Inspection Report

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 Inspection: 04 September 2013

Date of Publication: June 2014

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

Care and welfare of people who use services	✖ Action needed
Cleanliness and infection control	✖ Action needed
Management of medicines	✖ Action needed
Requirements relating to workers	✖ Action needed
Staffing	✖ Action needed
Supporting workers	✖ Action needed
Complaints	✖ Action needed
Records	✖ Action needed

Details about this location

Registered Provider	The Pemberdeen Laser Cosmetic Surgery Clinic Limited
Registered Manager	Miss Pia Michelle Davis
Overview of the service	The Belvedere Private Hospital is an independent hospital which provides cosmetic surgery and 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

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

Summary of this inspection

Why we carried out this inspection

We carried out this inspection to check whether The Belvedere Private Hospital had taken action to meet the following essential standards:

- Care and welfare of people who use services
- Cleanliness and infection control
- Management of medicines
- Requirements relating to workers
- Staffing
- Supporting workers
- Complaints
- Records

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 4 September 2013, observed how people were being cared for and talked with staff. We took advice from our pharmacist.

What people told us and what we found

We inspected the service in order to follow up concerns from previous inspections. At this inspection we identified continued concerns in the way the hospital managed medicines. The service did not operate effective recruitment procedures and staff were not all trained in topics the provider told us they considered to be mandatory. There was a lack of appropriate infection control systems in place and complaints were not handled appropriately in all cases. The provider did not ensure that there were sufficient numbers of skilled and experienced staff available at all times and records were not accurate and fit for purpose in some cases.

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

What we have told the provider to do

Where we have identified a breach of a regulation during inspection which is more serious, we will make sure action is taken. We will report on this when it is complete.

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

More information about the provider

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

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

Our judgements for each standard inspected

Care and welfare of people who use services ✖ Action needed

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

Our judgement

The provider was not meeting this standard.

Care and treatment was not planned and delivered in a way that was intended to ensure people's safety and welfare.

We have judged that this has a moderate impact on people who use the service. This is being followed up and we will report on any action when it is complete.

Reasons for our judgement

When we inspected the service on 13 September 2012, 07 November 2012, and 11 and 12 March 2013 we identified concerns with a lack of appropriate arrangements in place to deal with foreseeable emergencies. We took enforcement action against the provider and required them to take action to address our concerns.

At our inspection of 04 September 2013 we found there were insufficient arrangements in place to deal with foreseeable emergencies. For example daily checks of the resuscitation trolley in the operating theatre had begun when we arrived at the hospital but only the top tray had been checked. We were told that a patient's procedure had commenced in theatre at approximately 09.00 but the remaining drawers of the trolley had not been checked at 09.50 nor at 10.45 when we inspected the operating theatre. We found that an item of emergency equipment on this trolley had expired at the end of July 2013. Records showed the trolley had been checked on five occasions since the equipment had expired and a hospital manager had also signed these checks but no note had been made of the expired item and no action taken to replace the item. On the day of our inspection the new hospital manager told us they were aware of the expired item but had left it on the trolley as they were unsure whether any further in date stock was available.

People's care and treatment did not always reflect relevant research and guidance. The provider told us they would hold bi-monthly medical advisory committee meetings attended by medical staff and hospital management to discuss clinical governance issues. The meeting was cancelled in August 2013 due to insufficient attendance.

Cleanliness and infection control ✖ Action needed

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

Our judgement

The provider was not meeting this standard.

People were not protected from the risk of infection because appropriate guidance had not always been followed.

We have judged that this has a minor impact on people who use the service. This is being followed up and we will report on any action when it is complete.

Reasons for our judgement

When we inspected the service on 07 November 2012 we found concerns associated with infection control which included the absence of a Legionella risk assessment or programme of flushing water through seldom used water outlets. There was no flow of hot water to the recovery room sink and the type of sink installed did not comply with national guidance. The provider wrote to us and told us they would address these issues.

When we inspected the service on 04 September 2013 we found that there was no flow of hot water to the recovery room sink and the sink had not been changed to meet current national guidance. Staff told us there had never been any flow of hot water to the recovery or anaesthetic room sinks but they could wash their hands in the theatre scrub room sink. However when we tested the water in the theatre scrub room sink, after running the water for approximately ten minutes it remained only tepid at a temperature of 23.6 degrees. The provider was not able to produce a copy of any legionella risk assessment and the water temperature checks carried out were of tap water temperatures only and did not monitor the temperatures of water storage systems.

