

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

## Cossham Hospital

Lodge Road, Bristol, BS15 1LF

Tel: 01179701212

Date of Inspections: 20 November 2013  
19 November 2013  
18 November 2013

Date of Publication:  
December 2013

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

<b>Respecting and involving people who use services</b>	✓ Met this standard
<b>Care and welfare of people who use services</b>	✓ Met this standard
<b>Cooperating with other providers</b>	✓ Met this standard
<b>Cleanliness and infection control</b>	✓ Met this standard
<b>Safety and suitability of premises</b>	✓ Met this standard
<b>Staffing</b>	✓ Met this standard

## Details about this location

Registered Provider	North Bristol NHS Trust
Overview of the service	Cossham Community Hospital is based in South Gloucestershire and is run by North Bristol NHS Trust. Facilities at the hospital include a four bedded Midwife-led Birth Centre, a satellite Renal Dialysis Unit, an X-ray department with Ultrasound, CT and MRI facilities, a Physiotherapy Department and an Outpatients Department.
Type of services	Acute services with overnight beds Diagnostic and/or screening service
Regulated activities	Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury

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## Summary of this inspection

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### Why we carried out this inspection

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

This was an unannounced inspection.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 18 November 2013, 19 November 2013 and 20 November 2013, checked how people were cared for at each stage of their treatment and care 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 were accompanied by a specialist advisor.

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### What people told us and what we found

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We visited the birth centre, the satellite renal dialysis unit, the X-ray, outpatients and physiotherapy departments. We spoke with new mothers, patients and staff in all departments. We were able to speak with approximately 30 patients and 25 staff members.

The overwhelming response we received from both of the new mothers, patients and their families that we spoke with, was that they were satisfied with the care treatment and support provided. "Fantastic experience (birth centre)", "Being able to come here rather than go to Southmead for dialysis is easier as I live nearby", "The facilities in the outpatients department are so much more pleasant here, light, airy and modern" and "I have received excellent care. I always see the same physiotherapist so have received a consistent service".

We checked to see that patients were treated respectfully and were involved in making decisions about their care and received the care and treatment they expected. We also looked at how the Trust communicated with other healthcare professionals involved in a patients care, and how they ensured that patients were safeguarded from infections. We checked that the staffing levels in each of the departments were appropriate.

You can see our judgements on the front page of this report.

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### More information about the provider

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Please see our website [www.cqc.org.uk](http://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

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### Our judgement

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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.

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### Reasons for our judgement

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We spoke with two new mothers when we visited the birth centre and patients in the renal dialysis unit (RDU), the X-ray department, out patients department and the physiotherapy department. We received positive comments from each person about how they were treated. They told us they were involved in making decisions about their care. We received the following comments: "The staff keep me informed about what is happening", "The staff are very attentive", "We have been told there will a bit of a wait today as the clinic is running behind time" and " I have been very impressed with the way I am treated, all the staff are so kind and friendly".

We spoke with two new mothers in the birth centre and they told us their experience of giving birth had been enhanced by the midwives and the environment, and they had felt in control of what was happening. One mother told us that they had been very keen to have their second baby at Cossham because "We had heard good things about the centre". They added that they had been relieved to find that there was a birthing room available when they had gone in to labour. The other mother said they had had a "fantastic birth experience", their "privacy and dignity was maintained" and "the father had felt fully involved".

We spoke with nine patients in the RDU. They said they were involved in their care and encouraged to take part in procedures required to set up the dialysis process. The nurses called this "shared care". One older gentleman told us that he always applied pressure to his arm after the needles had been removed. One female patient told us that the nurses were going to start to help them learn how to insert their own needles at the start of treatment.

In the outpatient and X-ray departments patients were provided with gowns that protected their modesty. Patients attending for a consultation with a doctor or having an X-ray procedure were able to maintain their dignity and modesty.

Both of the mothers and all of the patients we spoke with told us they were treated with dignity. We observed the various staff interacting with the mothers/patients they were looking after in a respectful and professional manner. Prior to our inspection we had looked at information that had been posted on the NHS Choices website from patients who had used the hospital services. Some patients had expressed their dissatisfaction with the way that staff had interacted with them however this was not what we found when we spoke with staff or from the observations we made whilst we were in each of the departments.

We saw that each of the departments had a range of relevant information leaflets on display. These were about clinical conditions or aftercare information, or other organisations that patients could contact for support or advice. The leaflets were produced in English but could be made available in other languages and formats.

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

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**Our judgement**

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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.

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**Reasons for our judgement**

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Healthy women with a straightforward pregnancy who wanted to give birth in a non-medical, relaxed, family focussed and midwife-led setting were able to use the birthing centre. They would have previously been booked to deliver their baby at Cossham in order to ensure that they met the criteria, but had to telephone the centre when in labour in order to ensure there was a birthing room available. The two new mothers we spoke with confirmed these arrangements and both expressed their relief, that the facilities had been available for them.

