

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

## The Belvedere Private Hospital

Knee Hill, Abbey Wood, London, SE2 0GD

Tel: 02083114464

Date of Inspections: 12 March 2013  
11 March 2013

Date of Publication: June  
2014

We inspected the following standards in response to concerns that standards weren't being met. This is what we found:

**Respecting and involving people who use services**

✘ Action needed

**Care and welfare of people who use services**

✘ Enforcement action taken

**Management of medicines**

✘ Enforcement action taken

**Requirements relating to workers**

✘ Enforcement action taken

**Staffing**

✘ Enforcement action taken

## Details about this location

Registered Provider	The Pemberdeen Laser Cosmetic Surgery Clinic Limited
Overview of the service	The Belvedere Private Hospital offers cosmetic surgery procedures. It is situated in the London borough of Greenwich.
Type of service	Acute services without overnight beds / listed acute services with or without overnight beds
Regulated activity	Surgical procedures

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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

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### Why we carried out this inspection

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We carried out this inspection in response to concerns that one or more of the essential standards of quality and safety were not being met.

This was an unannounced inspection.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 11 March 2013 and 12 March 2013, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members and talked with staff.

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### What people told us and what we found

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We inspected the hospital on 11 and 12 March 2013 in response to concerning information received about staffing levels at the service and we found there were not always sufficient staff available at the hospital. During our inspections we found the hospital did not treat people with consideration by keeping them clearly informed about timings of surgical procedures. We also found the hospital did not have appropriate measures in place to deal with foreseeable emergencies and did not always take steps to ensure safety and welfare of people using the service. Medicines were not all stored safely and the hospital did not take necessary steps to ensure only suitable staff were employed by the service

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

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### What we have told the provider to do

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We have asked the provider to send us a report by 19 April 2013, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

We have taken enforcement action against The Belvedere Private Hospital to protect the health, safety and welfare of people using this service.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

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### More information about the provider

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Please see our website [www.cqc.org.uk](http://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** × Action needed

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

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### Our judgement

The provider was not meeting this standard.

People were not given clear information in a timely manner about their planned surgery.

We have judged that this has a moderate impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

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### Reasons for our judgement

People who use the service were not given appropriate information and support regarding their care or treatment. When we inspected the hospital on 11 March 2013 we found people awaiting surgery had been told their procedures may not go ahead as planned. We spoke with four people using the service or their family members at inspection and they told us they had been given different accounts or no information at all regarding the likelihood of their surgery being carried out at the pre-arranged time. Some people had been told that their operation may be delayed or cancelled due to a shortage of medication required for the surgery, and at another time that the cancellation or delay was due to staff shortages. One family member told us that they had heard from another patient and not the hospital staff that their operation might be cancelled. All the people or their family member's we spoke with were anxious at the lack of information given and delays to the procedures.

People using the service were not always treated with consideration and respect. One person we spoke with was already prepared for the operating theatre in a gown and surgical stockings before they were told their operation might be cancelled, and all the people we spoke with had not eaten or drunk since before midnight on the day prior to their admission. We were told that some of the people waiting for their surgery had previously had their operations cancelled by the hospital for reasons such as a shortage of nursing staff or a broken lift, and that the experience of uncertainty and waiting for surgery had a significant impact on their well being.

During our inspection of the 11 March 2013 the provider was able to offer two of the four people their planned surgery. The other two people were not informed of the cancellation until the end of the day, having spent the day waiting and not eating or drinking. People told us they had booked time off work for the procedure. One person told us the nursing staff had been very kind to them and the surgeon had explained the situation was out of

their control but other staff such as the manager and the provider had not given them clear advice and the person described the hospital as "disorganised". The hospital manager told us the hospital had offered people the chance to rebook in the next few weeks to have the surgery.

At our inspection on 12 March 2013 we found that only the first operation went ahead as planned due to shortages of medication, and the time surgical staff had to leave the hospital. This meant people who had attended the hospital for surgery had their planned procedures cancelled on the day of the procedure and at short notice.

**People should get safe and appropriate care that meets their needs and supports their rights**

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**Our judgement**

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The provider was not meeting this standard.

People did not experience care, treatment and support that met their needs and protected their rights.

We have judged that this has a major impact on people who use the service and have taken enforcement action against this provider. Please see the 'Enforcement action' section within this report.

