Inspection Report

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

Oxford Private Care

Shrublands, Faringdon Road, Cumnor, Oxford, OX2 9QY

Tel: 01865861944

Date of Inspection: 04 February 2014

Date of Publication: March 2014

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

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Supporting workers	✗ Action needed
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Oxford Private Care
Registered Managers	Mr. Mark Collins Ms. Jane Quartermain
Overview of the service	Oxford Private Care provides care services for people in their own homes throughout Oxfordshire. They are also able to provide live in services for people with more complex needs.
Type of service	Domiciliary care service
Regulated activity	Personal care

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'.

	Page
Summary of this inspection:	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
What we have told the provider to do	5
More information about the provider	5
Our judgements for each standard inspected:	
Respecting and involving people who use services	6
Care and welfare of people who use services	8
Safeguarding people who use services from abuse	10
Supporting workers	12
Assessing and monitoring the quality of service provision	14
Information primarily for the provider:	
Action we have told the provider to take	16
About CQC Inspections	17
How we define our judgements	18
Glossary of terms we use in this report	20
Contact us	22

Summary of this inspection

Why we carried out this inspection

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

This was an announced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 4 February 2014, 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 and reviewed information sent to us by other authorities.

What people told us and what we found

This was an announced inspection. We spoke with seven care workers, a care manager the registered manager and a care director. We also spoke with eight people who used the service or, where those people were unable to speak with us, their relatives.

We looked at nine care plans and found care was planned and delivered in a way that was intended to ensure people's safety and welfare. People using the service were involved in the assessment and planning of their care. The service had recently introduced a personal profile page to the care plans. One person's relative said, "The care plan is accurate and I like the personal profile which captures likes and dislikes very well". We saw that care was planned and delivered in a way which ensured people's safety and welfare.

Care workers we spoke with were positive about the care they delivered. Care workers told us they had been trained in all aspects of care delivery, including safeguarding, whistleblowing, manual handling and infection control. Additional specialised training was provided by district nurses. One care worker said, "It was a good induction, the director is a good trainer". We found that care workers were well trained and informed, but lacked regular formal supervisions and appraisals. This meant that staff performance and development was not regularly discussed and actions put in place to ensure staff were supported to develop.

The service had a safeguarding policy. Care workers were trained in recognising and reporting concerns of abuse and were able to describe to us their responsibilities.

The service carried out an annual quality assurance survey with people who used the service and their relatives. We saw that the results had been analysed and actions from people's comments prioritised. We saw that incidents were investigated and logged so that learning could be identified and applied across the service.

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 05 April 2014, 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

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. People's privacy, dignity and independence were respected.

Reasons for our judgement

People expressed their views and were involved in making decisions about their care and treatment. We were told that initial assessment visits were carried out for all private clients or for local authority funded clients with complex care needs. Otherwise the local authority referral report was used to inform a care package. Area care managers and senior care workers worked together to seek feedback from people and ensure that care plans were updated to reflect their needs. People who used the service understood the care and treatment choices available to them. We saw that people and their relatives had signed the care plans to confirm that they understood and agreed with the proposed package of care.

The service were in the process of introducing 'one page personal profiles'. These documents were created in conjunction with people who used the service and their relatives and outlined information about people's interests, likes and dislikes. For example, one person's profile said, "If I am unwell, I am to remain in bed. Please assist me with personal care and wash and dress me in bed. Please leave me clean, dry and comfortable". Another person required assistance with personal care tasks but liked to wet shave themselves. The care plan clearly stated this and guided care workers to place a bowl of water and razor next to the person and assist only if requested to do so. Care workers we spoke with told us that they found the 'personal profile' to be very helpful when delivering care and getting to know the person better.

