Care Quality Commission

Inspection Report

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

Dr Andre Louw - Bridgwater

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Tel: 01278458004

Date of Inspections: 18 March 2014
04 March 2014

Date of Publication: April 2014

We inspected the following standards as part of a routine inspection. This is what we found:

Standard	Result
Respecting and involving people who use services	✓ Met this standard
Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Cleanliness and infection control	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard
Complaints	✓ Met this standard

Details about this location

Registered Provider	Dr. Andre Louw
Overview of the service	The practice is based temporarily in premises at 14 King Street in Bridgewater, pending completion of new, purpose built premises in the town. The practice provides general dentistry under contract with the NHS. It also provides a range of cosmetic treatments and hygiene services. Specialist endodontic (root canal) treatments are available. The practice is one of three owned by the provider 'Watersedge Blue Limited'. The other practices are in Minehead (Blenheim Dental Practice) and at 13 High Street in Williton.
Type of service	Dental service
Regulated activities	Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury

Contents

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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 4 March 2014 and 18 March 2014, 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 was conducted over two dates. The information gathered on our first visit was used as part of the process to assess the application the provider made to register this new location in King Street, Bridgewater. We met with six people who attended the practice during each of our visits. Those who were used to the other premises said that it was not an inconvenience to them to be visiting the temporary premises. People told us how they had been recommended to use the practice. They described the staff as "very nice", "very friendly" and "excellent". One person said they appreciated being able to see the same dentist for each appointment.

We met with the principal dentist and associates, practice manager, their deputy and dental nurses. We also met with the provider's area manager. The principal dentist said they were "very happy with the staff team" and referred to them "working together". We met the other dentists. They described the staff they worked with as an "amazing team" and "the best team I have ever worked with". One of them told us it was "a very nice practice" and another said "I love working here". They told us there was "excellent good quality stock and everything you need to provide good treatment".

We found that people were provided with information and made decisions about their care and treatment. There were records maintained of when people had appointments for checks or treatment. Arrangements were in place to keep people safe and to report any concerns about their well-being. The practice was clean and hygienic and this view was shared by people we met. The recruitment of staff ensured people's safety and staff felt supported. The quality of service was monitored and complaints were treated seriously.

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

The practice information leaflet outlined the services available and gave information about the staff working at the practice. It specified the opening hours and what to do in the event of a dental emergency outside of the practice opening hours. There was a statement relating to the confidentiality of information and the leaflet gave assurance of quality in the services provided.

People expressed their views and were involved in making decisions about their care and treatment. People's choices were respected. The practice information leaflet outlined how people could express choice about which dentist they saw and how specific requests would be adhered to. One person said they appreciated being able to see the same dentist for each appointment. People said that when they attended for treatment they knew what to expect because their dentist had explained previously what would be involved.

There was a range of information displayed in the waiting area. This included the complaints procedure, information about NHS charges and information relating to dental treatments including tooth whitening and care of dentures. There were leaflets relating to the standards people could expect from their dentist, produced by the Care Quality Commission.

People's diversity, values and human rights were respected. The equal opportunities policy described the practice commitment to equality of opportunity for people who used the service. An assessment in line with the Disability Discrimination Act 1995 (DDA) highlighted some issues that were being addressed. The practice was set over two floors, however, was fully accessible from the public car park at the rear of the premises, where there were designated parking spaces for people who held disabled parking permits. There were treatment rooms on each level and there was a toilet on the ground floor. The practice manager told us that a hearing 'loop' was to be installed following the DDA audit.

We met a person who used a wheelchair. They told us they found the practice accessible

and there were no issues in transferring from their wheelchair into the treatment chair.

We saw information displayed about the NHS interpreter service that could be used if required. We did not find out if the practice had used this service.

Consent to care and treatment ✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

We spoke with 12 people during our visits. They all spoke highly about the service, the way that treatments were explained and how they were given opportunities to choose between treatments, in some cases. People told us the dentists always obtained consent before commencing treatment.

The consent policy referred to people having the right to make informed consent decisions and voluntary decision making. It specified where people and children had the ability to give consent.

The practice policy, in line with the Mental Capacity Act 2005, outlined the five statutory principles of the Act as being concerned with a presumption that people have capacity, people being supported to make their own decisions even if they seem unwise, acting in people's best interests and ensuring the least restrictive option is taken. We observed that the practice had obtained information from NHS Choices about the Mental Capacity Act 2005.

