

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

Willow House

2 Reading Road, Farnborough, GU14 6NA

Tel: 01252522596

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September 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	✔	Met this standard
Assessing and monitoring the quality of service provision	✔	Met this standard
Records	✘	Enforcement action taken

Details about this location

Registered Provider	Willow Residential Care Limited
Registered Manager	Mrs Teresa Morris
Overview of the service	Willow House is a care home in Farnborough. The home offers accommodation and personal care for up to eighteen older people who may have dementia care needs.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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Summary of this inspection

Why we carried out this inspection

We carried out this inspection to check whether Willow House had taken action to meet the following essential standards:

- Care and welfare of people who use services
- Cleanliness and infection control
- Assessing and monitoring the quality of service provision
- 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 14 August 2014, checked how people were cared for at each stage of their treatment and care and talked with people who use the service. We talked with carers and / or family members and talked with staff.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

What people told us and what we found

The inspection was carried out by an adult social care inspector. At the time of our inspection 16 people were living in the home. A number of the people at Willow House were not able to communicate their experience of living in the home. To help us to understand the experiences of these people we used our SOFI (Short Observational Framework for Inspection) tool. The SOFI tool allowed us to spend time watching what was going on in the home and helped us to record how people spent their time, the type of support they got and whether they had positive experiences. In addition we spoke with four people who could tell us their experiences and the relative of one person

We also spoke with the registered manager, two health professionals, two care workers, one cleaning and one catering staff member. We looked at documents including care plans and management reports.

We considered information we held about the home to decide on the focus of the inspection. All of the evidence we had gathered under the outcomes we inspected was used to answer the five questions we always ask;

- Is the home caring?
- Is the home responsive?
- Is the home safe?
- Is the home effective?
- Is the home 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 home caring?

Overall we found that the home was caring. People told us that staff were caring and this was supported by the positive interactions with people we saw during the inspection. A relative told us that they were kept informed of their loved one's care and welfare.

Is the home responsive?

The home was not always responsive. People's care had not always been planned to ensure their welfare was maintained. Though staff could describe the action the home took to respond to people's changing health needs including ensuring they ate and drank enough, these changes had not always been recorded in people's care plans to ensure that people would receive the care they required.

A visiting health professional told us that the home contacted them promptly when people's behaviour changed and implemented their guidance. However, this guidance had not been recorded in people's care plans to ensure that staff would implement it consistently.

Is the home safe?

The home is not safe at this time. The home identified risks to people's safety but records did not always provide staff with sufficient information to ensure that people were protected from the risk of falling or their behaviour harming them or others. The home was undertaking some maintenance to the lift and repairing the fire damage. The provider did not have written risk assessments in place to ensure that safety plans in relation to the maintenance work was robustly communicated with staff and the safety arrangements monitored.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DOLS) which applies to care homes like Willow House. The manager had an understanding of how the Mental Capacity Act (2005) and DoLS applied to people in the home and was working with the local authority to complete the required DoLS authorisations.

The home had undertaken a robust fire safety audit. A fire risk assessment and personal evacuation plans were in place to ensure the home managed the risk of fire appropriately.

Is the service effective?

The service was effective. The home was meeting people's nutritional needs and was reviewing the number of staff over weekends to ensure that they maintained consistent quality of care across the whole week.

Is the service well led?

The service was not always well led. Though systems were in place to assess the quality and risks relating to the service, records were not always kept to support the registered manager to monitor the home's compliance with legal and professional guidance for example in relation to falls and recruitment.

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

What we have told the provider to do

We have asked the provider to send us a report by 07 October 2014, 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 Willow House 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.

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 always planned and delivered in a way that was intended to ensure people's safety and welfare.

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

Reasons for our judgement

A number of people living Willow House were not able to communicate their experience of living in the home. To help us to understand the experiences of these people we used our SOFI (Short Observational Framework for Inspection) tool. The SOFI tool allowed us to spend time watching what was going on in the home and helped us to record how people spent their time, the type of support they got and whether they had positive experiences.

People who could express a view told us they were supported and were happy living at Willow House. A relative informed us that they had been consulted about their relative's care needs and "the home is very welcoming and staff are really caring." They told us that their loved one had been unwell and the home had ensured that they received the care they required from the GP. "They kept me informed of her treatment and progress."

We observed throughout the day that staff were able to quickly identify when someone required assistance and they were attentive to people's basic needs. Support was given in a discreet, sensitive manner, and people responded positively to this.

We looked at the records of four people who lived in the home. Records showed that an initial assessment had been completed for each person. People's assessments were detailed and included for example people's health, social and emotional support needs. Care plans and associated risk assessments had been completed to instruct staff how to support people to meet their needs.

However, care was not always planned and delivered in a way that ensured people were given the opportunity to engage in social interaction and meaningful activity. We spent time observing people in the main lounge area in the home and saw that apart from watching television or reading the newspaper no structured activities were provided to people throughout the day. Three people who would could express a view told us that

there were was not much for them to do during the day and comments included "staff are very nice but I get bored because there is not much going on here" and "I sleep till late, there is nothing else to do".

