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

**Burwood House**

2-8 Todmorden Road, Bacup, OL13 9BA  
Tel: 01706873466

Date of Inspection: 18 September 2014  
Date of Publication: October 2014

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

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<th>Standard</th>
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<tbody>
<tr>
<td>Care and welfare of people who use services</td>
<td>✓</td>
</tr>
<tr>
<td>Meeting nutritional needs</td>
<td>✓</td>
</tr>
<tr>
<td>Cooperating with other providers</td>
<td>✓</td>
</tr>
<tr>
<td>Safety and suitability of premises</td>
<td>✓</td>
</tr>
<tr>
<td>Staffing</td>
<td>✓</td>
</tr>
<tr>
<td>Assessing and monitoring the quality of service provision</td>
<td>✓</td>
</tr>
<tr>
<td>Complaints</td>
<td>✓</td>
</tr>
</tbody>
</table>
## Details about this location

<table>
<thead>
<tr>
<th>Registered Provider</th>
<th>Burwood Residential Home Limited</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registered Manager</td>
<td>Mrs Debbie Watson</td>
</tr>
<tr>
<td>Overview of the service</td>
<td>Burwood House is registered to provide accommodation and personal care for up to 24 older people. All rooms are single occupancy with one having an ensuite facility. There is a large lounge and dining room on the ground floor and additional seating in the reception area. Burwood House is situated close to the centre of Bacup and all local amenities. There is a small car park for visitors and staff.</td>
</tr>
<tr>
<td>Type of service</td>
<td>Care home service without nursing</td>
</tr>
<tr>
<td>Regulated activity</td>
<td>Accommodation for persons who require nursing or personal care</td>
</tr>
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When you read this report, you may find it useful to read the sections towards the back called ‘About CQC inspections’ and ‘How we define our judgements’.

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Summary of this inspection

Why we carried out this inspection

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

This was an unannounced inspection.

How we carried out this inspection

We carried out a visit on 18 September 2014, observed how people were being cared for, 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, reviewed information given to us by the provider and reviewed information sent to us by commissioners of services.

What people told us and what we found

An adult social care inspector carried out this inspection. The focus of the inspection was to answer five key questions:

• Is the service safe?
• Is the service effective?
• Is the service caring?
• Is the service responsive?
• Is the service well-led?

During this inspection we spoke with eight people using the service and with two visitors. We spoke with two care staff, the cook and the registered manager. We viewed records which included, two care plans and daily care records, staffing rotas, menus and records of meals served, maintenance records and quality assurance information. We also spoke with the local authority.

We considered the evidence we had gathered under the outcomes. This is a summary of what we found:

Is the service safe?

People were happy with the staff team and said there were always enough staff. Comments included, "The staff are lovely; they are very nice", "I need a lot of attention during the night but I press my buzzer when I need help and they always come" and, "The girls are very kind; they deserve a good report". During our visit we observed staff were attentive to people's needs. We found the home had sufficient experienced care and ancillary staff to meet people's current needs.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty
Safeguards (DoLS) which applies to care homes. We were told no applications had needed to be submitted. Training around the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) had been provided for staff.

We found all areas of the home, that we looked at, to be safe and comfortable but there were some areas in need of attention. The manager agreed to improve the systems used to ensure any shortfalls were recognised and acted on.

Is the service effective?

Regular reviews were carried out to respond to any changes in people's needs and to ensure the level of care was appropriate. However, updated information was not always recorded clearly in the care plan. This meant staff may not be clear about people’s changing needs.

We found the service had good links with health care professionals to make sure people received prompt, co-ordinated and effective care.

There were varied comments about the food. Comments included, "The food is very nice", "If the meals aren't up to scratch, we tell them and they sort it out" and "The food is very good; very tasty". Records showed there was a choice of food and drinks available. People's views about the meals were regularly sought and any concerns had been acted upon. The cooks, and a number of other staff, had received ‘Food Hygiene’ training and formal nutritional training. This should help staff ensure people's nutritional needs were met.

Is the service caring?