We saw records to show staff had attended training in consent issues and this was discussed further at a recent staff meeting.

We spoke with a member of staff about the Mental Capacity Act 2005 and they were able to demonstrate an understanding that it existed to protect people who were unable to make their own decisions.

Care and welfare of people who use services ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

The practice policy stated that it aimed to "provide dental care of a consistently good quality". This was supported by a clinical decision making policy that described how treatment would be discussed with people and agreed. It added that there would be written estimates of costs for private treatment provided.

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We met with twelve people who attended the practice during our visits. People said that treatment was explained fully and that they were given details of the costs involved. People told us they felt "safe" and gave various reasons for this including "I have confidence in the dentist" and "the dentist is confident". People told us they felt their privacy was respected.

We met a person attending their first appointment. They had made the appointment because they were seeking a second opinion. Their previous dentist had told them that they needed a tooth extracted and they wanted to know if there was an alternative treatment. When we met them afterwards they were "very pleased". They said they were "welcomed by the dentist who introduced themselves" adding the "staff were friendly and I was made to feel at ease". The person told us that x-rays were taken and the dentist showed the images to them. They were happy that the dentist wanted "to treat and save the tooth".

Some of the people we spoke with told us they were 'nervous patients'. They told us they were "put at ease" and "reassured".

People's medical history was obtained and included questions about lifestyle choices such as smoking. This was because of the link between smoking and oral cancer. The people we spoke with during our visit confirmed their medical history was checked.

The principal dentist told us they carried out dental implant surgery. They spoke about their interest in the functioning of the temporo mandibular joint (TMJ) and the links between this and other conditions such as head, neck and shoulder ache and tooth

grinding. They told us they treated some people by providing appliances to help with this and had "good results".

One of the associate dentists told us they were unhappy about the quality of a dental bridge because of its poor 'fit'. They had taken a further impression so that another bridge could be made and had fitted the original bridge as a temporary measure. They said that the original bridge did not meet their standards.

Referrals for orthodontic treatment (tooth alignment) were to the provider's practice in Willerton or to a specialist orthodontist. We saw referrals to other providers in people's clinical records.

People's care and treatment reflected relevant research and guidance. The practice based the frequency of re-calls for dental checks on the guidance provided by the National Institute for Health and Care Excellence (NICE).

We looked at the clinical records for four people. We saw that there were charts to record dental history and that medical histories were checked. Records of appointments showed where soft tissue (Basic Periodontal Examinations) were recorded to show the condition of people's gums and inner mouth. Where advice was given, this was recorded. If people had anaesthesia as part of their treatment, the type, dose and expiry date were shown on the records.

One of the people we spoke with told us they had been specific guidance following the extraction of a tooth. We saw the guidance explained why they needed a tooth extracted and the different techniques for providing anaesthesia and how to take care after an extraction.

Where people had x-rays as part of their treatment the justification for taking the x-ray was recorded in their clinical record, along with the grade of image quality. The practice arrangements for taking radiographs (x-rays) stated that each person should be assessed on an individual basis. It explained how the assessment would include determination of the frequency of taking x-rays for monitoring their oral and dental health purposes.

The local rules for the taking of x-rays were displayed alongside equipment. They identified in the internal 'radiation protection supervisor' and gave a description of the 'controlled area'. The duties of employees were specified along with working arrangements and the arrangements for servicing and maintenance of the equipment.

There were arrangements in place to deal with unforeseeable emergencies. We saw that staff had completed training in dealing with medical emergencies in February 2014. The practice held the medicines recommended by the Resuscitation Council along with oxygen and an automatic external defibrillator for cardio-pulmonary resuscitation (CPR).

The emergency medicines were kept centrally in the manager's office and were checked on a weekly basis. We saw they were last checked on 26 February 2014 and that the record of the checks included the date of expiry of the medicine.

A medical emergency took place during our visit involving a person who was having treatment. Staff acted quickly and efficiently in their response. The person remained in the practice until they were collected by a relative. We observed that a full account of the incident was recorded in the person's notes. It explained that the dentist would be writing

to the person's GP to explain what had happened.

