in the waiting area. All staff we spoke with demonstrated a good understanding of the need to maintain confidentiality and made efforts to minimise the risk of any breaches. We were also told that staff had recently received a letter reminding them of their responsibilities under the Data Protection Act. The layout was helpful in maintaining privacy and confidentiality.

All the GP practice patients we spoke with told us that their privacy, dignity and confidentiality were respected. We were told, "There is no problem with confidentiality," and that, "The staff are friendly and helpful." We observed that receptionists were efficient in responding to queries. The children we spoke with said, "It's OK to see the doctor." All the patients said that they received good information and felt able to ask any questions. They told us that they felt involved in decisions about their care and treatment. This meant that patients understood the care and treatment choices available to them.

We saw several information leaflets available in the waiting area. These included information on health and treatments, infection prevention and control and other services provided to support people in the community. There was a practice information leaflet that included the surgery hours, the practice staff, the out of hours contact number and the NHS helpline number. The practice web site and information leaflet encouraged suggestions and comments. They also provided information on the practice complaints procedure and there were complaints leaflets available in the waiting area.

There was an electronic patient record system and staff told us that this was a secure system with password access. Staff ensured that confidential information was not

accessed inappropriately by, for example, logging off when leaving the computer. We were told that there was an audit trail in place when patient records were accessed. We saw evidence of discussions and advice provided in the patient records we looked at. We saw where one patient had declined a specific treatment option.

The consulting rooms seen afforded patients a good level of privacy and confidentiality. Staff described examples of maintaining privacy, such as always closing the curtains if a patient needed to undress. GPs we spoke with told us that they asked patients if they would like a chaperone. One member of staff told us they had undertaken chaperone training earlier in the year. The practice nurses we spoke with described how they used the curtains and locked the treatment room doors if required. They said that protecting patient privacy and dignity was part of their code of conduct and embedded in their role.

We saw that patient surveys had been returned, analysed and reported on. The report showed that overall the responses maintained a high level of satisfaction with the practice and its services. The survey was undertaken by the Patient Participation Group (PPG) and an action plan developed from the patient responses. There was a dedicated notice board for the PPG in the waiting area with information about the group. We saw a recent newsletter with information consistent with the patient survey included. This meant that patients were encouraged to express their views and that they were taken account of. In addition, patients had been included in questionnaires regarding an individual GP in the practice, together with the GP's colleagues. The patient feedback showed that the GP scored in the upper quartile for all questions when set against the benchmark data for the survey. The questionnaires focussed on the individual GP's professional behaviour and practice.

We saw that there was disabled access to all areas of the building. There were toilets for patients with a disability. We observed that reception staff communicated with patients politely and pleasantly. People's diversity, values and human rights were respected.

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

The practice provided medical and nursing services. These were accessed via an appointment system. The appointment system allowed for patients to book up to two weeks in advance. Patients could get appointments in three ways: in person, by telephone and by using the on line booking system. There were a number of appointments allocated for pre-booking with the rest available on the day. Patients could telephone at 8.30am or 2.15pm to request a same day appointment. The on line booking system allowed patients to book advance appointments with their own GP only. Patients were given the option of a telephone consultation with a GP on the day if they preferred, or if all the emergency appointments were filled. Telephone consultations requested were recorded electronically and directed to the patient's own GP or the duty doctor to respond to. All requests for home visits were recorded electronically and in a book. This enabled GPs to plan the home visits after morning surgery.

We were told that the telephones were constant at the two booking times for appointments on the day. The practice had recently upgraded the telephone system to improve access for patients. There was also a duty doctor every day, rotated amongst the GPs. The duty doctor worked in the office area behind reception from 8.30am to 11am to triage appointment requests. They also dealt with calls such as requests for repeat prescriptions at the time. We saw this in place when we arrived for the inspection visit. The duty doctor then ran the emergency appointments surgery from 11am. All emergency appointment patients arrived at 11am and those we spoke with were aware that they would have to wait for some time.

