

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

Tapton Court Nursing Home

63 Tapton Crescent Road, Crosspool, Sheffield,
S10 5DB

Tel: 01142660648

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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
Cleanliness and infection control	✓ Met this standard
Management of medicines	✓ Met this standard
Supporting workers	✓ Met this standard

Details about this location

Registered Provider	Amocura Limited
Overview of the service	Tapton Court is a purpose built home situated in the Crosspool area of Sheffield, which was first registered in 1996. Residential care is provided for up to 69 older people of both sexes with mental health problems. The home is a two-storey building with a passenger lift, and is fully accessible. Communal lounges and dining rooms are situated on each floor. All of the bedrooms are single, and all are provided with ensuite toilet facilities.
Type of service	Care home service with nursing
Regulated activities	Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury

Contents

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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 looked at the personal care or treatment records of people who use the service, carried out a visit on 6 May 2014, observed how people were being cared for 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. We reviewed information sent to us by other authorities and reviewed information sent to us by local groups of people in the community or voluntary sector.

What people told us and what we found

Tapton Court is a residential care home which was providing care and support to 8 people at the time of our inspection. We spoke with a group of six people who were sitting in a lounge and with two people individually. We also spoke with five members of staff, one relative, the home manager and the company director.

We considered all the evidence against the outcomes we inspected to help answer our five key questions; is the service safe? Is the service effective? Is the service caring? Is the service responsive? Is the service well led?

Below is a summary of what we found. If you want to see the evidence supporting our summary please read the full report.

Is the service safe?

In February 2014 we carried out a scheduled inspection at Tapton Court. We found people were not protected against the risks associated with the unsafe administration of medicines. This was because we saw an agency nurse leave the medicine trolleys unlocked and open. The trolleys were left unattended for several minutes. One person who used the service was sat nearby the trolleys. Other people who used the service were walking around the home and could have easily got hold of the medicines.

Following the inspection the provider sent us an action plan stating the action they would take so they could be assured people who used the service were provided with care that did not present a risk to people.

At this inspection we observed the home manager handle, dispense and administer medication to people appropriately and safely.

People told us they felt safe and staff understood their role in safeguarding the people they supported. Staff had received training in safeguarding to ensure people were protected from the risk of abuse. People who lived in the home said, "I feel safe and happy here, everyone looks after me" and "The staff make sure this place is safe."

Care and treatment was planned and delivered in a way that was intended to promote people's welfare. Staff used risk assessments. There were risk assessments in place with people's planned care. These gave details of how individual risks to a person could be removed or minimised.

The home had proper policies and procedures in relation to the Mental Capacity Act and Deprivation of Liberty Safeguards although no applications had needed to be submitted. Relevant staff had been trained to understand when an application should be made, and in how to submit one. This meant that people would be safeguarded as required.

Is the service effective?

Care files we checked confirmed that initial assessments had been carried out by the staff at the home before people moved into the home. This was to ensure the home was able to effectively meet the needs of the people. People's health and care needs were assessed with them, and they were involved in writing their plans of care. Specialist dietary, mobility and equipment needs had been identified in care plans where required. People and their relatives said they had been involved in writing them and they reflected their current needs. One visitor confirmed they were able to see their relative in private and that visiting times were flexible.

Is the service caring?

In February 2014 we carried out a scheduled inspection at Tapton Court. We found some people had not received a good standard of personal care and attention which meant that people's dignity and human rights had not been upheld.

Following the inspection the provider sent us an action plan stating the action they would take so they could be assured people who used the service had their privacy, dignity and independence respected.

At this inspection we found people were treated with respect and dignity by the staff. During our inspection we observed staff speaking with people who used the service in a friendly and caring way. We observed care and support was provided to people when requested. Care workers we spoke with demonstrated a good understanding of the people's needs and were able to give examples of how they promoted people's independence.

People we spoke with told us staff were, "very nice" and "great." A relative said, "I visit my family member nearly every day and the staff are very patient and caring. I have never seen anything here that worries or concerns me."

Is the service responsive?

Staff and a relative told us the care and support provided was flexible to the person's needs and adjustments could be made where required. Staff said they informed the manager if they felt any change in needs was required and the support was reviewed. For example one person was choosing to have their meals in their room and this was being

provided.