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 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.

Reasons for our judgement

There was a general statement of intent to protect children and vulnerable adults along with individual policies and procedures.

The child protection policy gave staff descriptions of 'what to look out for' when examining children and the action to be taken. There was a 'referral flowchart' for staff to follow and the contact details for NHS Somerset were listed.

The safeguarding vulnerable adults policy offered definitions of who might be considered to be a vulnerable person and what constituted abuse. This also had the reporting procedures described and made reference to the rights of vulnerable people.

The deputy practice manager told us that when they had been contacted by social services for information about children's dental treatment they returned the call to check that the person was from social services. They also checked that it was appropriate to contact the child's parents for authorisation to disclose information. They asked parents to sign a form authorising them to release information.

People we met said they felt safe attending the practice and gave various reasons for this including that they "trust the practice" and for one person, because they were "offered different treatment options".

Staff we spoke with told us they would report any suspicions that people were being abused to the principal dentist or practice manager. They demonstrated a good understanding of child protection and safeguarding vulnerable adults.

Staff told us they would report concerns about a colleague's performance.

There was an under performance policy that described how staff would be protected by the practice should they report a colleague.

Cleanliness and infection control ✓ Met this standard

People should be cared for in a clean environment and protected from the risk of infection

Our judgement

The provider was meeting this standard.

People were protected from the risk of infection because appropriate guidance had been followed.

Reasons for our judgement

We spoke with six people who attended appointments during our visit. They all said they felt the practice was clean and hygienic.

There were effective systems in place to reduce the risk and spread of infection. We saw a statement relating to infection control. It identified that staff would be trained, inoculated against the risk of contracting the Hepatitis 'B' virus and would be required to wear personal protective clothing and equipment (PPE).

An audit of infection control arrangements in February 2014 showed that the practice was meeting the standards specified by the Infection Prevention Society (IPS).

There was guidance for staff on infection control procedures this included working in a zoned environment where decontaminated and clean instruments were handled. The process for decontamination of dental instruments and pouching was included along with cleaning of the treatment rooms, hand hygiene and the wearing of PPE.

We saw that there was signage in treatment rooms and in the dedicated decontamination room to show that areas were classed as 'decontaminated' and 'clean' zones.

One of the dental nurses explained how they prepared the treatment room between appointments. They told us they renewed their PPE, cleared away all debris and moved dental instruments to the 'decontaminated' zone. The cleaned all surfaces including the chair and light and replaced disposable hand pieces. They then placed used instruments in water within the 'decontaminated' box for transfer to the decontamination room.

Another of the dental nurses described the process of decontamination. We observed that they were wearing PPE as required and told us that dental instruments were transported through the practice in 'locked' boxes and were set down in the decontaminated area. There were two sinks in the decontamination room for the washing and rinsing of instruments before they were placed in the washer/disinfector prior to sterilisation. When they were removed from the autoclave they were examined under a lit magnifying glass to check for debris, before being placed in pouches for re-use. Pouches were date stamped

to be used within one year of processing. When the decontamination process was completed clean instruments were returned to the treatment rooms in 'clean' boxes.

The infection control policy and procedures were displayed in the decontamination room along with hand washing guidance. We also saw guidance on the separation of dental waste.

The equipment used in the decontamination of dental instruments was checked on a daily basis to ensure that it was functioning and there were weekly tests, all of which were recorded.

Requirements relating to workers ✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

There was a dedicated policy relating to the recruitment and selection of staff and specific job descriptions had been compiled.

Appropriate checks were undertaken before staff began work. We looked at three staff files. They held copies of the staff member's curriculum vitae (CV) two references and proof of identity. Checks were made with the Disclosure and Barring Service (DBS) formerly Criminal Records Bureau (CRB). The DBS was formed when the CRB and Independent Safeguarding Authority (ISA) merged in April 2013.

Staff files showed that new staff had been issued with a contract of employment, provided evidence of their registration with the General Dental Council (GDC) and completed induction. Haematology reports showed that staff were immunised against the risk of contracting the Hepatitis 'B' virus.

Each of the associate dentists had signed an agreement with the provider to confirm thier working arrangements.

