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

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Tel: 01709836290
Date of Inspection: 12 November 2013
Date of Publication: December 2013

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

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## Details about this location

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### Overview of the service
York Road Practice is based in Rotherham town centre and serves a population of approximately 4,829 patients. There is one General Practitioner (GP) who is the registered provider and currently two locum GP’s that support the provider. There is also a team of other healthcare professionals who are supported by reception and administrative staff. The surgery offers a full range of primary care services including chronic disease management and some minor surgery procedures. The reception, waiting areas, surgeries and disabled toilet facilities are on the ground floor. There is fenced in car park to the side of the building.

### Type of services
- Doctors consultation service
- Doctors treatment service

### Regulated activities
- Diagnostic and screening procedures
- Family planning
- Maternity and midwifery services
- Surgical procedures
- Treatment of disease, disorder or injury
### Contents

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 carried out a visit on 12 November 2013, observed how people were being cared for, talked with people who use the service and talked with staff. We reviewed information sent to us by local groups of people in the community or voluntary sector, were accompanied by a specialist advisor and used information from local Healthwatch to inform our inspection.

Records in relation to the running of the practice

What people told us and what we found

Patients expressed their views and were involved in making decisions about their care and treatment. We saw that patients were given information and support with regards to treatment options and that staff maintained patient's privacy and confidentiality.

We spoke with nine patients they told us they were treated with respect and the care they received was "Excellent," "First class" and "Absolutely brilliant." Patients told us they were very happy with their experience of the practice and said "I have been with this practice for 60 years if I was not happy I would have moved and I would not have recommended it to others." Other patients also said that they had been at the practice for all of their life they said, "The GP’s listen to you and answer all your questions" and "This is a family GP practice, and we are treated like a family member, you are never rushed through your appointment and the practice nurses are very thorough and explain everything to you.”

We found the environment to be clean, tidy and organised. We saw there were appropriate systems in place to reduce the risk and spread of infection.

Staff had received appropriate professional development and training to ensure they could meet the needs of the patients who used the service.

Staff were familiar with the procedures to report any issues or abuse of patients.

The practice had systems in place to assess and monitor the quality of the service that patients received.

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

People who used the service understood the care and treatment choices available to them and were given appropriate information and support regarding their care or treatment.

We found a variety of information was displayed within the waiting areas. This included health promotion leaflets and information about the services available at the surgery such as chaperoning. The practice manager showed us the practice's confidentiality, consent and chaperone policies and procedures that all staff worked to.

We saw patients were encouraged to log themselves in for appointments using the computerised system. However, the receptionist told us they were available to offer advice and support if needed. Patients we spoke with said the system was quick and easy to use. We observed reception staff speaking with patients at the reception desk, which was away from the main waiting area. They spoke to patients in a respectful and helpful manner. One person was registering as a new patient and staff were helpful and took time to ensure the person understood what they needed to do to register with a GP.

Nine patients who spoke with us said the staff treated them with respect and protected their dignity during treatment. One patient told us, "The staff are always professional and I think the service is very good."

We saw information was displayed which told patients how to raise a concern. Patients told us they understood who to talk to if they had a problem and were confident that their concerns would be listened to. The provider may find it useful to note that there was no suggestion box to encourage patients to add comments about the service.

Patients told us that the GP or nurse always explained things fully to them and that they were given the opportunity to discuss their treatment and make informed decisions about their care. One patient said, "It doesn't matter who you see when you make an appointment as all the doctors and nurses know your medical history. They listen to you
and remember what you have said at previous appointments." Another patient told us, "The service is excellent, I have been coming here for 60 years and it's a family atmosphere and all of the staff know who you are when you come for appointments."

Discussion with a GP indicated that patients were offered longer consultation appointments if required. One patient said, "The GP always gives me time to say what the problem is, I never feel rushed and they look at you when you are talking so you know they are listening."

We spoke with staff about identifying the needs of their patients in relation to equality and diversity. There was a list of contacts for people who could use sign language and there was a translation service for people whose first language was not English. Information leaflets could be produced in different languages on request. One member of staff told us they were able to speak another language so they were able to assist some patients if they requested translation.

The practice had a ramp access to the front door and the doors and walkways were wide enough for patients in wheelchairs or mothers with prams/buggies to access the service. There were disabled toilet facilities on the ground floor.
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

Patient’s needs were assessed and treatment was planned and delivered in line with their individual treatment plan.

Discussion with the patients indicated they were extremely satisfied with their care and treatment. One patient said, "This is a fantastic service, the GPs and nurses are supportive. You get good advice and communication from them all." Another patient told us, "You are never rushed during your appointment; the doctor always explains my treatment options."

The practice held treatment records on the computer and where required provided paper information for patients. We saw that information about the patient such as a medical history, current medications and any allergies had been recorded. For each appointment there was a brief history of the concern, notes from any examination and what the plan was, for example referral to outpatients or prescribed medication.