People's diversity, values and human rights were respected. We looked at the care plan for one person living with dementia. The care plan noted that this person liked to walk. Instructions to staff stated "If they are walking about the house that is fine let them do so, just keep an eye on them. If however they go out then join them for a walk, do not stop them". Another care plan stated that the individual was slightly hard of hearing but did not use hearing aids. This person had dysphasia and became concerned and frustrated when they could not say what they meant, or if people had difficulty understanding them. The personal profile stated, "Please give me time to speak, do not rush me, I also need help

and guidance when walking". Another care plan that stated a person was very hard of hearing and that care workers needed to make sure that their hearing aids are correctly fitted and working. Instructions to care workers when speaking with this person were to ensure they were facing the person and to speak clearly and slowly. We saw in one person's care plan that they required intimate care to assist with bowel management. The care workers providing this care required specialist training. We saw that the person had been consulted on their preference for the care workers who would be trained to provide that care task.

People who used the service were given appropriate information and support regarding their care or treatment. The service had introduced a new booklet called caring about you. This booklet was provided to the people using the service. The booklet contained additional information relating to complaints, safeguarding and whistleblowing. One relative said, "I find the service really helpful. I am informed if a care worker is sick or delayed. The care plan is accurate and I like the personal profiles which capture likes and dislikes very well". They went on to say "I have noticed improvements in the way care workers relate to my relative since these were introduced in the last 12 months".

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care. We saw evidence that live in care workers assisted in planning activities with people who they supported. One live in care worker assisted the person to go shopping each week using the local bus service. We spoke with a care worker who said, "We encourage people's independence and choice as much as possible". People were supported in promoting their independence and community involvement.

We spoke with care workers about how they would ensure people's privacy and dignity when providing care. Care workers were able to describe how they managed personal care in a sensitive and respectful way. One care worker described; curtains drawn, closing doors and ensuring people were covered during personal care, for example "when washing a person in bed I would cover the area not being washed and when I am helping a person get out of the bath I would cover them all over".

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 spoke with eight people or their relative who use the service. One person said, "The care plan reflects my relative's needs well. Another relative said, "The personal profile is good I like it".

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We looked at the care plans for nine people who used the service. We saw that people's needs were reviewed regularly and that care plans were updated.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety. We looked at the care plan of one person who received food through a 'PEG [Percutaneous endoscopic gastrostomy] feed' [tube directly into the stomach]. The care plan contained detailed instructions to carer's on the positioning of the person when a PEG feed was given; "must be sat upright or at an angle when administering anything through peg. NOT laid flat". Care workers told us and we saw records to confirm that seven care workers had received training from a registered nurse to administer the peg feed. We spoke with care workers who supported this person. One said they ensured that the person "sit up slightly to enable the feed to flow at the correct rate".

We saw that this person received support with their catheter care. The care plan stated "monitor and document urine output" and to report concerns to the district nurse. Care workers we spoke with told us they did this. One said "it is very important to monitor volume, colour and smell of the urine for this person as they are prone to infections". Another said "all concerns are reported without delay to the district nurse and my managers". We spoke with this person's relative who said ", "I am happy with the support my relative receives, the care workers are very good they monitor the catheter, check it is flowing and there are no problems. If the care workers are concerned about anything they notify straight away".

People's care and treatment reflected relevant research and guidance. We saw that care plan for one person with a physical disability who received support with catheter care and bowel management. The care plan stated that the person could "manage some washing

herself, but carers to assist with the areas [the person] cannot reach". We saw that three care workers had received specialist training from the district nurse to provide catheter care two carers had been trained to provide bowel management care. We spoke with a care worker who provided care to this person; they said ""there are three carers who attend to [the persons] catheter care needs we all work as a team". We asked about support with washing and they said "[the person] does the top half and we support with the lower half. We assist her to wash her hair, back and lower half including feet".

We saw that risk assessments in care plans were reviewed annually or more frequently if changes had been identified. We saw a risk assessment that included a plan of how to manage the risks associated with bathing a person. We saw care plans contained bathing assessments and guidance for using temperature charts. This demonstrated the people using the service were safe from the risk of harm.

Care and treatment was planned and delivered in a way that was intended to ensure people's welfare. One care worker told us, that they had raised concerns with the office that they were unable to support a person with showering regularly in the half an hour time that was allocated. They said "previously it was a rush and you were always 10 minutes over the half hour". They told us in these circumstances they would call the office and they would try and get extra time. The care worker said "on three days a week I have an extra 15 minutes to enable us to give her a shower".