On the day of the inspection visit there were two GPs on annual leave and one went off sick on the day. This increased pressure on the other GPs but we saw that all patients with booked appointments were seen between the other GPs. All staff were aware of the added pressures and worked together to ensure patients were seen or contacted. This impacted on the emergency appointment patients in that they waited longer than usual. All patients we spoke with told us that they did not have a long wait before being seen when they had a booked appointment.

We received varied responses regarding the appointment system from the patients we

spoke with. One patient told us that they felt the system had improved. Four of the nine adult patients we spoke with said that they found it quite easy to make appointments. One said that they usually saw their own GP but were happy to see any of them. Four others told us it was difficult with one patient saying, "It is so frustrating." We found that most of the patients we spoke with were not aware of the on line booking facility, or, if they were, chose not to use it. However, we saw that this was well advertised with a notice displayed in the waiting area informing patients of this option. It was also described in the patient information leaflet and on the practice web site. The practice manager told us that there had been a slower uptake of this option than they had expected. The patient survey results showed that 68% of responses said that they could either always, most of the time or usually get an appointment when they needed it.

We were informed that all patient records had been electronic since 2003. We looked at seven recent attendances and patient records. All demonstrated clinical examination and findings as well as past medical history. The records contained areas for recording allergies and medicines. We saw evidence of discussions and, for example, a medicines review. This demonstrated that patients were involved in the planning of their care and treatment. We also saw where one patient had been promptly referred on to the local hospital where treatment was provided. The GPs we spoke with felt that communication with the local hospital was good.

Patients we spoke with were positive about the care and treatment provided by the practice. One told us that the doctors ask, "What do you want to do?" Another told us that they had information provided together with the risks and benefits of treatment proposed. Another said that the GPs were, "Excellent." We heard that referrals to other health services worked well and that communication at the practice was good. Patients valued the enhanced services such as vaccinations and the chronic disease clinics.

Discussion with staff confirmed that the quality outcome framework (QOF) was used to inform practice. The practice manager was responsible for monitoring and managing the QOF. The practice had weekly executive board meetings made up of three GPs and the practice manager. The meetings made strategic and high level decisions which were then taken to the weekly practice meetings for discussion with all the GPs. We saw evidence that QOF data was discussed at these meetings. All staff were invited to Monday lunchtime meetings that were educational. Examples we were given were topics such as dementia and pain management. This meant that staff were aware of the quality outcomes required and worked towards achieving high standards of care and treatment. Staff told us that the practice nurses met approximately four times a year, but the meetings were sometimes cancelled. We found that two meetings had been cancelled since January 2013 with the next meeting planned for October 2013. However, the nurses met informally in the middle of the day and felt they worked well as a team.

Once a month, the multi-disciplinary team (MDT) meeting replaced the practice meeting. The practice staff worked closely with social services and the palliative care nurses. All patient deaths were discussed. We were told that palliative care was the main part of the meetings. Complex cases were presented and mental health issues were discussed. We saw evidence of the patients discussed at the MDT meetings with clear actions planned as appropriate. We found that information was communicated between health care professionals at the MDT meetings. Examples included changes in vaccinations and concerns about an adult social care provision. This demonstrated that the practice promoted a multidisciplinary approach that benefited patients.

Discussions with the clinicians indicated that they kept themselves clinically up to date. We were told that new guidelines that included the National Institute for Health and Clinical Excellence (NICE) were used to ensure best practice was followed. We were told that updates and any changes in procedures were discussed at the practice meetings. The senior partner in the practice was a local GP tutor and provided training to doctors in training throughout the year.

The various monthly meetings were recorded. Minutes seen confirmed practice issues that impacted on care were discussed. This included general management areas along with clinical issues.

Sovereign Practice did not operate an out of hours service. The practice held two evening sessions in the week for pre-booked appointments. Information about how to contact the local out of hours team was made available to patients on the telephone answer phone, in the practice information leaflet and on the web site. We were told by the GPs that there was an effective system for sharing relevant information with the out of hours service. One told us that the information received was, "Good, very prompt." We were told that the out of hours service worked well and no complaints or concerns had been raised.