We observed two theatre clogs splashed with dried fluids believed to be of human origin lying on the floor in the female theatre changing area. The dirty clogs were placed next to clean clogs, adjacent to clean theatre clothing and were available for theatre staff to use in the changing area. Therefore there was a risk of cross infection. When we asked staff about the cleaning process for clothing and shoes worn in the operating theatre, staff told us this cleaning was done on the hospital site. However, the dirty theatre clogs remained in the changing room at the end of our inspection and after the staff member responsible for cleaning clothing had left the hospital.

Effective systems to reduce the risk and spread of infection were not in place. An environmental audit had been conducted by the provider which was undated but on a record produced in 2013. The results of this audit indicated that in the last six months there had been no deep clean of the ward environment and privacy curtains had similarly not been changed. We confirmed this by our observation that the privacy curtains in room five

of the ward had not been changed since 03 March 2012.

We noted that a sharps bin for safe disposal of medical sharps had not been labelled with the date and name of the person who had first placed the bin in use which meant we could not be sure how long the bin had been in use. Staff we spoke with in the operating theatres were unsure whose responsibility it was to clean the theatre at the end of the day. Therefore there was no effective system in place to reduce the risk of cross infection at the hospital.

We did not see evidence that staff had current training in infection control procedures. For example, when we reviewed a sample of staff files, two files contained certificates in infection control training which were obtained in 2008 and 2011. One staff member had completed training in May 2012. Other files did not contain any evidence to demonstrate staff had been trained in infection control.

Management of medicines ✖ Action needed

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

Our judgement

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 moderate impact on people who use the service. This is being followed up and we will report on any action when it is complete.

Reasons for our judgement

When we inspected the service on 07 November 2012 and 11 and 12 March 2013 we found that medicines were not managed properly. For example we found that out-of-date medicines were not disposed of appropriately in a timely manner and medication was not stored at required temperatures. We took enforcement action against the provider requiring them to take action to address these issues and returned to the service on 04 September 2013 to monitor this.

Appropriate arrangements were not in place in relation to the recording and administration of medicine. The controlled drug record book had not been completed correctly in some cases. For example, when people required a dose of pain killing medication that was less than the dose contained in the ampoule, staff did not record the amount of medication that had been wasted. In some cases staff told us that several doses of medication were given over time from one ampoule of medication instead of a new ampoule being used on each occasion. This multiple use of a single ampoule was not reflected in the entries made in the controlled drug record book. Staff we spoke with confirmed that this was poor practice and that a new ampoule should be used on each occasion the medicine was administered.

The provider wrote to us following the inspection and told us of an occasion when a controlled drug was prepared and witnessed as given but then not used due to a cancelled procedure. This is contrary to the provider's own policy which states that the controlled drug record book should only be signed once a drug has been administered and this administration has been witnessed.

We found expired medicines were available for use in the recovery room and anaesthetic room of the theatre suite. For example a drug used to reverse strong pain killers had expired at the end of August 2013 but was stored with other medication for use in the recovery room on the day of our inspection whilst a person was undergoing surgery. A cupboard in the anaesthetic room was labelled as being for the storage of flammable substances but in fact contained a mixture of expired and in date medication. Staff were

unsure whether the cupboard was used to store medication awaiting collection by the pharmacist or whether it was for medication in use by the hospital. There was one out of date medication item in the ward area. Audits of expiry dates of medication contained in the ward drug cupboard had not been undertaken since June 2013.Therefore medicines were not kept safely nor disposed of appropriately.

There was a cool cupboard in the anaesthetic room which contained some medication and fluids. A notice on its door instructed staff that it was too cold for temperature sensitive medication and that the cupboard should only be used to store specimens or a solution for people suffering a high temperature. A temperature monitoring sheet documented that the temperature should be maintained at between 0.2 and 2.5 degrees centigrade. However on the day of inspection and for six other days we noted that the temperature had not fallen within the range specified and had risen to 2.7 degrees centigrade and four degrees centigrade during August 2013. Staff told us they were unsure why there was medicine stored in the fridge, and why the fridge was required to be kept at between 02 and 2.5 degrees. Furthermore staff had taken no action in response to recorded temperatures that were higher than the stipulated range.

Requirements relating to workers ✖ Action needed

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

Our judgement

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 moderate impact on people who use the service. This is being followed up and we will report on any action when it is complete.