There were arrangements in place to deal with foreseeable emergencies. The service employed a number of care workers who they referred to as 4 x 4's. These were experienced care workers who were employed to fill gaps at times of staffing shortages and during extreme weather conditions such as recent flooding. The service acknowledged that in emergency situations the 4 X 4 care workers may be a completely new face to the person receiving care but this was unavoidable in extreme circumstances. One care worker told us, "the work is rewarding and varied".

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

We spoke with eight people about being safe. One relative said, "I am fortunate I can get out, I have no qualms about leaving my relative with the care workers and that they are safe". Another person said, "My relative is safe and I would recommend the agency".

We saw training records which showed care workers had completed a safeguarding course as part of their induction training. All of the care workers we spoke with were able to describe to us the types of abuse and what to look for. They also were aware of and where to report any concerns to. For example, one said they would report to the on-call manager immediately if they had any concerns regarding abuse. Care workers were aware of other organisations who they could speak to if they had concerns about abuse. This included local authority, police and the care quality commission. One said "we have a list of their numbers. This was covered quite well in the induction".

Training records showed that all care workers had completed safeguarding vulnerable adults and whistleblowing training. We saw minutes of team meetings; safeguarding was included as a regular agenda item. We saw that the service had a safeguarding policy in place which described the local safeguarding arrangements. We spoke with four care workers and a care manager about safeguarding who told us that they knew where the policy was kept and how to access it. One care worker said "I have it [the safeguarding policy] in my folder". The service had included their safeguarding policy into the "caring for you" booklet which remained in people's homes.

The directors told us the risk of financial abuse was reduced by implementing a financial monitoring system. We saw two care plans for live in care workers where both care workers handled small amounts of cash to purchase ad hoc items for the people they cared for. The provider may find it useful to note that whilst one care plan contained detailed instructions on how to log financial transactions the other did not. The care manager told us that any spending was logged on a financial records sheet and receipts were kept. We saw records to confirm that financial records sheets had been checked as part of the care review.

We saw evidence that where concerns had been raised by care workers that the service immediately involved appropriate professionals and appropriately notified the local authority safeguarding team. We saw that appropriate plans had been put in place to ensure people's safety. People were protected because the provider responded appropriate to safety concerns.

Supporting workers ✖ Action needed

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was not meeting this standard.

People were not always cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard. Staff received appropriate induction training, but did not receive regular supervision and appraisal.

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

Staff received appropriate induction training. Staff told us and records confirmed that they received a five day induction course covering a range of topics including moving handling, safeguarding of vulnerable adults and food hygiene. The care director was responsible for delivering training, they showed us an induction file which was provided to staff for them to hold their training material. The file also contained relevant policies for new staff to read. One care worker told us that the care director was "a good trainer" another care worker said "it was a good induction". Following the training, care workers shadowed other more experienced care workers before providing care alone. One care worker said "I got a bit of a head start in getting to know people I would be providing care to".

The service communicated with all care workers on a weekly basis in the form of a weekly newsletter. The newsletter was used to inform care workers about individual care worker achievements, changes to the way the organisation functioned, how regulations and other external agreements impacted upon the service. People who used the service were also mentioned briefly in this newsletter for example where families had sent a letter of thanks, where people had moved into residential care or passed away. The service issued a training newsletter every two weeks. The topics were practical and focused on safe practice. One newsletter contained a specific section on the risks associated with administering Warfarin reinforcing the need to be trained by the district nurse prior to giving Warfarin.

