

Preferred terms

This section splits our corporate terminology into three groups: terms used to describe people, terms relating to our registration of care providers, and a general selection of preferred words and correct usages, including some accessible alternatives to unnecessarily complex words.

Terms relating to people: these are the preferred terms for referring to the many different types of people who use social care and healthcare, or who work in care services or for CQC. The words relating to disabled people reflect the social model of disability, which was developed by disabled people to describe and take action against exclusion and discrimination.

Term	Notes
Asylum seeker	A person who has left their country of origin and formally applied for asylum in another country, but is waiting for a decision to be made about their application.
Refugee	A person whose asylum application has been successful because they have proved that they would face persecution if they returned home.
Black and minority ethnic groups	Not “ethnic minority”. “Black and minority ethnic groups” includes all groups that are not recorded under the “white British” category.
Blind people or partially sighted people	Avoid “the blind”. People who are blind and deaf prefer “deafblind people” or “people with dual sensory impairment/loss”.
Carer	A relative, family member or friend who provides unpaid support to a disabled person or other people who use services.
Care worker	A person who is paid to support children or adults who use services as part of their paid role.
Deaf people or people who are hard of hearing	Avoid “the deaf”. People who are deaf and blind prefer “deafblind people” or “people with dual sensory impairment/loss”.
Disabled person	Avoid referring to “a person with a disability”, or “the disabled”, or “handicapped” people.
Individual needs	Avoid “special needs”, which can suggest segregation and exclusion.

Term	Notes
Institutional racism	(In the context of care services) the collective failure of an organisation to provide an appropriate and professional service to people because of their colour, culture or ethnic origin.
Invalid	Avoid this term, particularly if referring to a disabled person, because it equates disability with illness and has connotations of reduced worth.
Neurodiverse	A term that refers to people with a range of impairments affecting their perception and communication, many of whom are described as having autistic spectrum disorders.
Older people	Not “elderly people”, “the elderly”, “the old”, or “old folk”.
Patient	Do not use to refer to someone who is in a care home or nursing home.
People who use services	Not “service users”.
People with a learning disability	Avoid “people with learning disabilities” (even though grammatically correct) and “mentally handicapped people”.
People with multiple or complex needs	A term sometimes used to refer to people with a severe learning disability plus other impairments, such as a physical disability.
Personal assistant	Disabled people prefer the term “personal assistant” when referring to people who provide them with personal support, particularly if they employ them themselves.
Sexual orientation	The correct term to use when referring to whether a person is lesbian, gay, bisexual, homosexual or heterosexual. This is different from a person’s “sexuality”, which refers to how a person expresses themselves sexually.
Younger adults	Avoid “older teenagers” or “youths”.
Wheelchair user	Disabled people who use a wheelchair sometimes refer to themselves as being “wheelchair users”.

Terms relating to registration of providers of care services: this glossary of terms is aimed at general audiences rather than those closely involved in the registration process.

Term	Definition
Essential standards of quality and safety	The standards that providers of healthcare and adult social care must meet from 2010 onwards to comply with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. The abbreviated term is “essential standards”, or “the standards”, not “essential quality standards”.
Guidance about compliance	Guidance about the outcomes for people that we expect to see when a provider is meeting the essential standards, and therefore complying with the regulations.

Term	Definition
Judgement framework	Guidance for our inspectors and assessors to help them make consistent judgments about whether or not providers are meeting each of the essential standards.
The scope of registration	The different types of services and activities that the Health and Social Care Act 2008 classifies as regulated. All of them must be registered by CQC to have a licence to operate.
Service	A general term covering the different types of services, clinics, hospitals and residential homes that are run by providers of healthcare and adult social care.
Regulated activity	Any activity that is regulated under the Health and Social Care Act. Providers must be registered by CQC for each of the regulated activities they carry out.
Location	The place/s at which or from which a provider delivers a regulated activity – for example, each hospital run by an NHS trust or each care home within a group of homes. The provider must demonstrate to CQC that each regulated activity they carry out at each location complies with the essential standards.
Provider	The legal entity that provides a regulated healthcare or adult social care service to members of the public. This could be an individual, a partnership, or an organisation.
Conditions of registration	Conditions that we may impose when registering a provider, to bring about improvement or to limit the services they provide.
Variation in conditions of registration	Providers can apply to us to vary some of the conditions of their registration – for example if they want to offer an existing service at a new location.
Certificate of registration	The certificate that we send to a provider to confirm their registration and any conditions that apply to it. It also gives details of their regulated services and activities, and their locations.
Directory of registered service providers	The pages on our website that show all the providers of healthcare or adult social care that are registered by us, including any conditions that we have attached to their registration.
Quality and risk profile	The information we hold about a provider's services and activities, including information from our assessments. Each provider's profile is regularly updated with information from external sources, including the people who use their services, and is monitored on an ongoing basis. If we identify possible non-compliance this triggers follow-up by our inspectors.
Scheduled inspection	An inspection of a location that is planned and can be done at any time
Responsive inspection	An inspection of a location that is carried out any time to look at identified concerns
Themed inspection	An inspection of a location that is carried out as part of a national inspection programme that focuses on a specific issue or type of service