People were able to join in with a range of activities. We observed staff treating people with kindness and helping them with their daily activities such as personal care and social activities. We saw staff spending time with people on a one to one basis and it was very evident that people enjoyed this.

People knew how to make a complaint if they were unhappy. One relative said, "I have nothing to grumble about but if I did I could talk to any of the staff and they would listen and sort it out."

Is the service well-led?

In February 2014 we carried out a scheduled inspection at Tapton Court. We found the home was not maintained to appropriate standards of cleanliness and hygiene. We looked at the infection control audit completed by the provider's representative in November 2013. This had highlighted a number of issues that required action in order to improve standards of cleanliness and reduce the risk of health care associated infections. These actions were not signed off as completed. In January 2014 the acting manager carried out a further infection control audit and highlighted further issues that required action. These included hoist slings needing to be washed, soiled bags placed in small bags, carpets, chairs and equipment needing deep cleaning and bedrooms not being thoroughly cleaned. There was no evidence to show staff had been informed of these concerns or that any of the actions identified had been completed.

Following the inspection the provider sent us an action plan stating the action they would take to ensure there was an effective system to assess the risk of, and prevent and control the spread of a health care associated infection.

At this inspection we found the home had undergone a deep clean and stained carpet, equipment and chairs had been removed and replaced. We found cleaning schedules were completed by staff and then audited by the manager. Staff told us that any issues raised from the cleaning audits were addressed promptly by the home manager.

Following the concerns raised at the last inspection the service had worked well with other agencies and services to make sure people received their care in a joined up way. We saw evidence the service had taken advice provided by other healthcare professionals so that the quality of the service would be improved.

At the last inspection we found staff had not received supervision for over a year. We also found evidence that confirmed one staff member had been in disciplinary procedures in May 2013. Following this they had not been provided with any supervision. This meant that not all staff had received appropriate training and supervision to enable them to deliver care safely and to an appropriate standard.

At this inspection staff told us they had recorded supervision sessions with either the home manager or deputy manager and were kept updated about any information they needed to know about the service. This helped to maintain consistency in the running of the service and to ensure staff were aware of relevant information.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

Reasons for our judgement

We issued a compliance action following our last inspection on 3 February 2014. This was because we found some people had not received a good standard of personal care and attention which meant that people's dignity and human rights had not been upheld.

Following the inspection the provider submitted an action plan detailing the actions they intended to take in order to achieve compliance in this area.

At this inspection we spoke with 6 people who lived at the home. They told us they had made their own choices in what to do and what not to do. Examples included getting up and going to bed when they wanted, a choice of baths or showers and choosing if they wanted to be involved in social activities.

People said that they felt their privacy was respected when staff assisted them with personal care. One person said, "I'm a very private person and staff know this. They would not just barge in my room without knocking and asking permission." This was confirmed by our observations where we saw positive interactions between staff and people. Staff asked for consent before doing things and explained to people what they were doing.

Several people told us that they felt staff understood their needs and treated them as an individual. One person said, "Staff know I like to stay in my room and this is fine."

We spoke with one relative who told us they thought staff were respectful and their family member's privacy was observed by the staff at all times.

We saw people's needs were being met. Staff addressed people by their preferred names and people seemed comfortable in the presence of staff. Interactions between staff and people who used the service were relaxed and unrushed.

We spoke with five staff members who explained how they offered choices to people. During our observations, we saw staff asking people what they wanted to eat and drink.

One staff member spoke about how they explained things to people and said, "We give people choices, wherever possible and let them decide things for themselves."

Staff told us that following the last inspection they had received updated training in privacy, dignity and confidentiality. Staff said they had also talked about this at staff meetings. They were able to describe how they maintained people's privacy and dignity and how important this was for people. All staff gave examples of how they maintained people's dignity and respect. All staff described how they would knock on a person's door before entering and would ensure any personal care was done discreetly and whilst maintaining the person's privacy.

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 six people to ask about their views of living at the home. Comments were all positive and included, "The staff are lovely," "Everything is fine here, nice people, good food and plenty of it," "If I can't be at home then I'm ok here" and "We all get on well."