We were told each patient had a nominated GP. One patient said, "Most of the time you can get an appointment with your own GP. However, they are all really good here; I don't mind seeing any of the doctors."

The practice ran a number of nurse led clinics for patients who had long term conditions such as asthma or diabetes. Patients told us they were very satisfied with their care and treatment within these clinics. One patient said, "The practice nurses are very good, they listen to you and offer advice when needed. Even if it is small issues you are worried about they take you seriously and offer help and support."

The practice had a chaperone policy to ensure patients were accompanied to appointments if it was felt necessary. The practice manager told us if a member of the nursing team was not available to act as a chaperone a receptionist would be requested. The practice manager told us that in-house training by the GP was provided to any non-clinical member of staff acting as chaperone. A chaperone policy was available with information on the role of a chaperone and how chaperones should 'act' during a consultation.
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 use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

Patients 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.

We spoke with a GP, the practice manager and two members of staff about safeguarding of children and safeguarding of vulnerable adults from abuse. We also looked at records and documents relating to safeguarding practices.

The GP, practice manager and staff told us that all the GPs and staff had received training in safeguarding of children and they thought this also covered safeguarding of vulnerable adults. We saw evidence of this in their personnel files. The staff had access to corporate policies and procedures for reporting any incidents relating to safeguarding of children and vulnerable adults and the GP and practice manager knew how to make alerts to the local council safeguarding teams.

Safeguarding flowcharts were available around the surgery to guide staff. The provider may find it useful to note the flowcharts were not available within all of the consultation rooms we looked at. The flowcharts included local social services contact details. A safeguarding poster was available in the waiting areas as information for patients.

Staff were able to demonstrate their understanding of child protection responsibilities and the signs of abuse and the types of abuse that could occur. They were able to give us an example of an alert that had been made and were confident that appropriate action had been taken.

We spoke with the practice manager about Disclosure and Barring Service (DBS) checks as part of the safeguarding measures within the practice. The practice manager told us that she was in the process of obtaining DBS checks for non-clinical staff. Clinical staff had already undertaken a DBS check as part of their professional registration. The provider may find it useful to note that any staff without a DBS check must be risk assessed with regards to their working with vulnerable adults to ensure patients are protected from harm. If staff were deemed to be in contact with vulnerable children or adults then an enhanced
DBS should be obtained by the provider.
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

Patients were cared for in a clean, hygienic environment. Patients we spoke with told us they felt the surgery was always clean and tidy. They told us staff always washed their hands before and after treatment.

The provider employed domestic staff to carry out the daily environmental cleaning tasks within the practice. The furnishings and floor coverings in the surgeries and treatment rooms were washable and action had been taken to reduce the risk of infection through regular cleaning. Personal protective equipment (aprons and gloves) and hand hygiene gel was available throughout the practice. Hand washing instructions were also displayed by the wash hand basins. This meant that patients and staff were informed about good hand hygiene practices.

When we looked around the practice we noted that the cleaning mops were stored in the buckets and not hung up. The practice manager stated this would be changed. Cleaning data sheets were available but these were not signed upon completion for example, daily, weekly and monthly routines completed. The sharps disposal bins were not dated and gaps in the fridge temperature monitoring sheets were noted. Some out of date dressings/consumables were identified in both treatment rooms. Couches, curtains and pillows were either washable or with protective covers. These were discussed with the practice manager to deal with immediately.

There were arrangements in place for the safe disposal of clinical waste and sharps, such as needles and blades. Arrangements were also in place for the regular collection of waste. We were informed that equipment that was for single use only was disposed of in the surgery as clinical waste and the provider had a service level agreement for this.

Information in the staff files we looked at confirmed staff had attended training in infection control. The files also indicated that the provider offered staff vaccinations to protect them from some infectious diseases. For example all GPs, all clinical staff and most non-clinical staff had been immunised against Hepatitis B. The practice manager told us these were routinely offered to all staff and this was part of the provider's risk assessment process for
ensuring staff were protected from exposure to infections that could be caught at work.

A self-assessment Infection Control audit had been completed by the two practice nurses and the practice manager on 20th August 2013. This was a full audit and was evidenced to contain a number of actions and comments. These had been discussed and arrangements were in place to make the necessary changes identified, including improving baby changing facilities, new egg shell paint in corridor, additional storage in treatment room. The audit was checked during our walk around of the rooms at the practice.
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

Patients told us they were pleased with the professionalism and competency of the staff. People said, "The doctors and nurses are all very good, they are professional and approachable." Another said, "We have been coming here all our lives and the staff have always been the same, they are excellent."

Staff received appropriate professional development. We spoke with the GP, the practice manager and two practice nurses and three members of reception staff about training experiences and opportunities. We also looked at training and development records. They showed new staff received an appropriate induction and all staff received on-going training and development.