The Trust advised us that the overall transfer rate from Cossham birth centre to Southmead Hospital maternity unit for the previous nine month period (since the centre opened) was 27%. This was in line with the national average. Women would be transferred to Southmead if their labour failed to progress, if the mother or baby became unwell or unforeseen medical complications had occurred.

We looked at the comments made by women who had used the birth centre and completed the friends and family test survey (FFT). Comments included "The care given and the facilities have been fantastic. The staff are extremely friendly, knowledgeable and their support has been invaluable", "It is such an amazing unit and I felt much more relaxed and calm during labour and afterwards", "The birth centre has offered everything we wanted" and "Excellent service and care. Couldn't have wished or hoped for more". All four mothers had stated they were "extremely likely" to recommend the birth centre to others.

Patients also visited this hospital to receive planned renal dialysis treatment, physiotherapy, use the 'drop-in' plain X-ray facilities or to have specialist pre-booked scans (ultrasound scans, CT and MRI scans). Patients saw consultants, doctors, specialist nurses or other healthcare professionals in the outpatients departments.

The ward sister in the RDU completed a daily walk round of the unit and spoke to each patient who attended for treatment. Patients were asked to comment about their care treatment and support. This was confirmed in the discussions we had with patients.

Patients who visited the physiotherapy department were able to add their views to a comments book that was kept on the reception desk. Patients were also given a form called 'the care measure' and were able to comment about whether staff made them feel at ease, listened to them, explained things clearly and understood any concerns they had. FFT cards were given out to all follow up patients and the Trust had reported that 97% of patients were extremely likely to recommend the physiotherapy services at Cossham Hospital.

We were informed that North Bristol NHS Trust had outpatient survey forms and these included the FFT questions, however there were no supplies of the forms in the waiting area or at the reception desk. We were notified following our inspection that supplies of the survey forms had been delivered to the department and were available for patients to complete.

The overwhelming response we received from both of the new mothers, patients and their families that we spoke with, was that they were satisfied with the care treatment and support provided. "Fantastic experience (birth centre)", "Being able to come here rather than go to Southmead for dialysis is easier as I live nearby", "The facilities in the outpatients department are so much more pleasant here, light airy and modern" and "I have received excellent care. I always see the same physiotherapist so have received a consistent service".

All staff we spoke with were knowledgeable about the mothers or patients they were looking after and the aims of the care treatment and support, or diagnostic procedures they were carrying out. Physiotherapists supported people to regain the use of injured limbs, to maintain mobility, cope with degenerative medical conditions and to rehabilitate after a life changing event. Staff in the birth centre and the renal dialysis unit received a safety briefing at the start of every shift. They were informed about what care and support they needed to deliver during their shift.

**People should get safe and coordinated care when they move between different services**

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**Our judgement**

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The provider was meeting this standard.

People's health, safety and welfare was protected when more than one provider was involved in their care and treatment, or when they moved between different services. This was because the provider worked in co-operation with others.

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**Reasons for our judgement**

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When mothers in labour were admitted to the birth centre they brought with them their maternity notes. These included all information about their care treatment and support so far from their obstetrician and community midwife. A record of any telephone contact with the birth centre prior to admission and advice given by the midwife was recorded on a maternity telephone proforma. Details were added to these maternity notes by the midwives and provided information about the birth process and other significant information. Mothers took these notes home with them when they were discharged from the centre and they were used to record their post-natal care.

Communication with the main renal directorate at Southmead Hospital was maintained electronically. Data was inputted after each patients treatment in order that the hospital consultants had up to date information. Patient nursing notes were kept in the units, but the medical notes were retained at Southmead Hospital. The unit was in the process of setting up an outpatient clinic for renal patients who used the facilities so that they received all their care at Cossham Hospital. The medical notes would be couriered to the RDU when needed.

After patients had received their X-ray or scan, they were advised that the results would be sent to their GP or hospital consultant. Six comments had been posted on the NHS Choices website regarding the X-ray department arrangements at Cossham Hospital. The comments were in relation to the delay in patients getting their results. We discussed this with the Head of Radiology for North Bristol NHS Trust who advised us that there had been an unacceptable delay in X-ray reporting because of a lack of radiologists. Three new radiologists had now been recruited to resolve this problem. Patients who had an ultrasound scan may be given an initial indication of the findings but this would be followed by a formal report to their GP.

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

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**Our judgement**

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The provider was meeting this standard.

People were protected from the risk of infection because appropriate guidance had been followed. People were cared for in a clean, hygienic environment.