The practice had equipment on the premises for dealing with emergencies, including oxygen, emergency drugs and equipment. The practice manager confirmed that these were checked regularly to ensure they were ready for use when required. All staff had done their annual life support training in February 2013.

We saw evidence that the practice worked with other health care providers in the local community and was aware of the services available for patients and how they could be accessed. The practice information leaflet and web site provided information on other health services and support groups that were available.

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 told us that they felt safe and confident with the care and treatment provided by the GPs and nurses that they attended.

Discussions with staff confirmed that one of the GP partners took the lead on safeguarding for both children and vulnerable adults. There were practice policies on safeguarding children and vulnerable adults. Staff we spoke with were aware of the policies. We saw the local authority contact numbers on consulting room notice boards.

Staff we spoke with demonstrated an understanding and knowledge of safeguarding for both children and vulnerable adults. They were able to describe what action they would take if they had concerns. For administration staff and nurses this would be to discuss any concerns with a GP in the first instance. The GPs we spoke with were clear on how to report concerns.

All staff we spoke with told us they had completed training on adult and child protection. We saw evidence of staff training undertaken. GPs told us they had accessed on line training provided by their professional body and were working towards the highest level in line with their role and responsibilities. We were told that the Mental Capacity Act 2005 and its codes of practice were included in the on line training provided.

The practice held monthly MDT meetings that included representatives from adult social care, mental health services and other community health care staff. These meetings provided a forum for discussion and reflection on any child and adult safeguarding issues. We saw minutes of recent MDT meetings. We found evidence of such discussions with examples of agreed actions such as mental capacity and neglect assessments to be undertaken where appropriate.

Patients who used the service were protected from the risk of abuse. We found the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

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

The nine adult patients we spoke with on the day told us that they believed all staff were well trained for their roles and responsibilities. Comments included, "The nurses are good," and, "My GP is very understanding, not judgemental."

All staff spoken with said that they felt well supported and could talk to any of the practice staff for advice and support. They spoke of working well as a team and that all the GPs were approachable. All feedback indicated that there was a strong team spirit with staff willing, and taking the time, to help each other.

The practice manager was responsible for monitoring training, reminding staff and keeping records. Most of the certificates were stored electronically and we saw evidence of recent fire safety and resuscitation training for staff. We saw the training matrix for all staff. The matrix also recorded the disclosure and barring checks for staff as well as professional qualification checks. We discussed other training needs, such as moving and handling, with the practice manager at the visit. Non-clinical staff we spoke with told us that they attended the Clinical Commissioning Group protected learning time sessions. Whilst the full training programme was under development, this was progressing and we did not find that it impacted on the care and treatment provided for patients.

The various regular meetings at the practice covered educational topics such as dementia and pain management. The nurse meeting earlier in the year showed discussions on clinical topics, for example, hypertension. The nurses told us that they regularly discuss clinical issues such as wound dressings together. We looked at recent practice meeting minutes and saw that there had been an update on sexual health. The lead practice nurse had given a presentation on immunisation changes as well as all new vaccines. This meant that clinical staff were kept informed of changes and updates in clinical practice.

The meetings also covered various management processes and clinical pathways. The administrative staff were encouraged to identify whether the GPs were using the correct pathways. This enabled personal development and worked towards improving consistency of clinical practice.

Clinical staff attended the MDT meetings where we saw evidence of complex case discussions. There had also been information provided on the Social Services neglect policy. Any self-neglect patients were discussed at the MDT meetings.

The senior partner in the practice was a local GP tutor. The current trainee registrar started with the practice in August and would remain for one year. The practice was reviewed every three years by the Kent, Surrey and Sussex Deanery. We were told that no recent review had been undertaken. The trainee undertook a one month induction programme. The senior partner discussed patients with the trainee at every surgery.