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

The senior staff told us they felt supported by the principal dentist and staff in the practice acknowledged the support they received from the area manager. All of the staff we spoke with enjoyed working in the practice and spoke about being part of a good team and "working together". One member of staff said "This is one of the nicest jobs I've ever had".

Staff meetings were held on a regular basis. The notes of the last meeting recorded who was present when staff looked at 'consent' as a topic. They also showed that there had been discussion around NHS targets (units of dental activity) and other practice issues.

Staff received appropriate professional development. The induction of new staff was the responsibility of the practice manager. We saw that the induction checklist outlined what was to be covered on the first day of employment and on the days following in that week. The checklist also specified what was to be covered during the next three weeks by which time it was concluded that induction was complete. There was evidence of competed induction in staff files.

Files also had records of the training staff had attended. We saw this included training in child protection, safeguarding vulnerable adults, infection control and radiation. There was also training related to the Mental Capacity Act 2005 and consent.

There was a notice board in the staff room that displayed information about the training opportunities to enable staff to meet continuing professional development (CPD) in line with General Dental Council requirements. There were also details of 'lunch and learn' sessions that were booked in advance to help staff with CPD.

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 received.

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

Reasons for our judgement

The practice information leaflet included a statement referring to how quality was assured in the practice. It described how infection control, health and safety, radiological protection and Continuing Professional Development (CPD) contributed to the quality of service provided.

People who used the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. There was a suggestion box in the reception area with a supply of satisfaction survey forms so that people could provide feedback at any time. In addition there were surveys conducted every three months. The receptionist selected people at random and when forms were returned, collated the results. We saw the results of the survey for December 2013. They showed that every respondent thought that the comfort of the practice and service provided was either 'excellent' or 'good' and every person indicated that they would 'recommend the practice'.

We saw that a range of audits were completed. Clinical notes were audited every two months. Ten were examined on each occasion and we saw that sometimes there were shortfalls identified such as no periodontal (gum health) status. The findings of the audits were fed back at staff meetings. The practice manager told us that in the future they would audit records for the individual dentists so that they could address shortfalls with them directly.

There were similar sample audits to check people's medical histories had been updated and that radiographs (x-rays) were graded.

An audit of healthcare waste management carried out in March 2013 led to a report outlining some 'minor compliance'. The practice manager told us the issues identified in the report had been addressed. An infection control audit showed the practice to be compliant with the standards specified by the Infection Prevention Society (IPS).

The practice was committed to providing a safe service. Risk assessments were conducted on an annual basis to ensure people's welfare and safety. The assessments identified what hazards there were, who was at risk and the effect the hazard presented. There were risk control measures identified to minimise risk and any further action needed was identified.

An emergency and business continuity plan had been devised to account for when there was disruption to business due to loss of essential services such as, water or electricity and if there were staff shortages.

Complaints ✓ Met this standard

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available.

Comments and complaints people made were responded to appropriately.

Reasons for our judgement

The practice information leaflet described how people should contact the practice manager should they have any complaints. All of the six people we spoke with during our visit said they would complain if they were unhappy about any aspect of their treatment. We saw the complaints procedure prominently displayed in the waiting area.

The complaints procedure specified who would respond to complaints, the timescales for responding and how people would receive written feedback if they made a complaint. The contact details for the General Dental Council (GDC) were included in the procedure. The practice used guidelines for handling complaints provided by the GDC.

People's complaints were fully investigated and resolved, where possible, to their satisfaction. The complaints log book showed us that following a complaint about treatment made by a person who used the service, the practice manager met with the person and recorded that they were satisfied when the meeting was over.

People we spoke with said they would not have a problem if they wanted to make a complaint. Every person said they had no cause for complaint and some of those we spoke with said they believed any complaint would be treated seriously.

We looked at the NHS choices website where people could post messages about NHS services. We saw that one person had been critical about the service and the practice 'posted' a response on the website that included an invitation to contact the practice manager to discuss concerns further.

Since that complaint was made we noted that two people had left compliments about the practice on the NHS Choices website. These included "I can highly recommend this practice for the quality and care of the dentistry and very helpful staff".

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.