People told us they were happy with the care and support they received. Comments included, "It's a nice place; staff know what I like", "I can choose what I want to do", "I am happy with the care I get" and "Staff are very good to me; they let me go at my own pace. I do the things I can for myself and staff help me if needed".

We observed staff interacting with people in a pleasant and friendly manner and being respectful of people's choices and opinions.

Is the service responsive?

The care plans contained information about people's preferred routines, likes and dislikes which would help staff to look after them properly and help ensure people received the care and support they needed and wanted.

People's health and well-being was considered and appropriate advice and support had been sought in response to changes in their condition. However, action to be taken by staff to reduce risks were not always clearly recorded. This meant the risks to people's health may not be recognised in a timely way.

There were opportunities for involvement in different activities and people were involved in discussions and decisions about the activities they would prefer.
People told us they had no complaints about the service but were confident they could raise their concerns with the staff or managers. Comments included, "I know they would sort things out if I told them anything" and, "They ask us if there is anything we are unhappy with and they listen to us". There had been no complaints made about this service since our last visit. However, we found clearer records needed to be maintained of people's concerns to ensure they were followed up. We saw messages of appreciation for the care and support that people had received.

Is the service well-led?

A manager was responsible for the day to day management of the service. The manager was registered with the Care Quality Commission (CQC) and was supported by the owner of the organisation.

There were systems in place to regularly assess and monitor how the home was managed and to monitor the quality of the service. People indicated they were satisfied with the care and services they experienced at the home and were encouraged to express their views and opinions of the service. People told us they were kept up to date and involved with any decisions about how the service was run.

Staff were aware of the procedures for reporting any concerns about poor practice. There was evidence the service had used previous information of concern to improve the service.

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

People told us they were happy with the care and support they received. Comments included, "It's a nice place; staff know what I like", "It's alright here but it will never be like my own home", "I can choose what I want to do", "I am happy with the care I get" and, "Staff are very good to me; they let me go at my own pace. I do the things I can for myself and staff help me if needed". A visitor said, "We are happy with everything; she has settled very well and is content".

We looked at two people's records. We found people's needs were assessed by suitably experienced staff, prior to admission to the home, to determine whether they could be looked after properly. Records showed people's care, treatment and support was planned and delivered in line with their individual care plan. We found the care plans contained some useful information about people's preferred routines and likes and dislikes. This would help staff to look after them properly and ensure people received the care and support they needed and wanted.

Regular reviews were carried out to respond to any changes in people's needs and to ensure the level of care was appropriate. However, the provider may wish to note that updated information obtained in the reviews was not always recorded clearly in the care plan. This meant staff may not be clear about people's changing needs. Records showed people living in the home, or their relatives, had been involved in the planning and review of their care.

People's health and well-being was monitored and appropriate advice and support had been sought in response to changes in their condition. Assessments of any risks were recorded, managed and kept under review. However, the provider may find it useful to note, the action to be taken by staff to reduce or eliminate any risks was not always clearly recorded.

Staff told us they had an understanding of the processes relating to DoLS (Deprivation of
Liberty Safeguards). Policies and procedures were available to support appropriate practice around DoLS and the Mental Capacity Act and staff training had been provided. However, the provider may find it useful to note, we found assessment of people's capacity to make their own choices and decisions had not been kept under review and was not always clearly recorded in the care plan. This meant people may not be appropriately supported with making best interest decisions, or the necessary action taken to apply for a DoLS.

Care staff had achieved, or were working towards, a recognised qualification in care. This should give them the skills they needed to help them look after people properly. Staff told us they were able to discuss people's needs at regular 'handovers' which would make sure they were up to date and everyone received the care they needed. We saw staff interacting with people in a pleasant and friendly manner and being respectful of people's choices and opinions.

From looking at records and from discussions with people who used the service, it was clear there were opportunities for involvement in different activities. People were involved in discussions and decisions about the activities they would prefer and some were able to take part in religious services inside the home. Comments included, "They try to get us interested in things", "It's alright as there are different things going on", "I'm happy to chat with my friends but sometimes get involved in baking" and, "We watch TV or have a sing a long".
Meeting nutritional needs

Food and drink should meet people’s individual dietary needs

Our judgement

The provider was meeting this standard.