Reasons for our judgement

When we inspected the hospital on 13 September 2012, 07 November 2012, 08 January 2013 and 11 and 12 March 2013 we found that not all appropriate checks had been conducted to ensure that only suitable staff were employed by the service. We asked the provider to take action to address these concerns and went back to inspect the service on 04 September 2013.

At our inspection on 04 September 2013 we found that appropriate checks were not always undertaken before staff began work. For example, we reviewed a sample of staff files and found that the provider had only received one reference for the new hospital manager and this reference was sent from a personal email address rather than the work address of the referee that was available on file. The information on file also only supported an application for the post of Operating Department Practitioner and not the post of hospital manager. We also found that three other members of staff at the hospital had only one reference on file and in two cases the references were not addressed to the provider but in the form of an open letter addressed 'to whom it may concern'. Two staff members had provided each other with references and there were no other references for these staff on file.

We found that one staff member had an employment gap from May 2012 to November 2012 according to their CV and the provider did not have a recorded explanation of the reason for this gap. We also found that the record of professional registration for a member of staff that the provider held had expired at the end of August 2013 and there was no record of the provider carrying out a further check to ensure the staff member's registration remained current.

Staffing ✖ Action needed

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

Our judgement

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 moderate impact on people who use the service. This is being followed up and we will report on any action when it is complete.

Reasons for our judgement

When we inspected the hospital on 07 November 2012 and 11 and 12 March 2013 there were not enough staff available to meet people's needs. We asked the provider to take action to address this and returned to monitor this on 04 September 2013.

At our inspection on 04 September 2013 we found there were not always enough suitably qualified and experienced staff to meet people's needs. For example, following an incident on 04 July 2013 the provider had instructed staff at a meeting on 11 July 2013 that only the head nurse could discharge a person from the hospital. The 11 July 2013 meeting minutes stated that under no circumstances should a bank nurse discharge patients. However at our inspection on 04 September 2013 the nursing staff and new hospital manager on duty were unsure whether the head nurse still worked at the hospital. A qualified nurse told us that both nurses on duty that day were in equal charge of the ward. One of these nurses was a bank nurse, and neither nurse was the head nurse, and four people were discharged from the ward on the day of our inspection.

On the day of our inspection on 04 September 2013 the rota recorded a start time of 08.00 for the Resident Medical Officer (RMO). However we observed that the RMO did not arrive at the hospital until just after 10.00 and it was confirmed by the nurse on duty and the RMO that they did not usually arrive until after 10.00. The RMO's role was to ensure medical care of people following surgery, once the surgeon returned to the operating theatre to commence a second person's operation or had left the hospital following completion of the operating list. We found that there were very short overlaps between the RMO arriving at the hospital and the surgeon beginning a second operation on two occasions. We were therefore concerned about the quality of the handover between surgeon and RMO.

One staff nurse was recorded as having worked from 07.45 on 04 July 2013 until 07.00 the next day, a shift of 23 hours and fifteen minutes. Minutes from a staff meeting on 11 July 2013 refer to difficulties in finding a nurse to cover the night duty of 04 July 2013 when a patient required further surgery due to a haematoma. The provider sent us a copy of the nurse's timesheet which showed they took a three hour break during the shift: however we

were not able to identify at what point this break was taken and therefore there was a risk that the only qualified nurse on duty had worked for over eight hours without a break.

We were not assured that a person undergoing an operation had an anaesthetist present in the operating theatre at all times. On one date the person recorded as the anaesthetist in the theatre ledger had signed out of the hospital at 20.35 and later in the signing in book was recorded as signing back in to the hospital at 20.35 the same day. However the theatre ledger recorded a patient undergoing anaesthetic at 20.30 on the same day.

Supporting workers ✖ Action needed

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

Our judgement

The provider was not meeting this standard.

People were not cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard

We have judged that this has a moderate impact on people who use the service. This is being followed up and we will report on any action when it is complete.

Reasons for our judgement

When we inspected the hospital in September 2012 we found that there was a lack of appropriate training for staff. The hospital wrote to us and told us they would take action to address this.

At our inspection on 04 September 2013 we found that there was a lack of clarity about the training the provider considered mandatory for staff to undertake. The provider wrote to us following the inspection and clarified that the training they considered to be mandatory included safeguarding vulnerable adults, cardio pulmonary resuscitation (CPR), Mental Capacity Act, medication, manual handling, food hygiene, health and safety, fire safety, risk assessment, cleanliness and infection control, equality and diversity. New staff were also expected to complete an induction programme.

