

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

Watcombe Hall Annex

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27 August 2013

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2013

We inspected the following standards to check that action had been taken to meet them. This is what we found:

Care and welfare of people who use services	✓	Met this standard
Management of medicines	✓	Met this standard
Requirements relating to workers	✓	Met this standard
Supporting workers	✓	Met this standard
Records	✓	Met this standard

Details about this location

Registered Provider	Four Seasons (Granby One) Limited
Overview of the service	Watcombe Hall Annex opened in 2011 as a small independent hospital for women with a learning disability or mental health needs. In 2012 the hospital expanded to offer accommodation for up to 15 women.
Type of service	Hospital services for people with mental health needs, learning disabilities and problems with substance misuse
Regulated activities	Assessment or medical treatment for persons detained under the Mental Health Act 1983 Diagnostic and screening procedures Treatment of disease, disorder or injury

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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

We carried out this inspection to check whether Watcombe Hall Annex had taken action to meet the following essential standards:

- Care and welfare of people who use services
- Management of medicines
- Requirements relating to workers
- Supporting workers
- Records

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 27 August 2013 and 28 August 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with staff, were accompanied by a pharmacist and talked with commissioners of services. We talked with other authorities.

We were accompanied by a Mental Health Act commissioner who met with patients who are detained or receiving supervised community treatment under the Mental Health Act 1983.

What people told us and what we found

In April 2013 we inspected Watcombe Hall Annex and identified concerns in relation to care, records, medication systems, quality assurance and staffing. We issued the hospital with compliance actions, and warning notices in relation to quality assurance and care. We followed these up with another inspection in June 2013. We identified that some improvements had been made and that the hospital was compliant with standards on quality assurance but some work was still needed to become compliant with standards of care.

On this inspection we looked again at the other outstanding areas from the April Inspection. We found that improvements had been made to care, staffing, medication and records.

We found patients were receiving the healthcare they needed. We saw staff supporting patients well. Medication was being managed better and records had improved in general. Care plans and other records were up to date and reflected patients needs and wishes. We saw that action had been taken to ensure staff recruitment was thorough and staff received the training and supervision they needed to fulfil their job role.

One person about to be discharged told us "I am feeling much better now and want to go on and just live my life. The staff here have been very good – better than at xxxxx where I

was before. They have helped. I didn't really want to be here, but I can see how much I have improved."

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

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

On our previous inspection of April 26, 28 and 30 2013 we had identified concerns over the physical healthcare of patients accommodated at the hospital. We served the hospital with a warning notice, and followed this up with an inspection on 10 June 2013. We identified that although progress had been made, it had not been enough to ensure that patient's needs were being met. So we told the hospital we would keep the warning notice on hold and re-inspect them. We asked them to send us an action plan telling us how they were going to meet the regulations.

On this visit we looked at the actions they had taken. We saw that the situation had improved and patients were having their healthcare needs assessed and met.

We looked at 4 care plans, and spoke with 4 patients. At the time of the inspection there were 5 patients accommodated at the hospital. However 2 were on long term leave pending discharge. One patient had returned to the unit for a ward round meeting.

We looked at the records, talked with the patients living at the hospital, and sat in on a ward round with patient's permission. This gave us information about how patient's care needs were assessed and plans altered to meet those needs. We saw the ward round was a multi-disciplinary meeting which on this occasion included nursing staff, the patient, the hospital management, an occupational therapist, and the consultant psychiatrist. We saw that the meeting was structured to include updates on people's physical health. Integrated clinical notes were written at the time of the meeting. At the end of the meeting we saw that changes to care plans were shared and any actions identified. The meeting also highlighted any changes in people's risk levels, medication reviews and ensured that actions from the last review had been followed through. Patients attended the meeting and were able to ask questions or make requests about their care plans and needs.

At the inspection in April 2013 we had identified concerns about the management of one patient's long term health condition. We identified that significant support had since been provided to the individual to help the hospital and themselves manage their own condition.

This had included making information accessible about their condition and the potential impact of not complying with their medication regime and healthy lifestyle advice. Assessments had been undertaken of the patient's capacity to understand their condition. We saw that records in relation to the monitoring of their condition had improved since our visit in June 2013. We found that the patient had also received screening for other health conditions and attended or been offered hospital appointments. They had received podiatry support and had specialist eye tests. We saw that protocols in relation to managing risk associated with their conditions were in place and being followed.