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**Reasons for our judgement**

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When we inspected the hospital on previous occasions in September and November 2012 we found the hospital did not have appropriate arrangements in place for foreseeable emergencies: not all emergency equipment and medication was available and two pieces of equipment were out of date, and this was the case when we inspected the hospital on 11 and 12 March 2013.

Emergency equipment checklists were not completed accurately. The resuscitation trolley in the operating theatre had been checked on 11 March 2013 and some emergency equipment had been recorded as out of stock. However on the checklist completed by staff on the 12 March 2013 some of these items were now recorded as being present although staff confirmed that there had been no additional items of equipment delivered since the previous day. When we checked the emergency trolley on 12 March 2013 items recorded as missing on 11 March 2013 were still missing from the trolley. For example the checklist completed on 11 March 2013 reported some sizes of nasal airways stored in the second trolley drawer to be out of stock but they were ticked as being present on 12 March 2013. In fact there was only one size of this airway available and that was found by inspectors in the bottom drawer of the trolley.

We found that items ticked as being present on the resuscitation trolley on 11 and 12 March 2013 were past their expiry date. For example there were out of date items such as sterile surgical gloves and suction catheters on the trolley and staff told us they had not checked the expiry dates of these pieces of equipment. This meant that the items may no longer be sterile and their use posed a risk of infection to people.

Staff told us there were some mistakes on the resuscitation trolley checklist for the operating theatre. For example, the strength of an intravenous glucose solution was recorded as 50 per cent on the checklist but the solution on the trolley was 0.5 per cent. This presented a risk of errors being made with the restocking of the trolley. There was

also a shortage of one emergency medication on the resuscitation trolley in the operating theatres. We confirmed that one dose of the medication was available on the ward resuscitation trolley but this meant the medication was not easily to hand in the operating theatre.

On 12 March 2013 we pointed out that a type of intubation tube, which was used if a person needed emergency support with their breathing, available on the trolley was not the type of tube described on the checklist. Staff went to search for the correct type of equipment. They found that only one piece of the correct equipment was available in the hospital. It was agreed that the piece of equipment would therefore be moved from the operating theatre to the ward with the patient until further supplies could be ordered. However this strategy did not take account of situations where more than one person was operated on during a day because there would be people located both in the theatre and on the ward. A delay in obtaining this equipment in an emergency may present a risk to the safety of people.

On 11 March 2013 we noted that the checks on the resuscitation trolley in the operating theatre were carried out after the first patient had been operated on, and therefore staff could not be sure that equipment was available to respond to an emergency situation with the first person undergoing a surgical procedure on 11 March 2013.

Care and treatment was not always planned and delivered in a way that was intended to ensure people's safety and welfare. Whilst in the operating theatre suite we noted an alarm sounded on five occasions in the main theatre. Staff silenced the alarm each time but were unable to explain to us exactly what the alarm was for and what might be causing the alarm to sound. The manager told us that an engineer had been called the week before and that this engineer recommended another engineer to look at the equipment but no record of the engineer visit could be produced at the time of inspection. We therefore could not be confident that staff had procedures in place to ensure the safety and welfare of people using the service.

## Management of medicines

✘ Enforcement action taken

People should be given the medicines they need when they need them, and in a safe way

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### Our judgement

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The provider was not meeting this standard.

People were not protected against the risks associated with medicines because the provider did not have appropriate arrangements in place to manage medicines.

We have judged that this has a major impact on people who use the service and have taken enforcement action against this provider. Please see the 'Enforcement action' section within this report.

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### Reasons for our judgement

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When we inspected the hospital on 13 September 2013 we found that medications were not handled safely. Expired medication was available in the theatre suite and there was no Accountable Officer (AO) in place as required to manage controlled drugs.

At our inspection on 11 March 2013 we found appropriate arrangements were not in place in relation to obtaining medicine. Stocks of an initial anaesthetic medication were low which resulted in the delay and or cancellation of some operations on both 11 and 12 March 2013. We spoke to an anaesthetist at the hospital who told us this type of anaesthetic drug was preferred because it had a quick recovery time and meant people could be discharged on the same day as their operation. We were told that staffing for 11 and 12 March 2013 had been planned to provide care to people as day cases and therefore there was no routine staff cover in place for people to remain in hospital overnight.