We spoke to care workers who told us they felt supported and always knew who to speak to if they had concerns, but that they did not receive regular formal supervision meetings. One care worker said, "If I have any concerns I always speak to the manager" The directors and manager explained that they speak to most care workers on a weekly basis. The care workers have access to managers and directors most days. One care worker said, "My manager always asks me if I am alright and shows me what is good, I feel supported". However, Staff did not always receive appropriate supervision and appraisal. Oxford private care's supervision policy and procedure stated that "all stuff must attend

formal supervision sessions at least 4 times a year". We looked at files for six members of staff, only three files contained records of supervision meetings. Two members of staff had been with the service for three months and therefore had not needed to attend a supervision meeting. However, one member of staff had been working at the service for six months and there were records of a supervision, spot check or competency assessment. None of the files contained records to confirm that supervisions and appraisals took place on a regular basis. There was a risk that staff would not be supported to develop and improve. We spoke with the registered manager and the care director about this. We saw that an action plan was in place and they had planned for all staff to receive an appraisal by 31 March 2014.

Staff were not always supported to obtain further relevant qualifications. In two of the staff files we looked at we saw appraisal records to indicate that staff had identified training needs and that the supervisors had agreed to arrange training. One member of staff told us that they had requested to be enrolled on an NVQ level 2 in health and social care. This had not been arranged at the time of our visit, nine months after the recorded appraisal meeting. We asked the registered manager what system they had in place to ensure that staff training requests were captured and delivered. We were told that the individual training request must have been "lost in communication" and would be arranged for the staff member immediately. There was a risk that staff would not be supported to develop their skills and knowledge through receiving appropriate regular supervision and appraisal.

Assessing and monitoring the quality of service provision ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

People who used the service, their representatives and staff were asked for their views about their care and treatment and they were acted upon. The service carried out an annual quality assurance survey. We saw that the results of the most recent survey had been analysed. The results were mostly positive. We saw that actions had been identified and we were told that these had been prioritised to ensure that people's comments were acted upon. For example, where three people had commented that they felt there was not enough time for their care, an action had been given to the area care managers to speak with these people and review their care packages. The results of the annual satisfaction survey were published to both staff and people who used the service in the newsletters. One relative told us, "I receive a questionnaire every year around Christmas time. The service ask what we like about the service and what does not work so well. I always fill it in and return it. I am waiting for the results from December's survey".

There was evidence that learning from incidents / investigations took place and appropriate changes were implemented. We saw the provider had an accident and incident policy. Staff we spoke with told us that the care director was responsible for recording and investigating accidents and incidents We saw that senior staff kept a log of all recorded accidents and incidents and the actions taken in relation to each individual incident. Senior staff told us they monitored the log to identify if there were any emerging patterns or trends. We saw that individual incidents had been investigated and dealt with appropriately and that actions had been taken to ensure they did not reoccur.

Decisions about care and treatment were made by the appropriate staff at the appropriate level. We saw detailed minutes of senior staff meetings which demonstrated that care packages, incidents, complaints and feedback were discussed. Actions were generated within these meetings with a deadline and responsible persons linked to each one. For example, the service had a 'status' database which provided information on care packages that had been taken on and ones which had left and enabled the service to identify when reviews of care and risk assessments were identified. An action had been allocated to the care managers to ensure that the database was updated. This system ensured that

people's needs across the service were being met. The system also ensured that decisions in relation to taking on new people were made at the appropriate level and were informed decisions in relation to whether the service had the capacity to deliver the care required.

There was evidence that the provider took account of comments and complaints to improve the service. We saw a record of a missed visit about which the service had received a complaint. This incident had been reviewed in a staff meeting and there was a record of measures that had been put in place to prevent a similar incident from occurring in the future. For example, 'code confirm' boxes had been purchased for people who did not have a house phone. This meant that the provider could ensure themselves that care workers had arrived at people's houses when the usual method for confirming this was not available.

This section is primarily information for the provider

Action we have told the provider to take

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.

Regulated activity	Regulation
Personal care	**Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010** **Supporting workers**
	How the regulation was not being met: The registered person did not have suitable arrangements in place in order to ensure that staff received appropriate professional development, supervision and appraisal. Regulation 23 (1) (a)

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 05 April 2014.

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:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

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

Responsive inspection

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

Routine inspection

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

Themed inspection

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

Contact us

Phone:	03000 616161
Email:	enquiries@cqc.org.uk
Write to us at:	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA
Website:	www.cqc.org.uk

Copyright Copyright © (2011) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.