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**Reasons for our judgement**

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All areas we visited had high standards of cleanliness. This included the entrance area, all communal corridors and waiting areas and the individual departments we visited. Patients we spoke commented "Everywhere is spotlessly clean, all hospitals should be like this", "The hospital is brand new and has a fresh and clean feel about it" and "The standards of cleanliness are very good". Those patient and staff toilets we inspected were clean and tidy. The hand-wash basins and toilet bowls were clean and each facility was equipped with liquid soap, paper towels and toilet paper. Each of the departments had hand sanitizer dispensers at various key points and on reception desks. The renal dialysis unit had a dedicated hand washing point for visitors, to be used before they entered into the department.

We asked midwives, nursing staff, radiographers and physiotherapists about the procedures they followed to prepare a treatment area for a new mother or patient.

Birthing rooms were cleared up by the midwifery care assistants after the mother and new baby were discharged from the centre and then cleaned thoroughly by the cleaning staff. The birth centre had a plentiful supply of personal protective equipment (PPE) for the staff and this included gloves, aprons and protective eye wear. Midwives told us that they monitored the cleanliness of the department and would report any concerns about the standard of cleanliness to the cleaning contractors.

In the renal dialysis unit (RDU) the patient treatment areas were cleaned after the morning and afternoon treatment sessions had been completed. Specific cleaning products were used to clean the dialysis machines and the patient couches. We were told that the cleaning started when the patient had moved from the treatment area, and that one member of staff was responsible for cleaning one patient area. We brought it to the attention of the unit sister that a junior member of staff had been seen moving between patient areas and cleaning hard surfaces with the same cloth. Cleaning staff visited each morning and cleaned throughout the unit before patients arrived and then visited in the afternoons to clean the toilet facilities and empty the bins. On a Sunday when the unit was closed, the department was thoroughly deep-cleaned. All staff had to wear gloves, aprons and face shields when patient care was being delivered. All staff worked 'bare below the

elbow' to enable effective hand-washing. Good hand-washing techniques were observed among all staff.

In the RDU there were two isolation rooms. Patients were allocated to use these rooms for their dialysis treatment if they had a known or suspected infection, had travelled abroad to an area of risk, or received their treatment via an intravenous line (this increased the patients susceptibility to infection). There was a regular screening programme in place for all patients who received dialysis treatment (MRSA and MSSA).

The patient treatment areas in the various X-ray facilities, out patients and physiotherapy departments were cleaned using detergent wipes, in between patient treatments.

All staff who worked in the birth centre and the RDU were required to be inoculated against specific blood borne viruses. Information was displayed in both areas about what actions to take if a needle stick injury was sustained.

All North Bristol NHS Trust were required to complete infection control and prevention training as part of their mandatory 'passport' training. Each unit had a designated lead infection worker and the Trust had lead infection control nurse. The storage and collection of waste was appropriately managed.

**People should be cared for in safe and accessible surroundings that support their health and welfare**

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## **Our judgement**

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The provider was meeting this standard.

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

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## **Reasons for our judgement**

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January 2013 following an extensive four year refurbishment programme. The exterior of the grade two distinctive building had been sensitively preserved, including the tower and the façade. The interior of the building had new, modern and fully accessible facilities.

The hospital had 54 car parking spaces and 11 disabled parking spaces for patients and visitors to the hospital. In addition there were a further 11 disabled parking spaces for patients and/or their families visiting the renal dialysis unit. We were told that there were plans to create more car parking facilities to the side of the hospital. The hospital was surrounded by gardens which were well tended and all pathways were well maintained.

Patients arriving at the main entrance to the hospital were greeted by the receptionist and directed to the department they were visiting. There was a League of Friends coffee shop and small waiting area in the main reception area. The renal dialysis unit (RDU) was in a separate building with its own secure entrance and a receptionist. The X-ray department and out patients department were located on the ground floor (level one), the physiotherapy department was on level two and the Birth Centre was on level three. All levels were accessible by stairs or a passenger lift. In the evenings and at weekends the Birth Centre was the only service within the hospital that received people (expectant mothers in labour).

Services provided at Cossham Hospital included a four bedded Birth Centre, the first free-standing birth centre in the area. The centre was able to offer an alternative to a home birth or the traditional hospital based birth setting. Each of the birthing rooms was fully equipped to meet the needs of the mother in labour, with its own birthing pool, en-suite facilities and double bed so that partners were able to remain with their new family after the birth.

The RDU had the capacity to provide care for up to 96 patients per day, with 24 dialysis stations. The RDU opened to patients in October 2012 and at the time of our inspection provided care for approximately 64 patients. The RDU was in separate premises from the main building and had its own entrance, reception and waiting area. The facilities also included a dedicated area where patients were supported to perform their own dialysis

within the unit and who planned to dialyse in their own homes.