People were protected from the risks of inadequate nutrition and dehydration.

Reasons for our judgement

People's nutritional needs had been assessed which helped determine whether they were at risk of dehydration or malnutrition. Weights were monitored and appropriate professional advice and support was sought when needed.

People gave us varied comments about the food. Comments included, “The food is very nice”, “If the meals aren't up to scratch, we tell them and they sort it out”, “Sometimes the meat is tough”, “The meals are always very good; I have no complaints” and, “The food is very good; very tasty”. Staff were aware of people’s dietary preferences and were able to provide specialist diets as needed.

Records showed there was a choice of food and drinks available. People told us the main cook had returned from a period of leave. We were told she was revising the menu based on people's views and preferences. From looking at records we found people’s views about the meals were regularly sought and any concerns, such as temperature of meals and toughness of the meat, had been listened to and acted upon.

There were three 'designated' cooks who also, at times, worked as carers. We were told care staff would prepare the evening meal. All cooks and staff who prepared meals had received appropriate ‘Food Hygiene’ training and ‘Malnutrition in the Elderly’ training. This would help improve staff awareness/knowledge about preparing 'nutritious' meals. At the last visit the Environmental Health Officer was satisfied the required standards were being met in the kitchen.

We observed staff being attentive and supportive during the lunchtime meal. People were offered a choice of meal and were supported to eat and drink sufficient amounts to meet their needs. The dining room was bright and pleasant and people were provided with appropriate cutlery, crockery and condiments. The meal time was not rushed and people were able to eat at their own pace. People were able to choose where they dined.
Cooperating with other providers  

Met this standard

People should get safe and coordinated care when they move between different services

Our judgement

The provider was meeting this standard.

People's health, safety and welfare was protected when more than one provider was involved in their care and treatment because the provider worked in co-operation with others.

Reasons for our judgement

We found the service had good links with health care professionals to make sure people received prompt, co-ordinated and effective care.

We spoke with the Nurse Practitioner who regularly visited the home. We were told staff notified them of any issues relating to their 'patient's' health and well-being and that any instructions they gave were followed. They told us their 'patients' were happy with the care and support they received from staff at Burwood Residential Home.

There were processes in place to ensure relevant and appropriate information was shared with other providers when people were admitted, transferred or discharged to another service.
Safety and suitability of premises

Met this standard

People should be cared for in safe and accessible surroundings that support their health and welfare

Our judgement

The provider was meeting this standard.

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

Reasons for our judgement

During our visit we found all areas of the home, that we looked at, to be safe and comfortable. However we found some areas were in need of attention and improvement. Areas included a scorch mark to a bedroom carpet, items of NHS bedding being used, missing lampshades, worn/flat pillows, stains to some dining room chairs and curtains not secured to the rails. We noted there was a plan in place to ensure improvements were ongoing and regular checks had helped identify a number of shortfalls. Any concerns regarding the environment were notified to the owner each month. The provider may find it useful to note that areas for improvement, as found during the inspection, were not included on the recent audit. This meant the system for checking the environment was not fully effective. We discussed this with the manager who agreed to revise the forms used. We were told any requests for maintenance or repair were responded to promptly.

The gardens were safe and accessible. Communal areas were spacious, bright and comfortable. People told us they were happy with their rooms and most had brought in personal items to make them more homely. Comments included, "I love my room; it is always clean and I have all my bits and pieces around me" and "I spend a lot of time in my room so it is important that it is comfortable and clean".

Bathrooms and toilets were clearly signed, fitted with appropriate locks and suitably equipped for the people living in the home.

People who lived in the home were given information about how to respond to any emergencies. This would help to keep them safe.
**Staffing**

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

## Our judgement

The provider was meeting this standard.

There were enough experienced staff to meet people's needs.