On the morning of 12 March 2013 we spoke with the hospital manager to establish whether the initial anaesthetic medication was in place for the operations scheduled that day. The manager told us this was the case and a delivery had been received on 11 March 2013. However when we contacted the pharmacy they told us they had been unable to dispense the medication on 11 March 2013 because of an error in the way the order was completed and therefore the pharmacy had rejected the order. People's operations on 12 March 2013 were delayed whilst delivery of the initial anaesthetic drugs was awaited and then cancelled because the medication arrived too late for the surgical staff.

Medicines were not kept safely. The fridge used to store medication in theatres was recorded as running at too low a temperature since recordings began on 04 March 2013. For example on 04 March 2013 the minimum fridge temperature was recorded as being zero degrees centigrade. The medication in the fridge was required to be stored at between two and eight degrees centigrade. On the days of our inspections on 11 and 12 March 2013 the minimum fridge temperatures were one point one degrees centigrade. We

asked the manager to take advice from a pharmacist about the safety of the medication that had been stored inappropriately and following this the manager told us that the pharmacist had advised that the medication could no longer be used. Theatre staff told us the medication was in case of emergency situations to help a person be assisted to breathe in the operating theatre and there were no other stocks of this medication on the hospital site. The manager confirmed there was no other fridge available on site and therefore medication could not be stored at the required temperature.

Medicines were not always safely administered. The controlled drugs in the operating theatre were kept in a locked cabinet and a record book was available to record the usage of the medicines. The hospital now had an AO in place but there was no record of the AO's monitoring and auditing of the management and use of controlled drugs by relevant individuals and therefore the safe use of these medicines could not be confirmed. We saw that there were occasions when the controlled drug book record had been signed by staff to say a medication had been given, and that this had been witnessed, but in fact the medication had been returned to the cupboard without being required. This practice meant that staff were incorrectly signing a record of medication administration. The AO had not identified this issue in their audit.

## Requirements relating to workers

✘ Enforcement action taken

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

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### Our judgement

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The provider was not meeting this standard.

People were not always cared for, or supported by, suitably qualified, skilled and experienced staff.

We have judged that this has a major impact on people who use the service and have taken enforcement action against this provider. Please see the 'Enforcement action' section within this report.

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### Reasons for our judgement

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When we inspected the hospital on 13 September 2012, 07 November 2012 and 08 January 2013 we found that not all appropriate checks had been conducted to ensure that only suitable staff were employed by the service.

At our inspections on 11 and 12 March 2013 we found appropriate checks were not undertaken before staff began work at the service. We looked at two staff files on 11 March 2013. Neither file had evidence that satisfactory references or a criminal record's check had been received by the provider before the staff began working at the hospital. The record of one person's professional registration with the Nursing and Midwifery Council showed the registration to be expired. We asked the provider about this and they said they had not noticed the date on the professional registration. When we checked later on the website for Nursing and Midwifery Council we found the person to have an up to date registration but we could not be confident that the provider had assured themselves of this prior to employing the staff member.

On 12 March 2013 we looked at one staff file. There was no evidence that the provider had received satisfactory references or a criminal record's check before the person started work. Although telephone numbers of referees for the staff member had been provided in April 2012 and October 2012, none of the four telephone numbers were functioning when we tried to contact the referees on the day of our inspection. A full employment history was not recorded for this person. This meant we could not be sure that the provider had undertaken checks to confirm that only suitable people were employed by the service.

## Staffing

✘ Enforcement action taken

**There should be enough members of staff to keep people safe and meet their health and welfare needs**

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### Our judgement

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The provider was not meeting this standard.

There were not enough qualified, skilled and experienced staff to meet people's needs.

We have judged that this has a major impact on people who use the service and have taken enforcement action against this provider. Please see the 'Enforcement action' section within this report.

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### Reasons for our judgement

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When we inspected the hospital on 07 November 2012 there were not enough staff available to meet people's needs.

At inspection on 11 and 12 March 2013 we found there were not always enough qualified, skilled and experienced staff to meet people's needs. It was the hospital's policy to have a Resident Medical Officer (RMO) in place to care for people following surgery until their discharge. When we arrived at the hospital on both days of inspection we were told that the RMO required to care for people after their operations had not arrived on duty. On 11 March 2013 we were given two different reasons for the RMO's absence by different members of staff. This meant that surgery for other patients had to be delayed or cancelled to allow the surgeon or anaesthetist to care for the first person whilst the person recovered from surgery.