The hospital had an X-ray department located on the ground floor. The facilities included plain X-rays, ultrasound, MRI and CT scans. There were separate waiting areas for each of the services and patients were welcomed in to the department by reception staff.

Cossham Hospital had new, modern and fully accessible facilities in the out patients department and were able to deliver an increased amount of outpatient appointments since being refurbished. This meant that local people no longer had to travel to an acute hospital to see their consultant. The department had nine consulting rooms plus audiology and podiatry clinics. The facilities were used on a daily weekday basis and provided clinics in a range of specialities. The waiting area that serviced all the clinics was small and at times became crowded.

The physiotherapy department had eight operational treatment areas plus three clinical assessment rooms. There was a large well equipped gymnasium. Patients waited for their treatments in the departments own waiting area and had their own reception staff.

**There should be enough members of staff to keep people safe and meet their health and welfare needs**

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## **Our judgement**

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The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

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## **Reasons for our judgement**

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During the course of our inspection we were able to speak with hospital staff from the different departments we visited. We spoke with receptionists, the operations/site manager for the hospital, nurses and midwives, health care assistants, both trainee and qualified assistant practitioners, physiotherapists and X-ray staff.

The two new mothers we spoke with in the Birth Centre told us "The staff were very welcoming and we felt at ease with them. The midwife was there for us all the time" and "I had to check availability as there are only four beds. I was glad that the midwives here could deliver my baby".

Midwives told us that there were always two qualified midwives on duty, day and night, plus one midwifery care assistant. They said that staffing levels were appropriate and that it would be rare for all four rooms to be occupied with mothers who were at the end stages of their labour. They commented that the Birth Centre would benefit from a receptionist. This was discussed with the Trust who explained that the Birth Centre team converted reception hours into maternity support worker hours so that the role could cover clinical needs and reception. The Trust had re-configured the way staff were used to best meet the needs of expectant mothers.

We were able to speak with eight patients in the renal dialysis unit (RDU). We received positive comments from them about the staff who were looking after them. They told us "The nurses are all competent and know what they are doing", "We are encouraged to do some things for ourselves, but they help us if we are not well that day", "I have been coming for treatment for many years but have now moved to this unit from Southmead Hospital. I am getting to know the staff" and "All the staff are helpful, but sometimes we have to wait to get the dialysis set up".

We spoke with the RDU Sister, two qualified nurses, one trainee assistant practitioner and one health care assistant. Staffing levels were based on a 1 in 4 ratio of staff to patients. The skill mix was generally 60-70% trained nurses to 30-40% unqualified staff. Apart from the unit sister, all other staff rotated between the RDU and the renal ward at Southmead Hospital. All staff were supernumerary to the staffing numbers for four weeks when they first worked on the unit.

We also spoke with patients in the different X-ray departments (plain x-rays, ultrasound, CT scan and MRI scans). One said "I have just had my MRI scan and the staff have been very reassuring". Another patient said "The stenographer I saw was friendly and explained what they were doing. They ensured that the gel did not touch my clothes and gave me an indication of the result". The relative of a patient who was having a CT scan said they "had only just sat down when XX was called in for the procedure". They added that the staff had been very helpful and kind and had helped XX who had difficulty walking".

Radiographers and stenographers in the X-Ray department rotated between the different North Bristol NHS Trust services. Patients were greeted in to the X-ray department by their own receptionist. Patients for plain X-rays were able to 'drop-in' and were therefore booked in on arrival. Two radiographers plus one radiology department assistant (RDA) provided a daily weekday service. Approximately 30-40 ultrasounds were completed on a daily basis by one stenographer and there was capacity to increase these numbers because the department had two ultrasound rooms. When patients were booked for CT scans they were assisted by two radiographers and one RDA). Patients for MRI scans had pre-booked appointments and up to 100 scans were completed each week. The patients were helped by one radiographer and one RDA. The X-ray department was open during 'office hours' with some availability for before and after work appointments.

One patient waiting for their physiotherapy appointment said that this was their last visit to the department and "The therapy programme had been very successful and I am regaining use of my injured leg". A relative said their spouse was having a programme of therapy for back pain and that the staff were "Skilled and knowledgeable" and "We expect to have to wait for our appointment time because the staff run over, but we know that they are helping other patients".

We spoke with the lead physiotherapist. They told us there were 15 physiotherapists who covered Cossham Hospital and two other North Bristol NHS Trust sites. A service was provided between 0800 - 1700 hours with some evening appointments for group sessions. Physiotherapists provided individual patient consultations and treatments and group education sessions.

## 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.

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**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.

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**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.

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**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)

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### **(Registered) Provider**

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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'.

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### **Regulations**

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

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### **Responsive inspection**

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

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### **Routine inspection**

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

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### **Themed inspection**

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

## Contact us

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