An activity coordinator visited the home for a music session every Tuesday afternoon and staff told us that this was the only structured activity during the week. Though people's assessments noted what people's interests were and what activities they enjoyed there were no detailed information to inform staff how people was to spend their time. This meant that people who found it difficult to engage with others or create their own activities might not receive the stimulation and engagement they needed and enjoyed.

In people's records we found although the assessment of their needs was very detailed, risk assessments and risk reduction measures designed to ensure people's safety and welfare were incomplete. We saw following a hospital admission a person was discharged with a walking aid to reduce their risk of falling. Though the initial assessment had identified that this person was at risk of falling the risk management plan had only addressed the support they required when in the garden and did not include the use of a mobility aid. This meant that staff might not have up to date information to indicate whether this person still required the use of their walking aid and how to supported to stay safe in and outside the home.

We spoke with a mental health professional who worked closely with the home. They provided the home with guidance on how to support people with their mental health needs. They told us "we work very well together. They are very good at informing us of any changes in people's behaviour as well as contacting the GP if needed."

We looked in detail at the care records of a person who were supported to manage their mental health. Daily records showed that following an incident during which staff had not been able to reassure the person, the GP and a mental health professional had been contacted for guidance. We saw that the GP had prescribed medication to support the person with their anxiety. This person's care plan instructed staff to support them to stay engaged in activities to manage their restlessness. However, during our visit we saw that apart from watching TV this person was not offered any other activity and was becoming restless. Though this person's care plan had identified that their behaviour could cause them or others harm there was no detailed written guidance for staff to follow to safely de-escalate their anxiety in line with professional guidance. Care plans did not always inform staff what support they needed to offer people to prevent harm to them or others.

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 protected from the risk of infection because appropriate guidance had been followed.

Reasons for our judgement

Residents who could express a view told us their rooms were kept clean and tidy. A relative told us that they were impressed with the standard of hygiene and cleanliness and that standards were always good regardless of what time of day it was. The home employed a cleaner and they told us that a cleaning schedule was in place to ensure that all areas were cleaned daily and a deep clean was undertaken of communal areas and bedrooms monthly.

We visited the home from 9:30am and saw that cleaning was in progress. We visited all areas of the home including communal bathrooms, toilets and other communal areas for example, a lounge area and corridors. We also looked in a number of bedrooms and the laundry room. We saw that all the areas we viewed were clean and tidy. People's personal toiletries had been stored in a hygienic way and a system was in place to ensure that people used their own razors.

There were effective systems in place to reduce the risk and spread of infection. We observed staff wearing gloves whilst cleaning the home. We were told that the home had run out of aprons on the morning of our inspection and the manager confirmed that a delivery was expected in the afternoon. We saw that arrangements had been made that morning for the cleaner to change into clean clothes after cleaning to ensure that the risk of infection was minimized. Hand washing facilities were available throughout the home and we saw antibacterial hand gel dispensers throughout the home. Antibacterial hand gel was also available in the entrance of the home for visitors to use. We saw that soiled laundry was handled and washed appropriately.

Arrangements were in place to dispose of clinical waste appropriately. We saw that clinical waste was stored in yellow waste bins and unauthorised people did not have access to waste materials as bins were locked. Staff could describe how they would dispose of clinical waste appropriately. This meant clinical waste did not present a risk to people's health and safety.

The registered manager was the identified infection control lead for the home and undertook infection control audits to ensure that the home met the infection control requirements. One of the changes the home had made to manage infection risk was to

purchase waterproof mattresses. One staff member told us "this means that mattresses are now easier to clean and we also check them for any spillage every day".

Staff received training in infection control and could describe how they would handle human waste and food appropriately to minimize the risk of infection.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had a system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

The registered manager had notified the Care Quality Commission (CQC) that there had been a small fire at the home on 2 August 2014 which had caused smoke damage. During this inspection we looked in detail at the arrangements the home had in place to identify and manage the risk of fire. Records showed that the provider had instructed a specialist to carry out a robust fire safety audit and fire risk assessment on 31 March 2014. The audit had made some recommendations including the installation of additional smoke detectors and replacement of fire doors. Records showed that the provider had taken action and aimed to complete the fire audit action plan by October 2014.

The annual maintenance check of the fire alarm system had been completed on 14 March 2014 and noted to be in working order. Records showed that monthly smoke alarm, fire door and emergency lighting checks had also been completed.

The provider had informed relatives of the fire in writing and provided details of the action the home would be taking to repair the damage. A relative we spoke with confirmed that they had received a letter and a phone call to inform and reassure them following the fire.

People had personal fire evacuation plans in place. These plans detailed the support each person required to safely evacuate the building. The home ensured that people who required support to evacuate the building lived on the ground floor so that staff could get them to safety promptly. Records showed that regular fire evacuation practices were undertaken and we saw that the home was improving the time it took for people to evacuate from the first floor, in line with the fire risk assessment recommendations.

