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

The Royal Star & Garter Home - Solihull

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Tel: 01217116330

Date of Inspection: 17 October 2013
Date of Publication: November 2013

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

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<tbody>
<tr>
<td>Respecting and involving people who use services</td>
<td>✔️ Met this standard</td>
</tr>
<tr>
<td>Care and welfare of people who use services</td>
<td>✔️ Met this standard</td>
</tr>
<tr>
<td>Management of medicines</td>
<td>✔️ Met this standard</td>
</tr>
<tr>
<td>Staffing</td>
<td>✔️ Met this standard</td>
</tr>
<tr>
<td>Records</td>
<td>✗ Action needed</td>
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### Details about this location

<table>
<thead>
<tr>
<th>Registered Provider</th>
<th>The Royal Star &amp; Garter Home</th>
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<tbody>
<tr>
<td>Registered Manager</td>
<td>Mrs. Sue Tompkins</td>
</tr>
<tr>
<td>Overview of the service</td>
<td>The service provides nursing and personal care for up to 60 ex-service men and women. The service also provides dementia care and includes care for: older adults, people with physical disability and young people.</td>
</tr>
<tr>
<td>Type of service</td>
<td>Care home service with nursing</td>
</tr>
<tr>
<td>Regulated activities</td>
<td>Accommodation for persons who require nursing or personal care</td>
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<tr>
<td></td>
<td>Diagnostic and screening procedures</td>
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<tr>
<td></td>
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When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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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 unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 17 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.

We were supported on this inspection by an expert-by-experience. This is a person who has personal experience of using or caring for someone who uses this type of care service.

What people told us and what we found

We carried out a routine inspection at the Royal Star and Garter on 17 October 2013. We visited all four wings: Roundel, Whiteley, Linley and Croucher. The inspection team included an expert by experience. We looked at whether people were treated with respect and involved in their care and treatment.

We looked how people were being cared for at each stage of their treatment and care and how this was recorded. We looked at how medication was managed by staff and talked with people who used the service, family members and staff.

We observed staff interacting with people with kindness. They demonstrated through one to one discussions with us that they knew the care needs of the people they were looking after. One person told us, “This place is a 5 star hotel under the disguise of a nursing home”

We reviewed the care of five people on each of the four wings observing how people were being cared for. We saw medication was stored and administered safely. There were enough staff on each wing to meet the needs of the people.

We examined both electronic and paper records and found some discrepancies. For example some care plans, risk assessment tools and repositioning records were not in place to support people’s needs.

We noted appropriate referrals were made to outside specialists on behalf of people who lived there and relatives told us they were very happy with the care and treatment being provided to their love one.
You can see our judgements on the front page of this report.

**What we have told the provider to do**

We have asked the provider to send us a report by 26 November 2013, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

**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 |

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**Our judgement**

The provider was meeting this standard.

People's privacy, dignity and independence were respected.  
People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

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**Reasons for our judgement**

We spoke with seven people living at The Royal Star and Garter home and two relatives. We also observed the care of people who found it difficult to communicate due to their medical condition.

People we spoke with told us that they had been involved in choosing the home. They explained staff had visited them before they came to the home to undertake an assessment of their needs. One person told us, "This place is a 5 star hotel under the disguise of a nursing home. The first time I came here, it was like walking into my own home that's how wonderful it felt."

We saw that people's privacy and dignity was being maintained. People were dressed in clean clothes and their appearance was tidy. One person told us, "I always get my own clothes back from the laundry, really nice, clean and fresh."

We asked people whether they were encouraged to maintain their independence. One person told us, "The staff do not do everything for me, just the things I cannot do myself."

We observed one person taking their own medication and other people were given their medication by staff. This meant staff were respecting people's independence and treated people in accordance with their individual needs.

We saw that staff were respectful, patient and kind towards people. People told us that staff listened to them so that their choices and preferences were carried out. One person told us, "Staff are lovely kind and caring and I feel well supported and safe. Staff make sure that I have my medication every day at the same time. When they shower me they take their time and are patient with me if I'm not going as quick as I could be."

We saw care files contained clear information about what each person's wishes were in
regards to their care. This included information about what the person liked/disliked and background information about their social life. This information helped staff to deliver care in accordance with the person's wishes and preferences.

People were involved in their care and treatment and we saw care plans signed by people to support this. One person told us, "We are at present reviewing my care plan and I feel so included and my needs of care are discussed fully." One relative explained to us, "During the time living here we have had three care plan reviews in the last twelve months and I have been invited to contribute to them all." Another person told us, "Staff talk to me about what care I'm given, they talk to my family as well so everybody knows what to provide me with."

The service employed two activity organisers who organised events and outings for people living at the home to enjoy. On the day of our visit there was a quiz between staff and residents. We saw many people had attended and were enjoying themselves. One person told us, "There are a lot of activities that are arranged for us I like it best when we go out in the mini bus for the day out."

We saw people spending their time engaged in different activities, such as listening to classical music, resting on top of their bed, stroking the cat who lived at the home and playing cards with a care worker.

An annual resident's survey was carried out in July 2012 and the information was used to identify any issues. We noted the manager had taken appropriate steps to address concerns raised and communicate actions taken.