We saw that one patient had been involved in a recent incident where they had presented risks to staff. We saw that the next day their risk management plan had been updated to reflect the new risks being presented. We saw that at the ward round their risk management plan was updated again. This told us the hospital responded to changes in patient's needs quickly.

We saw that the recording of tests and protocols for managing long term health conditions had improved. As an example we saw that two patients had asthma. We saw that tests were being carried out every week to measure their lung function. We saw that staff had access to plans that told them clearly what actions to take when recordings reached a certain level. As an example we saw that for one person when their recording dropped to a certain reading they were to call the GP for advice, and at another level the patient was at risk and an ambulance was to be called. This helped to ensure staff knew how to support the person safely. We saw that information was available for the patient in an accessible pictorial format to help ensure they understood their asthma and how to manage it better.

We looked at the care of another patient we had previously had concerns over. We found that they had had a full annual health check and had blood samples taken. We saw they had been provided with optical care and new glasses. We spoke with staff who told us they tried to support this patient to make healthy food choices wherever possible.

During the two days of our inspections we spoke with xx staff about the changes that had been made. Staff told us that there had been improvements to the service and in meeting people's health needs. However one person told us that for one patient they felt things had not improved. They felt they were inappropriately placed. We discussed this with the regional management team and their community healthcare team.

We saw that during the ward round one patient attended who was on extended leave pending a final discharge from the service. We saw they had improved considerably since we last met them. They told us they were positive about the move into their own accommodation. They said "I am feeling much better now and want to go on and just live my life. The staff here have been very good – better than at xxxxx where I was before. They have helped. I didn't really want to be here, but I can see how much I have improved." We saw that their meeting included planning for follow up support and information sharing with other agencies to ensure they received the support they needed in the community. The meeting also included planning for final pieces of work such as re-assessing them on the recovery star care plans to demonstrate how far they had progressed, and support them with plans for budgeting.

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

At this inspection we assessed the management and handling of medicines, to follow up on some concerns found at a previous inspection. We looked at how medicines were used, stored, handled and recorded, and spoke with staff about medicines.

We found that improvements had been made to the way medicines were managed. The provider had put in place steps to make arrangements for the provision of pharmacy advice and support to the service. We were told by the manager that this was to be an on-going process to assist with the safe handling and use of medicines. This would help to reduce any risks of errors that could adversely affect patient health and welfare.

We looked at the storage of medicines and found that they were stored securely. There was a locked medicines refrigerator for medicines requiring cold storage. We saw records that showed that the temperature was monitored, although the provider may wish to note we saw that there were some gaps in these records where the temperature had not been recorded as checked on some occasions. We saw that there was a maximum and minimum thermometer available, where the temperature range could be checked, but this range had not been recorded.

We looked at four patient's medicines records, and we found that there had been improvements made to the way that medicines were recorded since our previous inspection. We saw that nursing staff had signed when medicines were given, or recorded if they had been omitted for any reason. We also found that there had been improvements to the way allergies were recorded when these had been identified. These records showed that people had received their medicines in the way that they had been prescribed for them.

We looked at three people's care plans and found that there was information recorded about people's medicines. We saw detailed information in two people's plans around medicines prescribed to be given 'when required'.

We saw that there were policies and procedures available for staff, although we were told that these were being altered and updated to reflect the procedures currently being used, and to be made more specific to Watcombe Hall Annex. We saw detailed local procedures

for some aspects of medicines handling, but we were told that further work was still being undertaken.

Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

At our last inspection in April 2013 we had concerns because the service did not have an effective system in operation to ensure that the required information was provided regarding the suitability of agency staff. At the last inspection we found that the hospital did not have information available about the qualifications, skills and experience of one member of agency staff working on shift, or that necessary checks had been undertaken in relation to their suitability to work with potentially vulnerable people.

At this inspection we found that the service had made improvements.

We looked at the way the service recruited the staff who worked at the hospital. We discussed the process of recruitment with the general manager and looked at the staff recruitment records. We talked with staff about the recruitment process that had been followed when they commenced work at the hospital. We saw that there were effective recruitment and selection processes in place. Staff told us that the recruitment experience was supportive, welcoming and positive.

We saw the service used a computerised recruitment system that enabled prospective staff members to complete an application on line from the company website. Applications were also been received for staff vacancies by direct contact and through local advertising.