We spoke with one relative who told us they thought the home, "Is a good place for my relative to live and be looked after. When we asked the relative if they had been involved in their family member's care planning they said, "I visit nearly every day and staff always talk to me and tell me exactly how my relative is. When my relative isn't well, I'm the first to know."

During our visit, we found that people were provided with the support they needed when they needed it. We found that staff treated people in a kind manner. Staff knew people well and were aware of their individual preferences. People seemed to be relaxed in the company of staff and made positive comments to us about individual staff they could see. We saw people approach staff and engage in conversation, or ask for something and staff responded promptly to requests made by people. Staff also proactively engaged with people in communal areas and with people who chose to remain in their rooms to ensure their care needs' were being met.

We examined four people's care files. All the care files contained good information about the person's biography, physical, medical and personal support needs. They also included people's likes, dislikes and preferences. All the care files had a range of individual risk assessments. There were clear links between the risk assessments and the care plans. All the care plans were reviewed at least each month, but more frequently if people's needs changed.

There was evidence in the care files that a range of healthcare professionals were involved in supporting staff to meet the needs of people as required. The files recorded information provided by relatives which was reflected in the care plans as appropriate. One relative told us they were actively involved in making decisions about their family member.

We spoke with five members of staff. We asked staff specific questions about people's

care and support needs. Staff that we spoke with were able to describe to us the care, treatment and support that people required to meet their needs and protect their rights.

The homes activities coordinator had recently left so care workers were maintaining an activities programme. Care workers told us this was manageable due to the low occupancy at the home. People living at the home and staff spoken with said that there was a selection of activities provided for people. Examples of activities on offer were baking, reminiscence, sing a long and skittles. The home manager told us opportunities for people to go on outings had been limited since the activities coordinator had left, however they did intend to introduce this when another coordinator was employed. Staff also spent one to one time with people who either chose to remain in their rooms or were receiving care in bed. One person told us, "It depends what they're doing, sometimes I join in. It's up to me if I want to join in or not."

People should be cared for in a clean environment and protected from the risk of infection

Our judgement

The provider was meeting this standard.

People were cared for in a clean, hygienic environment.

Reasons for our judgement

We issued a compliance action following our last inspection on 3 February 2014. This was because during our inspection we conducted a tour of the premises and found a significant number of areas that were not kept clean and tidy. We found carpets, equipment and chairs that were marked and stained. We looked at the infection control audit completed in November 2013. This had highlighted a number of issues that required action in order to improve standards of cleanliness and reduce the risk of health care associated infections. These actions were not signed off as completed. In January 2014 a further infection control audit highlighted further issues that required action. These included hoist slings needing to be washed, soiled bags placed in small bags, carpets, chairs and equipment needing deep cleaning and bedrooms not being thoroughly cleaned. There was no evidence to show staff had been informed of these concerns or that any of the actions identified had been completed. This meant there was no effective system to assess the risk of and prevent and control the spread of a health care associated infection.

Following the inspection the provider submitted an action plan detailing the actions they intended to take in order to achieve compliance in this area.

At this inspection we conducted a tour of the premises and found it was kept clean and tidy. We saw the home had undergone a deep clean and the stained chairs, carpets and equipment had been either cleaned or removed.

Where sinks were located we found they had suitable hand washing equipment and paper towels available to ensure standards of cleanliness and infection prevention were maintained. We talked with one family member who regularly accessed the service who told us they thought the home was kept, "very clean and tidy." People who used the service told us, "The staff clean my room every day" and "They [staff] are always cleaning. They wait until we're out of the way and then clean up."

We found the provider had an infection control policy and procedure available along with other guidance. The home's domestic staff talked through the various cleaning schedules in place for each part of the home. Staff said they had to sign to confirm what cleaning tasks they had completed each day. We looked at the cleaning schedules and found them fully completed and up to date.

There was a contract in place for the safe disposal of clinical waste. The home manager acted as the nominated infection control lead. The manager explained she kept the provider up-to-date with information regarding infection prevention matters.

We spoke with five members of staff. They said that Personal Protective Equipment (PPE) was available for them to use. Staff we spoke with said they had completed training in infection control. We looked at the staff training matrix which showed all staff had received training in infection control.