Staff had not received appropriate professional development. The provider was unable to show us a completed training matrix which would identify all the training staff had completed. When we reviewed a sample of staff files we saw no evidence of up to date mandatory training in safeguarding vulnerable adults, infection control, food hygiene, health and safety, Mental Capacity Act, equality and diversity, medication or CPR in many cases. For example in four staff files there was no evidence of safeguarding vulnerable adults training being undertaken and a senior member of staff was unclear about how to respond to a safeguarding incident: they should have been aware to inform the Care Quality Commission and social services about the incident. One staff member, who was a qualified nurse and responsible for people's post-operative care, had a note on their file that they had undertaken CPR training in 2008 and again in January 2012. The Resuscitation Council UK Guidance 2010 recommends that CPR skills "should be refreshed at least once a year, but preferably more often". There was no evidence of training in medication, health and safety or Mental Capacity Act in any of the staff files we reviewed

Staff files we reviewed did not contain evidence of regular supervision and therefore we could not be sure that staff were supported in their roles. Staff commented on having

received an induction but there was no documentary evidence to support this, to identify what topics the induction contained or that staff had successfully completed the induction and had been signed off as competent to undertake the role they had been employed to carry out. Staff we spoke with on the day of inspection were unclear about the senior management structure within the service, who they reported to and who managed the nursing team.

Complaints ✖ Action needed

People should have their complaints listened to and acted on properly

Our judgement

The provider was not meeting this standard.

Comments and complaints people made were not all responded to appropriately.

We have judged that this has a minor impact on people who use the service. This is being followed up and we will report on any action when it is complete.

Reasons for our judgement

We asked for and received a summary of complaints people had made and the provider's responses. However we found that the summary of a person's complaint regarding a cancellation of an operation did not accurately reflect another description of the same complaint which was filed in the provider's incident record. People's complaints were not always fully investigated and resolved, where possible, to their satisfaction. There was no available complaints policy which instructed staff on the actions to take should a person make a complaint. We saw that a complaint made by a person in May 2013 had no further recorded actions to resolve the complaint in the provider's complaints log since we last inspected the service in June 2013.

Despite the Care Quality Commission (CQC) previously highlighting the need for medication prescriptions to be fully completed by the provider we saw that two other complaints made by people using the service related to the lack of properly completed prescriptions for medication.

We noted that the provider had outlined their complaints procedure in the patient guide and that the patient satisfaction questionnaires we reviewed contained positive comments about the provider.

Records ✖ Action needed

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

Our judgement

The provider was not meeting this standard.

People were not protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were not always maintained

We have judged that this has a moderate impact on people who use the service. This is being followed up and we will report on any action when it is complete.

Reasons for our judgement

When we inspected the hospital on 13 September 2012, 07 November 2012 and 08 January 2013 we found records were not accurate and fit for purpose and were not stored securely. We took enforcement action against the provider in order that they address these concerns.

At our inspection on 04 September 2013 we found that records were not all accurate and fit for purpose. For example the entries in the theatre ledger on the day of our inspection were approximate for the first operation. No contemporaneous record had been kept of the time the person's operation commenced. When we asked theatre staff for the start time we were given answers ranging from 09.00 to 09.15 to 09.20 as the start time and the theatre ledger was blank. There was no time written on the whiteboard in theatre, and the hospital manager confirmed that the patient record in theatre also failed to record the time. We were told this was normally completed after the operation. There was a lack of clarity about whose responsibility it was to identify accurate timings of significant points in the patient's theatre care pathway.

The staff signing in book did not represent a contemporaneous record and therefore would not be effective as a fire safety register, which the provider told us it was used for. For example on 05 July 2013 a member of staff had signed in at 06.45 but the entries before this in the signing in book were made at 08.11, 08.55, 09.02 and 09.22. Therefore the person entering the hospital to work at 06.45 had not made a record in the signing in book for approximately two and a half hours after commencing work.

We asked the provider to send us a copy of a health and safety audit they told us had been undertaken by an external consultant, but which could not be located on the day of our inspection. The provider did not send us this audit as requested following the inspection. Therefore we could not be assured that the provider was meeting health and safety requirements as the relevant records were unavailable for review.

Following our previous inspection the provider had purchased a lockable records cabinet

for the ward area and at the time of our inspection on 04 September 2013 we found records were stored securely in this cabinet.

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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