## Reasons for our judgement

People told us they were happy with the staff team and said there were always enough staff to help them when they needed. Comments included, "The staff are lovely; they are very nice", "I need a lot of attention during the night but I press my buzzer when I need help and they always come" and "The girls are very kind; they deserve a good report". During our visit we observed staff were attentive to people's needs.

Staff told us there were currently sufficient numbers of staff to look after people properly. They told us they were confident the management team would review staffing levels if needed.

At the time of our visit there were 20 people living in the home; there were four vacancies. We looked at the staff rotas and found staffing levels were consistently maintained with 3 staff on duty throughout the day and two staff available from 9:30pm. We found the home had sufficient skilled and experienced care and ancillary staff to meet people's current needs. We discussed the need for providing additional cook hours if occupancy improved or if people's dependency levels changed.

Any shortfalls, due to sickness or leave, were covered by existing staff, the manager or bank staff. Additional staff had been provided to cover pre-arranged hospital appointments and excursions. This ensured people were looked after by staff who knew them.
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.

Reasons for our judgement

A manager was responsible for the day to day management of the service. The manager was registered with the Care Quality Commission (CQC). The manager was supported by the owner of the organisation.

People spoken with indicated they were satisfied with the care and services they experienced at the home. We found people had been encouraged to express their views and opinions of the service through regular meetings, during care reviews and during day to day discussions with staff and management. People told us they were kept up to date and involved with any decisions about how the service was run. Customer satisfaction surveys were regularly sent to people using the service and their relatives to determine their views on the service. We noted people’s comments were generally positive and any negative comments had been actioned.

There were systems in place to regularly assess and monitor how the home was managed and to monitor the quality of the service. There was evidence these systems had identified shortfalls and that improvements had been made. This would help to protect people from poor care standards and to identify any areas of non-compliance with the regulations.

The home had achieved the Investors In People award. This is an external accredited award that monitors staff training and development and the management of the service.

Staff were aware of the procedures for reporting any concerns about poor practice. There was evidence the service had used previous information of concern to improve the service.
Complaints

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

People's comments and complaints were appropriately responded to.

Reasons for our judgement

The complaints procedure was given to people at the time of admission and was displayed around the home. People, who used the service, and their relatives, were encouraged to discuss any concerns during meetings, in day to day discussions with staff and management, and also as part of regular satisfaction surveys. From looking at records we noted people's comments were generally positive about the service. We also noted that when people raised concerns, there was evidence they had been responded to.

People told us they currently had no complaints about the service but were confident they could raise their concerns with the staff or managers. Comments included, "I would talk to the staff or my family if I was unhappy", "I know they would sort things out if I told them anything" and, "They ask us if there is anything we are unhappy with and they listen to us".

There had been no complaints made about this service since our last visit. However, it was clear from our conversations with people that they had some minor concerns. The provider may find it useful to note there were no clear records of people's concerns. This meant it was difficult to determine whether appropriate action had been taken, whether there were recurring problems or whether the information had been monitored and used to improve the service. We discussed this with the manager who assured us clearer records would be maintained of people's concerns.

There were messages of appreciation for the care and support that people had received. Comments included, "I was very happy with the care" and "I will never forget what you did for us".

People who lived in the home had information to help them access the advocacy service. This service could be used when people wanted support and advice from someone other than staff, friends or family members.
About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.
How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

- **Met this standard**
  This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

- **Action needed**
  This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

- **Enforcement action taken**
  If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.
How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

**Minor impact** - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

**Moderate impact** - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

**Major impact** - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly.

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.
### Glossary of terms we use in this report

#### Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

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<th>Standard</th>
<th>Regulation</th>
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<td>Consent to care and treatment - Outcome 2</td>
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<tr>
<td>Meeting Nutritional Needs - Outcome 5</td>
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<td>Supporting Staff - Outcome 14</td>
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<tr>
<td>Assessing and monitoring the quality of service provision - Outcome 16</td>
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<tr>
<td>Records - Outcome 21</td>
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#### Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.
Glossary of terms we use in this report (continued)

(Registered) Provider

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

Regulations

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

Responsive inspection

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

Routine inspection

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

Themed inspection

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