Staff told us that annual appraisals were in place. The lead practice nurse had appraisal with the senior partner and then undertook appraisals with the other practice nurses. Any training needs were discussed at appraisal and GP input was always included. The nurses felt that this was a two-way process. There was currently no formal clinical supervision in place and this was discussed with the lead practice nurse at the visit. We were told that they were awaiting a replacement clinical supervisor. One more recently employed nurse described the induction programme that had been signed off by the lead practice nurse. GPs had local and external appraisals. One GP told us that, "It helps planning and reflecting on practice."

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

The practice used the QOF to measure their performance. The QOF had a range of national quality standards, based on the best available research based evidence. The results were published on the NHS Choices web site. We were told that the information generated from the QOF was used to improve the service provided. We saw that the various monthly meeting notes included areas raised by the QOF indicators. This meant that staff were informed about areas to respond to in order to provide quality care. We were shown examples of the QOF data that demonstrated, for example, that the osteoporosis standards were already achieved. Others, such as stroke and epilepsy, were well underway. The flu vaccinations were just starting.

We saw that audits were used to review the quality of the service. The practice used a 'Patient Outcomes & Information Service' (POINTS) programme to evaluate management of chronic conditions against NICE guidelines. The example we saw was in respect of chronic obstructive pulmonary disease (COPD). There was a baseline report at the beginning of the year and a follow up audit five months later. The reports evaluated the structured management of COPD as recommended by NICE guidelines, evaluated the success of specific interventions and identified areas for improvement. The follow up report showed the progress and improvements made in the areas identified in the baseline report. This demonstrated that there was action and learning from audits.

One GP we spoke with was developing an audit of prescribing in under five year olds with asthma. Another GP had completed an audit of a family planning service over a period of five years. The results had been presented at a practice meeting. The nurses showed us last year's anticoagulation audit. The Clinical Commissioning Group (CCG) produced a quarterly Quality Assessment Tool report for all GP practices within the group. We spoke with the CCG member of staff who produces the report as they were present at the visit. The practice was working with them on the antibiotic prescribing targets as this had been identified as an area for improvement. The reports enabled the practice to identify potential issues for investigation. One example given was incorrect coding of flu vaccinations by one GP that was subsequently able to be corrected.

We were told that for the last four months the GPs have been undertaking quality assurance monitoring of their referral practice. The GPs took it in turn once a day to check all referrals and their adherence to agreed pathways. They raised queries with the GP concerned and took them for discussion at their midday meetings. One example of learning and change was in respect of cardiology patients where referrals were being made to the local hospital and none to the community heart failure team. Another example was in respect of joint injections that could be referred in house. This demonstrated that the practice worked towards consistent, quality services and more efficient use of resources.

The practice had a Patient Participation Group (PPG). This was well advertised with a notice board in the waiting area and inclusion in the practice information leaflet. They also have a web page on the practice web site. The PPG also contributes to the practice newsletter.

We saw that a patient survey had been completed in March 2013. The results had been analysed and reported on. The results were generally positive and satisfaction with the care and treatment was high. The report stated, "Overall, the survey responses maintained a high level of satisfaction with the practice and its services, carrying on from last year." The survey identified some areas for improvement, specifically about raising patient awareness of the on line appointment booking facility and of the PPG itself. An area identified for a future survey was the out of hours service, with a questionnaire designed to be sent to patients who used the service. This meant that patients were asked for their views and they were acted upon.

In addition, one GP had participated in a 'patient and colleague multisource feedback survey'. The patient questionnaires included, for example, whether they were shown respect, given explanations and the GP's ability to listen. The colleague feedback covered areas such as clinical knowledge, clinical ability and awareness of limitations. The report enabled the GP to reflect on good performance and where there could be further development.

We saw examples of minutes from the various weekly and monthly meetings. There was evidence of clinical information and good practice guidelines discussed. Ideas to improve the service were regularly discussed.

Systems were in place to report, record and analyse critical incidents and significant events with outcomes being shared at practice meetings. There was a complaints process in place and we saw a recent example. The complaint had been investigated and responded to fully within the proper time scales. The example demonstrated good complaints management. We were told that all complaints were discussed with staff at practice or team meetings to identify any learning.

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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