We saw the service had a welcome pack which contained information to the residents and relatives about what facilities were on offer and how people could spend their time. We saw peoples bedrooms were clean and tidy and looked welcoming. One relative explained, "The girls here keeps X's room very clean, X is allowed to have any personal belongings in the bedroom, it makes it homely. When I arrive I am welcomed by staff as if I'm part of the family."

We noted there were two complaints received by the service since January 2013 and each complaint had been dealt with appropriately by the manager.
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

We reviewed five people’s notes and saw care plans and risk assessments were reviewed monthly or sooner if required. Staff we spoke to were well aware of people’s individual’s needs and the support they needed. This was confirmed by the people we spoke to and relatives.

We observed warm and kind interactions between staff and people living at the home. We saw staff spending time with people on an individual basis and engaged in group activities, which both people living at the home and staff were enjoying.

The home had taken account of specialist advice and guidance on creating an approach to care that was inclusive. This including staff eating with people living at the home as part of the community group and not wearing uniforms.

We spoke with one person who told us they were waiting for a replacement pressure cushion. They were told by staff this would take two weeks. The person had not been given an expected delivery date and they told us this concerned them.

At the time of our visit the cushion had been on order for six weeks and had not yet arrived. We spoke to the manager who confirmed this was a custom made cushion and would take longer. The provider may like to note that people must be kept informed about their care and treatment including delays in delivery of equipment to meet their needs.

We saw that in most instances specialist equipment was available to support people’s individual care and health needs. The need for equipment had been individually assessed and detailed in care plans. For example we observed a number of people relaxing in chairs specifically designed to meet their personal needs.

People living at the home had regular support from a range of external health professionals. These included a contract with a local general practitioner (GP) who visited the home twice a week and when required, Speech and Language Therapy (SALT), occupational therapy, chiropody, dietician, dental, and optical services. We saw that the service supported people to access and undergo further hospital treatment to improve their
health conditions.

We visited all four wings within the home to see how people were being cared for. We saw that each area had been individually decorated and designed with the needs of the people in mind.

We saw staff wearing brightly coloured clothes such as hats, bows and jackets. Staff told us, "It's important to brighten up people's day, it makes them happy and that's our job"
Management of medicines

Met this standard

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

We looked at the medicines for four people. We noted that people's medicines were being managed appropriately. We looked at medicine charts and noted these were completed appropriately. We saw people had received their prescribed medication on time.

We inspected two treatment rooms on the Roundel and Whiteley wings. We saw medication was being stored and administered safely. For instance fridges were not overloaded and fridge temperatures were within the recommended range to ensure medicines remained effective. Controlled drugs were stored appropriately and staff had maintained an accurate record.

We saw records showing that medication no longer used by people was appropriately recorded and destroyed.

Through one to one discussions with staff we were assured most staff knew the reasons why people were prescribed each drug. The provider may like to note that all registered nurses responsible for drug administration should know the therapeutic uses of each medicine they are administering to people.

We saw the service had conducted an external pharmacy audit this year which showed staff were following appropriate systems to ensure safety. There were no issues raised by the pharmacy auditor.
Staffing

<table>
<thead>
<tr>
<th>Met this standard</th>
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<tbody>
<tr>
<td>There should be enough members of staff to keep people safe and meet their health and welfare needs</td>
</tr>
</tbody>
</table>

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

At the time of the visit there were 60 people using the service aged between 59 and 104. The registered manager confirmed the service was fully staffed for each wing.

Each wing had a registered nurse in charge and between two and four care workers to support them. The amount of care workers deployed to each wing depended on the time of day. The morning time was reported as the busiest and had the highest staffing levels, with the lowest on the night shift. Roundel wing had higher staffing levels with five care workers on the morning shift and four care workers on the afternoon shift. This was because Roundel wing was a specialist dementia unit and staff cared for people at varying stages of dementia. We were told by staff that people who lived on Roundel had greater needs and therefore more staff were required.

The registered manager explained that staff working on Roundel had received specific dementia care training called 'The Butterfly Project ' in association with Dementia Care Matters. This provided theory and practical skills on caring for people with dementia.

We saw a register of staff which had completed this training and we were told this was a rolling programme open to all permanent and bank staff. We noted the home also employed agency staff who cared for people with dementia, however this training had not been offered to them. The provider may like to note that irrespective of employment status ie: agency or permanent. Staff should be offered the same training. This is to ensure people who use the service are cared for by staff who have similar knowledge and skills and deliver care in a consistent way.

We saw staff engaging with people in a relaxed and patient way. For instance we observed three people having their hair washed and set at the hairdressers. One person on Linley wing was having their nails varnished by a care worker and another two people were enjoying a game of cards.

Both permanent and bank staff completed the same two week induction programme which included safeguarding, health and safety, mental capacity act, food hygiene, end of life care and infection control. All staff completed annual refresher sessions on topics covered by the induction. The results of the computer based training were reviewed to identify
whether additional face to face training was required. This meant the service was following an on-going and robust training programme to support staff employed there.