Records and staff comments showed initial training undertaken included, health and safety, confidentiality, computer system training and the use of equipment at the practice. Training had also been undertaken in safeguarding vulnerable adults and children from abuse and fire safety. Other courses such as emergency resuscitation and venepuncture (the taking of blood) had also been provided to appropriate staff.

A recently employed staff member said they had completed a thorough induction which included shadowing an experienced member of staff and enhancing their knowledge and skills.

Staff were able, from time to time, to obtain further relevant qualifications. Practice nurses described how they had been supported to complete courses to enable them to lead clinics at the practice, for example, diabetes and chronic diseases.

We saw evidence on the practice NHS Choices web site that GP's had up to date registration with the General Medical Council (GMC) and the nurses were registered with the Nursing and Midwifery Council (NMC). This demonstrated that clinical staff had the correct qualifications to carry out their jobs.

Staff we spoke with told us they were allocated 'protected learning time' where they received training appropriate to their roles. They told us on-line training was also available.
to ensure their knowledge and skills were up to date

Staff records, and their comments, indicated they received support through staff meetings and an annual appraisal of their work. Staff we spoke with confirmed supervision arrangements and told us they enjoyed working at the practice and felt well supported.
Assessing and monitoring the quality of service provision

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive. The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

Reasons for our judgement

Patients who used the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. Decisions about care and treatment were made by the appropriate staff and at the appropriate level.

The practice undertook a number of audits in line with the national Quality and Outcomes Framework (QOF) and in collaboration with the Clinical Commissioning Groups (CCG). These are groups of GPs responsible for designing local health services in England. They will do this by commissioning or buying health and care services. Most of the targets looked at had been met.

The health and safety policy was available for review and included responsibilities of staff, risks, safe handling and use of substances information and general principles for staff to be aware of. This was dated last reviewed in April 2013. A number of certificates of testing were evidenced including: alarm testing, portable appliance testing, fixed wire testing and testing of all equipment used at the practice. The provider may find it useful to note that the practice manager told us that an annual risk assessment was carried out for health, safety, fire risk but that this was not recorded.

We asked the practice manager to describe what actions had taken place to gain patients views, feedback and involvement in shaping the services provided. The practice manager told us that in September 2012 a random selection of 30 patients had been contacted and invited to join a Practice Participation Group (PPG). Only four responses had been received, one of which declined. Due to low response no meeting was held. It was decided to try to establish a PPG again this year so the patient questionnaire was carried out in September 2013 during a Flu Clinic and included an invite to join a PPG. One hundred patients attended the clinic and the practice manager was able to get 20 questionnaires completed. The questionnaire also included an invite to join a PPG. The practice manager intends to try to set up a further meeting to begin a PPG.

The questionnaire results were analysed and included responses to questions on
telephone access, speaking to a GP, speaking to a nurse, opening hours, cleanliness, listening to you, and involving patient's in decisions. The responses showed generally high levels of satisfaction with the service.

We looked at how the practice managed the reporting of incidents. The document provided information on what an incident or event may be and also the procedure to be undertaken if this occurred. This included the use of a 'Significant Event Form' together with a form to be forwarded to the CCG. The practice manager stated that staff would print off the form or send a note to the practice manager of any event they wished to report. Once investigated the event was typed onto the standard form and retained by the practice manager. The provider may find it useful to note these were not shared with staff other than at practice meetings.

We looked at two events that had been recorded. One was about medicines. There were records of what had happened, actions taken and learning points. The second event involved a needle-stick injury during a visit to the hospital. Actions included checks with the hospital on the actions taken and any further advice needed to give to the patient.

Staff were able to access a shared drive on the practices computer system where a wide range of policies and procedure were stored. The provider may find it useful to note that the drive did not contain all policies and procedures likely to be required by staff.

All practice staff attend the practice meetings which was held bi-monthly as part of the protected learning programme. The practice manager told us that serious untoward incidents and complaints were standing items for discussion at the meeting. The provider may find it useful to note that no agenda or minutes were made of the meeting other than hand written notes by the practice manager. The practice manager stated that she would update a member of staff verbally if they were unable to attend. The practice manager agreed to provide minutes of these meetings.

The practice displayed their complaints procedure in the waiting room and a poster was available in reception notifying patients of their right to complain and to ask at reception for more information. All complaints were forwarded to the practice manager who was responsible for acknowledging and investigating complaints, supported by the registered provider. All complaints were shared and discussed at the bi-monthly practice meeting with all staff present. This ensured there was learning from complaints and action to address and minimise any further concerns. Patient's we spoke with told us they were very satisfied with the service they received and were confident that any concerns would be dealt with appropriately.
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.

<table>
<thead>
<tr>
<th>✓  Met this standard</th>
<th>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.</th>
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<tbody>
<tr>
<td>✗  Action needed</td>
<td>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.</td>
</tr>
<tr>
<td>✗  Enforcement action taken</td>
<td>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.</td>
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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>Management of medicines</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.