Term	Definition
Provider compliance assessment	A set of templates to help providers assess whether they are meeting the essential standards. There is one for each regulation and its associated outcomes for people who use services. A provider can carry out a compliance assessment at any time. When doing so, if they identify any changes in their activities that could lead to them no longer meeting the standards they should inform us.
Compliance monitoring	The continuous process of checking that each registered provider is meeting the essential standards. We do this by constantly monitoring all the information we hold or receive about a provider.
Enforcement action	The actions we take, based on our legal powers, if a provider's services fall below the essential standards. If necessary, we can cancel a provider's registration if they do not make the improvements needed to meet the standards.
Regulatory action	A range of actions we can take to ensure that a provider meets the essential standards, without taking enforcement action. They include meeting with providers, improvement action and a planned collaborative review.
Notices of proposal/decision	Notices we send to providers either proposing what we intend to do as part of the registration process, or confirming our final decisions.
Appeals and representations	Providers have a legal right to make representations about our notices of proposal and to appeal against our notices of decision.
Notification	The action that a provider is legally bound to take to tell us about any changes to their regulated services or incidents that have taken place in them.
Statutory warning notice	A notice that we send to a provider if they have failed to make the improvements set out in an improvement action, to warn them about the further action we will take if necessary.
Penalty notice – fines	Notice to a provider about the penalty or fine we will impose if they continue to fail to meet the essential standards.
Prosecution	We can prosecute providers if they do not comply with the regulations.
Suspension of registration	We have the legal power to suspend a provider's registration in part or in full if they fail to improve.
Cancellation of registration	If we have particularly serious concerns about a provider's services and they fail to improve, we can remove their licence to operate by cancelling their registration.

Miscellaneous preferred words and usages

Word	Notes
A&E	Use upper case and ampersand (&), and no space between the characters
Able to	Avoid “in a position to” or “having the capability to”

Word	Notes
About or around	Avoid “approximately”
Adviser	Not “advisor”
After	Avoid “subsequent to”
Adult social care	Care services for people over the age of 18
All right	Not “alright” or “all-right”
Allowed	Avoid “admissable”
Among	Not “amongst”
Before, earlier	Avoid “prior to” or “prior”
Because	Avoid “due to”, “due to the fact that” or “as a consequence of which”
Begin or start	Avoid “commence”
Between or among	Between if referring to two objects Among if referring to three or more objects
Can	Use to show something is possible . If you want to show something is allowed by others, use “may”
<i>Clostridium difficile</i>	A healthcare-associated infection. It should be shown in italics, as should the abbreviated form <i>C. difficile</i>
Compare to or compare with	Compare to is to note similarities between two things Compare with is to note differences between them
Comprise, Consist of	Both terms mean to be made up of, but only “consist” should be followed by “of”
Coordinate, Cooperate	No hyphen
Cross-check, cross-checking	Use a hyphen
Death rate	Avoid “mortality rate” if possible
Department of Health	Abbreviates to DH
Different from	Not “different to”
Discrete or discreet	Discrete means individually distinct Discreet means tactful, circumspect
Drug misuse	Not “drug abuse”
email	No hyphen, but hyphenate all other e-words – for example, e-commerce
End	Avoid “terminate”
Enquiry or inquiry	Enquiry means a question or request, such as enquiries to our National Contact Centre. Inquiry means a formal investigation.
A few	Avoid “a small number of”
Fewer than	Not “less than” (if referring to a number)

Word	Notes
Focused	Not “focussed”
Follow-up Follow up	Use a hyphen when using as a noun, for example, we made a follow-up visit, but don't use a hyphen when using as a verb – for example, we will have to follow up the provider.
Healthcare	One word, no hyphen or space
Healthcare-associated infection	Not “healthcare acquired infection”. Note the hyphen in “healthcare-associated”
Helpline	One word, no hyphen or space
Independent healthcare provider	Lower case
If	Avoid “in the event that”
Imply Infer	Imply means to hint or suggest something Infer means to deduce what has been implied
In	Avoid “within” unless referring to a part of a whole
Inpatient	No hyphen or space (same for outpatient)
Meet	Avoid “meet with”
Mid-term	Use a hyphen after the prefix “mid”, unless part of a geographical name, such as Mid Glamorgan
Monitor	The name of the independent regulator of foundation trusts. Spell out Monitor’s role when first mentioning its name if the context does not make this clear.
Multi	No hyphen after “multi”, unless when two vowels appear together (multidisciplinary, but multi-ethnic, multi-agency)
National Institute for Health and Clinical Excellence	Abbreviates to NICE. Note: “ for Health and Clinical ...”, not “ of Health and Clinical ...”
NHS	Use the abbreviated form
Out-of-hours, out-of-date	Hyphenate when used as an adjective (eg he is an out-of-hours doctor), but not when used as an adverb (eg “he was working out of hours”)
Or	Avoid “alternatively”
Possibly	Avoid “It is possible that”
Primary care trust	Lower case. Abbreviates to “PCT”
Responsible Being responsible	Avoid “accountable” or “accountability”

Word	Notes
Safeguarding	Preventative measures and response systems to enable people to live their lives free from harm, abuse and neglect, and to have their health, wellbeing and human rights protected. Those most in need of safeguarding are children, and adults who are made vulnerable either by their circumstances or by being in a particular situation, such as during childbirth or a medical procedure. For children, safeguarding work focuses on care and development, whereas for adults the emphasis is on independence, choice and wellbeing.
Shown, proven, demonstrated	Not “evidenced” (ie avoid using “evidence” as a verb)
sub	No hyphen when used as a prefix (eg subgroup, subcommittee)
Through	Avoid “via” unless referring to travel routes
UK	Not U.K. (no full stops)
Use	Avoid “utilise”
Wellbeing	No hyphen or space
Whilst	While