We saw that nursing staff were expected to be competent in delivering nursing support in areas such as male and female catheterisation, medication, skin care (tissue viability), taking blood and assessing mental capacity. The training was completed annually or when required, following regular assessments by the practice development nurse.

We observed during lunch time staff sat and ate lunch at the same table as people living in the home. When a person required assistance or encouragement staff stopped eating assisted the person and then resumed eating again. This meant that staff were on hand to support people quickly and it also provided a homely feel to mealtime.

Staff told us there was adequate numbers of nurses and care workers to meet the needs of the people who lived there. One staff member stated, "I love working here it's like being part of a big family." Another staff member stated, "This place has given me my confidence back, everyone is so kind and welcoming."

In addition to care and nursing staff the home was well supported by supernumerary managers, housekeeping staff and an external catering contractor.

We spoke with staff who informed us the management team were very supportive and approachable. One staff member stated, "The training is second to none, there's loads of it ".}
People’s personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was not meeting this standard.

People were not protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were not maintained.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

During our visit we reviewed five sets of notes of people living in different parts of the home. We noted most care plans, risk assessments and daily charts reflected people’s needs and were up to date.

We were told the service adopted two different methods of recording. The electronic record system was the primary method and had been introduced within the last few months. This was backed up by a paper system.

We were told by staff and the manager that both systems held identical information. Staff explained if the electronic system failed they would have a paper version to refer to. This meant there would be no delay for staff accessing information relating to people who used the service.

We noted a variance in the ability of staff using the electronic system. One staff member told us they were very happy using the electronic system and another staff told us the system was slow and they found it difficult to operate.

We spoke to the manager who confirmed there were a few ‘teething problems’ and staff were given extra time to practice and update risk assessments and care plans each week.

We noted that two people who were unable to take food or fluid orally and were given nutrition via a tube required mouth care regularly throughout the day. Staff informed us that both people received daily mouth care. However, there was no care plan in place and no record of care given in the daily notes to inform staff how often peoples should have mouth care and what equipment should be used to deliver care. This meant due to absence of documentation we could not be sure that people who required regular mouth care in a consistent way were being supported appropriately.

Another person’s care plan stated suctioning may be required to reduce the build-up of
fluid if the person suffered a chest infection. However, the manager confirmed no staff had received 'suction' training and should not attempt 'suctioning. Therefore the information recorded in the care plan was incorrect.

We were told by staff, should this person's health deteriorate there were signs to alert staff and guide them to provide care quickly. Staff explained this was important as due to the person's medical condition they were unable to verbalise their needs. We were told by staff that the signs of deterioration were that the person's facial colour could alter, and they became agitated and also breathless. On the day of the inspection we were unable to identify these specific signs of deterioration in their care plan. We spoke with staff who were unable to identify this information in the electronic care plan record. Since the inspection we have been informed this information is readily accessible in both paper and electronic versions.

We noted one person's care plan stated that they may become agitated unexpectedly. Their care plan contained detailed information to guide staff how to reduce their anxiety such as sitting and holding their hand, having nail therapy and going for a walk together. This was recorded in both electronic and paper version care plan.

We were told another person was at high risk of falls, their care plan contained information to staff how to reduce this risk by closely supervising them when mobilising. In addition we noted this person's medical condition meant they were immobile first thing in the morning and they required medication in the middle of the night to prevent this. We saw this was included in both electronic and paper version care plan.

We observed the skin risk assessment document used by the service did not support people who were under 75 years and assessed as being high risk of skin damage. This resulted in one person who was known by staff to be 'high risk' was incorrectly recorded as 'low risk'. The person's notes revealed they had developed pressure ulcers recently and staff confirmed "the ulcer had only just healed". Since our inspection the manager had informed us the service had discontinued use of this tool and had introduced another.

We noted the care plan stated "X is to be turned regularly at night". Staff confirmed X was turned regularly at night. However there was no system in place to evidence this, for example there was no repositioning chart. Staff confirmed they were aware this should be recorded. There were no details documented in the care plan or daily notes guiding staff as to how often to reposition the person. This meant due to the absence of appropriate records we could not be sure the person assessed as 'high risk' of pressure ulcer development was being repositioned at regular intervals to reduce the risk of skin damage.
### Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

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<thead>
<tr>
<th>Regulated activities</th>
<th>Regulation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accommodation for persons who require nursing or personal care</td>
<td>Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010</td>
</tr>
<tr>
<td>Diagnostic and screening procedures</td>
<td>Records</td>
</tr>
<tr>
<td>Treatment of disease, disorder or injury</td>
<td><strong>How the regulation was not being met:</strong></td>
</tr>
<tr>
<td></td>
<td>People using the service were not protected against risks of unsafe or inappropriate care and treatment arising from lack of proper information. Risk assessments, care plans and turning charts were not maintained for all people identified at risk who used the service. Regulation 20. 1 (a)</td>
</tr>
</tbody>
</table>

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 26 November 2013.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.
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:

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<td>Cleanliness and infection control - Outcome 8</td>
<td>12</td>
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<td>Requirements relating to workers - Outcome 12</td>
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<td>Records - Outcome 21</td>
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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.