We looked at the staff signing in book to establish who had provided RMO cover for the people having surgery on the 06 March 2013. There had been three operations in the hospital that morning and two people had been returned to the ward to be cared for by an RMO whilst the other medical staff were continuing to operate on their next case. However records showed that the RMO booked for 06 March 2013 had not signed in as arriving at the hospital until 14.30 in the afternoon of the 06 March 2013. We could therefore not be sure that these people had been cared for by appropriately qualified staff following their surgery.

Theatre records also showed that on 11 March 2013 the staff member recorded as fulfilling the role of anaesthetic nurse was also recorded as fulfilling the role of circulating nurse during the same operation, for three operations during the day. We spoke to some theatre staff at the hospital about the theatre roles during a surgical procedure and were told by two different professionals that the anaesthetic nurse or operating department assistant should work only in this role during the procedure in order to assist the anaesthetist. There were other occasions noted in the theatre records that showed one staff member fulfilled

the role of anaesthetic person and circulating person. This meant that there were insufficient staff to care for people during their procedure.

On 11 March 2013 we spoke with the hospital manager about whether there were sufficient staff in theatres to cover all the required roles and we were told that the theatre porter had also been trained in the role of circulating nurse for the operating theatres. However we did not see any record of the theatre porter being trained in this role, and the porter was not aware of being trained for this role when we spoke with them.

This section is primarily information for the provider

## ✘ Action we have told the provider to take

### Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Surgical procedures	<b>Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2010</b> <b>Respecting and involving people who use services</b>
	<b>How the regulation was not being met:</b> The provider must treat service users with consideration and respect and provide service users with appropriate information and support in relation to their care or treatment. Regulation 17 (2) (a), (b).

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

This section is primarily information for the provider

**✘ Enforcement action we have taken to protect the health, safety and welfare of people using this service**

**Enforcement actions we have taken**

The table below shows enforcement action we have taken because the provider was not meeting the essential standards of quality and safety (or parts of the standards) as shown below.

<b>Imposition of condition of registration</b>	
This action has been taken in relation to:	
Regulated activity	Regulation or section of the Act
Surgical procedures	<b>Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010</b>
	<b>Care and welfare of people who use services</b>
	<p><b>How the regulation was not being met:</b></p> <p>The provider should ensure that people are protected against the risks of receiving care or treatment that is inappropriate or unsafe. The registered person must have procedures in place for dealing with emergencies which are reasonably expected to arise from time to time. Regulation 9 (1) (b) (ii) (2).</p>
<b>Imposition of condition of registration</b>	
This action has been taken in relation to:	
Regulated activity	Regulation or section of the Act
Surgical procedures	<b>Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010</b>
	<b>Management of medicines</b>
	<b>How the regulation was not being met:</b>

This section is primarily information for the provider

	<p>The registered person must protect service users against the risks associated with the unsafe use and management of medicines, by means of the making of appropriate arrangements for the obtaining, recording, safe keeping and safe administration of medicines used for the purposes of the regulated activity. Regulation 13.</p>
<p><b>Imposition of condition of registration</b></p> <p>This action has been taken in relation to:</p>	
Regulated activity	Regulation or section of the Act
Surgical procedures	<p><b>Regulation 21 HSCA 2008 (Regulated Activities) Regulations 2010</b></p> <p><b>Requirements relating to workers</b></p> <p><b>How the regulation was not being met:</b></p> <p>The provider must operate effective recruitment procedures in order to ensure that no person is employed by the service who is not of good character, suitably qualified, experienced and skilled and is physically and mentally fit for the work. Regulation 21 (a) (i) (ii) (iii) and (c).</p>
<p><b>Imposition of condition of registration</b></p> <p>This action has been taken in relation to:</p>	
Regulated activity	Regulation or section of the Act
Surgical procedures	<p><b>Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010</b></p> <p><b>Staffing</b></p> <p><b>How the regulation was not being met:</b></p> <p>In order to safeguard the health, safety and welfare of service users, the registered person must take appropriate steps to ensure that, at all times, there are sufficient numbers of suitably qualified, skilled and experienced persons employed for the purposes of carrying on the regulated activity. Regulation 22</p>

**This section is primarily information for the provider**

For more information about the enforcement action we can take, please see our *Enforcement policy* on our website.

## 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.

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**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.

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**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.

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**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

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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)

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### **(Registered) Provider**

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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'.

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### **Regulations**

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

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### **Responsive inspection**

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

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### **Routine inspection**

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

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### **Themed inspection**

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

## Contact us

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Website: [www.cqc.org.uk](http://www.cqc.org.uk)

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