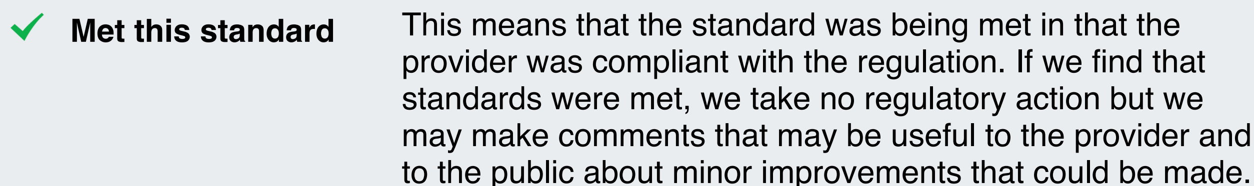
In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

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

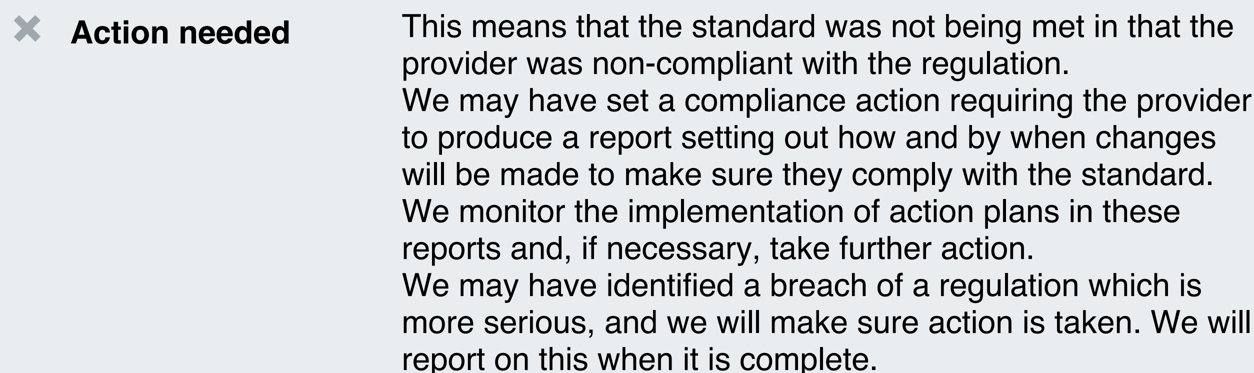
How we define our judgements

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.

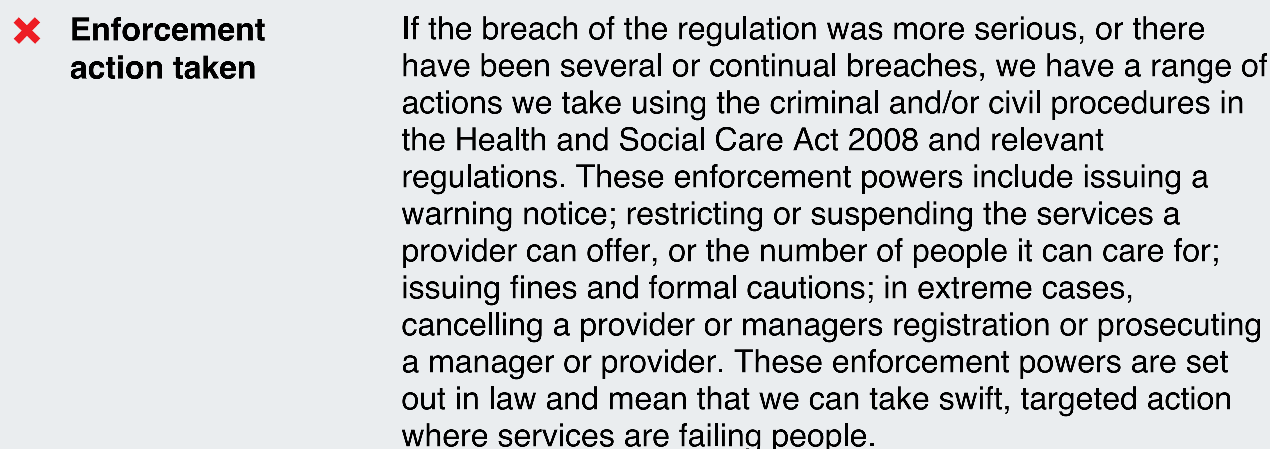
We reach one of the following judgements for each essential standard inspected.



✓ **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

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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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