During our observations we saw staff using white disposable aprons and gloves when providing personal care. We also saw staff wearing white aprons when serving food. One member of staff said, "There's always a good supply of PPE to use."

We found the home had completed regular cleanliness checks via its monthly environmental audit checks. We found recommendations made in this audit had been actioned by the management team. Our review of this standard showed us there were systems in place to reduce the risk and spread of infection.

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

We issued a compliance action following our last inspection on 3 February 2014. This was because during the inspection we observed an agency nurse go to a person's room and leave the medicine trolleys unlocked and open. The trolleys were left unattended for several minutes. One person who used the service was sat nearby the trolleys. Other people who used the service were walking around the home and could have easily got hold of the medicines. This meant people using the service were put at risk.

Following the inspection the provider submitted an action plan detailing the actions they intended to take in order to achieve compliance in this area.

At this inspection we spoke with three people living at the home about their medication. They told us "I get my tablets when I need them," "Staff always bring my tablets to me and wait until I've taken them" and "They [staff] give me what the doctor has told them to."

The provider had policies and procedures appropriate to this standard.

We found that suitable arrangements had been made for the safe storage of medicines. The medicine trolley was kept in a locked medicine room and was securely attached to the wall.

We observed the home manager administering medicines to people during breakfast. The manager took medicines, in a pot, to each person. People were offered a drink with their medicines. Medicines were administered to people according to instructions either before or after they had eaten. The manager stayed with the person until they were sure they had taken their medicines.

We looked at records about medication. We found Medication Administration Records (MAR) sheets were signed by staff to confirm they had given the medicine or entered a code to state why the medicine was not given.

Managers and senior care workers were responsible for medicine administration. We checked training records which showed staff had received 'medications systems training'

by an accredited training provider. The manager said staff competency was also checked on a regular basis. We saw evidence of this. This meant people who use the service were protected against the risks associated with the unsafe use and management of medicines.

A small number of people were taking Controlled Drugs (CD). We checked the CD cabinet and register. The CD cabinet was appropriately placed within a lockable room and securely fixed to the wall. We found CD's that had been discontinued had been returned to the pharmacy. We found the number of CD's in the cabinet tallied with the number recorded in the CD register. When a person was administered a CD one staff member signed to confirm they had administered the CD and another member of staff signed as witness to this.

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

We issued a compliance action following our last inspection on 3 February 2014. This was because we found some people had not received a good standard of personal care and attention which meant that people's dignity and human rights had not been upheld.

Following the inspection the provider submitted an action plan detailing the actions they intended to take in order to achieve compliance in this area.

At this inspection we spoke with five members of staff. Four members of staff had been employed at the home for many years and could not remember what their induction had included. One member of staff told us they had completed the 'new starter induction'. This was rolled out over a number of days and was very detailed. It included one full day induction to the service covering such things as fire procedures, sessions on moving and handling, safeguarding, personal care and policies and procedures. The staff member told us that following the induction day, staff 'shadowed' a more experienced member of staff. This lasted until the staff member met with the manager and confirmed they felt confident enough to start caring for and supporting people on their own. Staff would then complete the 'Skills for Care' 12 week induction programme.

Following the induction period, staff were booked in, on a rolling yearly plan, to complete update and refresher training in all mandatory subjects. Staff that wanted to further their career could also be enrolled onto a National Vocational Qualification (NVQ) course. Staff told us that they were continually prompted to ensure that they were up to date with all their training. The manager showed us the system in place to monitor staff training and we saw that this was up to date.

Staff said they were also provided with specialised training so that they were able to provide a high standard of care and support to people with individual needs. For example training had been provided in caring for people with dementia, diabetes, end of life care, care planning and healthy eating.

The manager told us that the service's policy was to provide staff with formal one to one supervision, at a minimum of five times per year. Staff that we spoke with confirmed that

they had received formal supervision since our last inspection. Staff told us the supervision sessions covered items such as work performance and training. They were also given an opportunity to discuss and comment about any issues or concerns. Staff told us that they were able to speak to the manager at any time, about any issues or concerns.

The service had a policy which showed that staff would be provided with a yearly appraisal. The providers action plan stated that all staff would receive their annual appraisal before the end of December. Two staff spoken with said they had already completed their yearly appraisal.

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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