We saw from records that a process of screening was undertaken and prospective staff considered to be suitable were invited for an interview. There were job descriptions for all worker roles. We saw that anti-discriminatory practice was followed in the application process. For example people were not asked to disclose any disabilities but were asked to confirm if there were any reasons they may need additional support to carry out the role they had applied for.

We saw evidence that a full interview process was adopted that included formal interviews and practical exercises. For qualified nursing staff we saw this included a calculation test and a series of questions in relation to medication. Verification of their qualifications with the Nursing and Midwifery council (NMC) were obtained. We checked the NMC website

and confirmed that the nurses NMC registrations were active.

We saw that the service had obtained two references for each prospective employee and completed Disclosure and Barring Service checks (DBS), previously known as Criminal Records Bureau (CRB) checks. This told us the hospital had taken steps to ensure the suitability of the staff to work with potentially vulnerable patients. We saw that evidence that people's identity had been verified. The provider might like to note that one of the agency staff profiles indicated that their last CRB check was undertaken in 2007. This meant that it had been at least six years since the agency member of staff had been checked for criminal records. This could put patients at risk because the staff might have criminal records that the service is not aware of.

We talked with two agency workers. They told us that a copy of their profiles had been sent through to the hospital. We saw that the agency staff profiles were available. The staff profiles contained a list of training, NMC registration details and a summary of experience, skills and knowledge. This meant that the hospital had information available about the qualifications, skills and experience of the agency staff on that shift. This demonstrated to us that the service had improved their agency recruitment systems to ensure that the required information was provided regarding the suitability of agency staff.

We spoke with staff who had been recruited by the service to work at the hospital on a permanent basis. The staff we talked with confirmed they had followed a full recruitment process. One of the agency staff told us that they had made an application to work at the hospital as a permanent member of staff.

We saw that the organisation had policies in place in relation to recruitment of new staff and requirements that related to workers. The policy gave information and guidance on how to recruit new staff and what steps to take when staff were no longer suitable or fit to be employed by the service. For example if staff compromised the safety of patients, breached their terms of employment or were negligent they would be disciplined and potentially dismissed.

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

At our last inspection in April 2013 we had concerns because the training courses available did not include a course on personality disorder or autism. We had been told Watcombe Hall provided specialist support for patients with personality disorders. One patient who lived at the service had autism and required specialist care and support. At this inspection we found the service had made improvements.

During the inspection we looked at the way staff at the hospital were trained and supported. We looked at the systems in place for staff training and looked at six personal files to see how the records regarding this were being maintained. We talked with one member of permanent staff and two agency staff members about the training and support they received.

Staff who worked at the service in substantive agency posts had their training delivered by the agency that supplied them. We were told this was delivered at a level comparable with that received by the permanent staff at the hospital. We saw from personal profiles that agency staff training included training on safe physical interventions, de-escalation and disengagement training. The provider might like to note that not all of the agency staff profiles had dates of when training had been undertaken which meant that some staff might not have current and up to date training. We were told that the provider monitored the service level agreement and contract with the agency. Agency staff we spoke with told us they received training and training updates. We saw that agency staff were able to attend training that was provided by the hospital. This helped to ensure that staff had the correct skills and knowledge to work at the hospital.

For staff who worked at the service for a short period of time we saw that they were encouraged to attend the hospital for an induction day. Agency staff confirmed this and told us that they were in addition to the staff rota at their induction day.

We looked at the induction systems for staff. We saw that the hospital had an induction programme for permanent staff, followed by either a mentorship programme or specialist support scheme known as preceptorship for registered nurses. We looked at the files for six staff members and found these were being completed. Staff told us that they had completed or were in the process of completing the mentorship programme in place. Staff

told that this had been helpful. We saw that staff providing mentorship to new staff had received training in how to carry out the task. We saw that mentors had supported staff through a programme of training and confirming skills and knowledge.

We talked with a permanent member of staff who had recently started working for the service. They told us they had received a clear induction and felt well supported. They told us they had been made aware of care plans, risk assessments and individual needs of each patient. The provider might like to note that two of the agency staff who we talked with told us that they had not received supervision from their supplying agency. This meant that staff employed to work at the hospital for short contracted periods of time had not received the same support as permanent staff.

The company had a large number of e-learning courses available to staff which they could access via computer systems from the hospital or from their home. We saw that the manager could audit which courses staff had completed and when. Some training was also provided face to face at the hospital, for example training in safeguarding and the Mental Capacity Act 2005.