The home had systems in place to monitor the quality of care provided with the input from people and their relatives. Records showed that an annual satisfaction survey had been completed in February 2014 with residents and relatives. The manager told us that people had been satisfied with their care but had raised some concerns re the appearance of the home environment. Following this feedback the provider had replaced the garden fence and we saw that a new lift was being installed. Plans were also in place for general refurbishments which included replacing parts of the carpet in the communal areas. The registered manager told us that they were reviewing the staffing levels over weekends to

ensure that staffing levels were consistent over the whole week. They told us "I am working with the provider to ensure that we can maintain consistent quality of care across the whole week."

The provider worked with specialist external agencies to develop their care practice in line with professional and legal guidance. For example the registered manager monitored falls across the home. Monthly meetings were held with a health professional to discuss any patterns and review the home's falls management to ensure that practice was in line with professional guidance. The provider instructed a specialist vetting agency to undertake criminal checks of new employees and advice on the suitability of staff and employment practice. The registered manager had requested guidance from the agency to ensure that staff's criminal checks could be transported from their previous employment. The registered manager was aware of the changes in the implementation of the Mental Capacity Act (2005) Deprivation of Liberty Safeguards and was working with the local authority to identify people who might require a DoLS authorisation. A DoLS safeguard is where a person can be deprived of their liberties where it is deemed to be in their best interests for their own safety. The provider might find it useful to note that in the absence of a written plan, the actions required to implement and monitor the home's compliance with legal and professional guidance, could easily be overlooked.

Records

✘ Enforcement action taken

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

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

Reasons for our judgement

When we previously inspected the home on 22 January 2014 we found that people's care records were not accurately or appropriately completed. The provider sent us an action plan to tell us how they would make improvements. We carried out an inspection on 14 August 2013 to check if the improvements had been made. We found that although some improvements had been made people were still at risk of unsafe and inappropriate care because accurate and comprehensive information about their care was not being recorded.

Records were kept securely and could be located promptly when needed. For example, we saw that care records and staff records were stored in locked cabinets. The key for the cabinets was stored in the safe when not in use.

We looked at four people's records. We saw that three people's care plans and risk assessments had not been reviewed and updated monthly in line with the provider's policy. We also found that they did not always provide sufficient instruction to staff on how to support people to reduce the likelihood of identified risks occurring. For example, we looked at a person's daily care notes. They had been identified as being at risk of malnutrition and falls. The person's care plan had not been updated following their hospital discharge to provide care workers with the appropriate information they needed to ensure that all appropriate actions were taken to minimise the risk of this person becoming malnourished or falling. This meant that where people had an identified risk there was not always guidance for care workers to follow to minimise the risk.

The care plans and risk assessments of people with dementia who required support to manage their emotions and behaviour did not include professional guidance. People's care records did not provide staff with sufficient instruction to ensure that they could take all appropriate actions to minimise the risk of people's behaviour causing them or others harm. For example one person's assessment noted that their behaviour could put them or

others at risk. We saw their daily care records indicated that staff had been "unable to reassure and calm" them on several occasions and the GP visited them on 26 March 2014 and arranged for the district nurse to do blood and urine test. Following this incident the person's behaviour care plan had been reviewed twice with no reference to how staff was to support this person following these incidents or the outcome of investigations. The registered manager told us that a mental health professional provided guidance on how the home was to support the person with their behaviour. However, this person's care plan did not reflect this professional guidance and the only guidance noted was that staff should support them with their behaviour by 'occupying her in an activity'. Without sufficient guidance this person was at risk of unsafe and inappropriate care.

An accurate record for each service user was not always maintained to ensure that care delivered was recorded. For example, we looked at the care record of a person who required support to wash and dress. Records had not been completed to indicate what tasks had been undertaken daily to support the manager to monitor whether this person had appropriately been supported to wash and dress every day. We found that two people required support to engage in social and leisure activities. Records had not been recorded daily to monitor whether people had received the care they required.

The provider did not record information relating to the risk management of the service to ensure that staff had the information they required to consistently implement risk management strategies. For example though staff could describe the safety arrangements in place to keep people safe while maintenance work as undertaken to replace the lift and repair the fire damage, the provider did not have written risk assessments in place to ensure that safety plans in relation to the maintenance work was robustly communicated with staff and the safety arrangements monitored.

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
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services
	How the regulation was not being met: The provider had not taken proper steps to ensure that each service user is protected against the risk of receiving care that is inappropriate or unsafe by means of delivering care or treatment to meet the service user's individual needs and ensuring the welfare and safety of the service user. Regulation 9 (b) (i) & (ii) Health and Social Care Act 2008 (Regulated Activities) Regulations 2010

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

The provider's report should be sent to us by 07 October 2014.

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.

We have served a warning notice to be met by 13 October 2014	
This action has been taken in relation to:	
Regulated activity	Regulation or section of the Act
Accommodation for persons who require nursing or personal care	Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010
	Records
	How the regulation was not being met: The registered person did not ensure service users were protected against the risk of unsafe or inappropriate care arising from a lack of proper information about them. The registered person had not maintained accurate records in respect of each service user or the management of risks identified across the home. Regulation 20(1)(a) (b) (ii) Health & Social care Act 2008 (Regulated Activities) Regulations 2010

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.

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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