We looked at the training profiles for six permanent staff. We saw in the supervision records for these staff that training was reviewed and recorded along with an assessment of the learning that had taken place and how this had impacted on the way the person delivered support to patients. We saw that some staff had received training on how to support people who have personality disorder or autism.

We saw that the service had a comprehensive induction programme for permanent staff. Permanent staff had to complete a three week long induction and training programme. We saw evidence that the service's induction programme met the sector skills council induction standards.

We saw that within the organisation there was a hierarchy of supervision. This meant that the manager supervised the registered nursing staff, and the registered nursing staff supervised the senior support workers. Staff supervision is a system combining professional development, performance management and staff support. It is provided to ensure that staff work consistently and to their full potential to support patients who receive a service. We saw that supervision had been delivered to staff at all levels. We saw that there were still some inconsistencies of 1:1 supervision meetings, and they were not being completed at the frequency specified in the company's policy or supervision contracts. The manager told us that this was a work in progress. All of the staff files we looked at showed that the staff had received supervision in the last two months.

We saw from records that staff attended staff meetings in June and July 2013. There was a meeting for qualified staff and unqualified staff. Staff had opportunities through the staff meetings to give feedback to a senior manager who came to the service to meet with them.

The provider might like to note that none of the staff had received an appraisal. This meant that staff might not have the opportunity to reflect on and review their skills, knowledge and competencies over the last twelve months in order to progress and develop into the next year. We raised this with the general manager who told us that appraisals were a work in progress and would be completed for all staff at the hospital.

Records

✓ Met this standard

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

Reasons for our judgement

At the inspection in April 2013 we had identified concerns over the records kept by the hospital. We had found that records were poorly maintained, were incomplete and had not been evaluated or audited to ensure they protected patients against the risks of unsafe or inappropriate treatment.

On this inspection we looked to see what had improved.

We found that patient's care records were being kept up to date and were incorporated into one file. Although this made the files heavy it did mean that all relevant information was accessible. The older information was being archived every month. We found care files had indexes and we could trace actions taken as a result of care planning needs identified. We saw that plans were being very regularly updated, including risk assessments. We saw these were in more detail than on the previous inspection. We also saw pen pictures had been provided of patients that immediately identified any risky behaviours or vulnerabilities of people. This meant that important or urgent information was easily accessible.

We saw that staff had received training in information governance. This included data protection, confidentiality and records management. The Nursing and Midwifery Council standards were also available for registered nursing staff. We also saw there were tools available to support staff develop skills with recording systems and to audit practice. Records were kept securely in a locked office and there was a cross shredder to enable the disposal of confidential waste. A member of staff told us that the hospital displayed a 'policy of the month' in the staff room so that staff could familiarise themselves with policies and keep up to date with changes.

Some information was made available in pictorial formats to support people with poor understanding of written language. We saw that where people did not understand this, necessary information was discussed with or read to them, and this was recorded. Patients had signed much of their care planning documentation.

We saw that improvements had been made to the Section 17 leave forms which were more clearly recorded. The provider may wish to note that we found some older forms that

had not been crossed through. This could lead to confusion over leave conditions should time periods for leave overlap.

We also looked at the records kept of incidents, including restraint at the hospital (AIDOS). We found that overall these had improved. However the provider may wish to note that we still identified some forms that had not been fully completed by staff. For example we found an incident form that said "Maybo initiated". Maybo is a recognised management tool for restraint of people in a non-abusive manner. However the report lacked detail as to what form of restraint was used. In most cases we found that the information needed had been recorded more fully elsewhere, for example in the integrated clinical notes. However the information on the incident forms is audited to provide a picture of incidents for example of restraint on an annual basis. The lack of detail meant the audit may not accurately reflect the occurrences at the hospital.

We saw that the AIDO forms were looked at daily by management to identify whether changes needed to be made to the person's risk assessments or care plans, and whether any debriefing was needed following incidents. We saw that strategies had been put in place to ensure these were completed properly. However the measures taken had not yet been fully successful, as the provider may wish to note that several had not been signed off by the hospital's management to indicate a review had taken place.

We saw that a new system for the recording of incidents had just been made available at the hospital. The Datix system should ensure that all incident reports were seen and signed off by management and that sections all needed to be completed by staff before the form could be closed.

We looked at six policies chosen at random from the policy manual. All were up to date and had review dates set. Policies were accessible to staff in hard copy or online.

We found that overall records had improved.

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.

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