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

White Willows Extra care housing scheme

70 Dyche Road, Sheffield, S8 8DS
Tel: 01142377203

Date of Inspection: 20 August 2014
Date of Publication: September 2014

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

- Respecting and involving people who use services: Met this standard
- Care and welfare of people who use services: Met this standard
- Safeguarding people who use services from abuse: Met this standard
- Supporting workers: Met this standard
- Assessing and monitoring the quality of service provision: Met this standard
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<td>Ms Donna Stacey</td>
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<td>Overview of the service</td>
<td>White Willows is an extra care housing service supporting people with personal care in their own home. The service is located in the Jordanthorpe area of Sheffield.</td>
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When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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### Summary of this inspection

**Why we carried out this inspection**

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

This was an unannounced inspection.

**How we carried out this inspection**

We looked at the personal care or treatment records of people who use the service, carried out a visit on 20 August 2014, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members, talked with staff and reviewed information given to us by the provider.

**What people told us and what we found**

One adult social care inspector carried out this inspection. At the time of the inspection care staff were supporting approximately twenty three people at White Willows extra care scheme. We visited the service's office and spoke to the registered manager, operations manager, one senior care assistant and three care assistants. Four people who used the service agreed to meet us and kindly invited us to their apartments to speak with us. We also spoke with a visiting relative and health and social care professional.

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

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

#### Is the service safe?

People told us they felt safe. Safeguarding procedures were robust and staff understood their role in safeguarding the people they supported. People and their relatives said, "I feel very safe, I would tell the manager if I didn't", "we as a family know she is safe, which gives us peace of mind" and "I've no worries at all."

People told us that they felt their rights and dignity were respected. People said, "staff are very polite, they always knock on my door before being invited in", "I have always said that I would prefer not to have male staff to shower me and this has always been respected", "staff are very respectful" and "staff help me as I wish but I still feel independent, this is very important to me."

We found risk assessments had been undertaken to identify any potential risk and the actions required to manage the risk. This meant that people were not put at unnecessary risk but also had access to choice and remained in control of decisions about their care and lives.
The manager and senior care staff organised the scheduling of visits to ensure people's preferences and identified needs were taken into account. This helps to ensure people's needs are always met.

Is the service effective?

People told us they were actively involved in making decisions about care and support. People's health and care needs were assessed with them and their representatives, and they were involved in writing the support plans. People said support plans were up to date and reflected their current needs.

Staff were provided with training to ensure they had the skills to meet people's needs. Staff were provided with formal individual supervision and appraisals to ensure they were adequately supported and their performance was appraised. The registered and operations manager and senior support staff were accessible to staff for advice and support.

People who used the service and relatives told us they thought the care staff were experienced and well trained.

Is the service caring?

Care workers we spoke with demonstrated a good understanding of people's needs and were able to give examples of how they promoted people's independence.

We asked people and their relatives for their opinions about the support provided. Feedback and comments were very positive, for example; "the carers are lovely, they are very kind ", "I can't fault them[care staff],they are lovely "," they [care staff] never rush me, they take their time,spend time having a chat, they are lovely", "I would certainly recommend White Willows and the staff to other people" and "the staff are wonderful."

During our inspection we saw people were very comfortable in the presence of staff. We observed staff talking to people throughout the inspection and they were respectful and treated people in a friendly and supportive way.

Health and social care professionals said, "I am very happy with the care and support the staff and this service provide, I have no worries."

Is the service responsive?

People and relatives we spoke with said they had never had to make a complaint but knew how to make a complaint if they were unhappy. We found appropriate procedures were in place to respond to and record any complaints received. People could be assured that systems were in place to investigate complaints and take action as necessary.

People said they felt listened to and the service would respond to their views. They told us the staff and the managers were flexible and accommodating with visit times. People told us "I feel listened to, any worries I can speak with the manager, she is very good" and "I see the manager most days, she often pops in for a chat, any problems are sorted straight away."

Is the service well-led?
The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people using the service and others. People who used the service and their representatives were asked for their views about care and support and these were acted on. We saw evidence that the provider carried out annual satisfaction surveys. Feedback was currently being analysed and the manager and provider were looking at the action they needed to take in relation to the survey findings. We saw that the results of the surveys, in the main, were very positive.

Care and support staff said a manager regularly worked alongside them. Staff said their performance and care practices were monitored and observed at these times. We saw records of these observations. We saw evidence that staff performance was discussed at their supervision sessions and appraisals. Records we checked showed staff supervision and appraisals varied in frequency from staff to staff. The manager was currently taking action to ensure that the consistency and frequency of staff supervision and appraisals were improved.

Staff told us they were clear about their roles and responsibilities. Staff said over the past few months they had felt "much more supported" and they felt the service as a whole had improved. Staff had a good understanding of the ethos of the service and showed a commitment toward their work with White Willows. This helped to ensure that people received a good quality service at all times.

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

More information about the provider

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

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.
### Our judgements for each standard inspected

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<thead>
<tr>
<th>Respecting and involving people who use services</th>
<th>Met this standard</th>
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<tr>
<td>People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run</td>
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</table>

### Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected. People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

### Reasons for our judgement

People who used the service told us a manager had visited them prior to support being offered and explained about the service. They said they had been given enough information to make a decision about whether to use the care services.

People spoken with understood the choices available to them and said they were involved in making decisions about their care and support. People told us that the care staff knew them well and the support provided was individual and based on their choice. They said they were always asked their opinion and felt listened to.

People told us they felt their rights and dignity were respected. People said, "staff are very polite, they always knock on my door before being invited in", "I have always said that I would prefer not to have male staff to shower me and this has always been respected" and "staff are very respectful."

We looked at a range of records and people's support plans. These contained information about the person's preferred name and identified the person's usual routine and how they would like their care and support to be delivered. The records included information about individuals' specific needs. People confirmed records have been reviewed and updated to reflect their wishes on a regular basis.

Staff told us that the issue of privacy, dignity and choice was discussed at training events and at staff meetings. They were able to describe how they maintained people's privacy and dignity and how important this was for people. All staff gave examples of how they maintained people's dignity and respect. Staff described how by offering choice to people they promoted independence, privacy and dignity. One person said, "staff help me as I wish but I still feel independent, this is very important to me."

We found a statement on privacy and dignity was included in the service's 'Statement of Purpose' and 'Service User Guide' which were provided to all people that used the service.
Care and welfare of people who use services

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

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people’s safety and welfare.

Reasons for our judgement

People experienced care, treatment and support that met their needs and protected their rights.

We asked people and their relatives for their opinions about the support provided. Feedback and comments were very positive, for example; "the carers are lovely, they are very kind", "I can't fault them [care staff], they are lovely"," they [care staff] never rush me, they take their time, spend time having a chat, they are lovely", "I would certainly recommend White Willows and the staff to other people" and "the staff are wonderful."

Health and social care professionals said, "I am very happy with the care and support the staff and this service provide, I have no worries."

During our inspection we saw people were very comfortable in the presence of staff. We observed staff talking to people throughout the inspection and they were respectful and treated people in a friendly and supportive way.

The manager told us they visited a person once a request for support was received. At these initial visits the service would be explained and an assessment of needs would be undertaken with the person requesting support, and their relatives/advocates if needed. Following this a support plan and risk assessments would be written and a schedule identified to provide the support.

We looked at three people’s care files. They contained an initial assessment, support plan and risk assessments that had been carried out by a manager or senior care assistant. The support plans seen were based on the individual support needed and detailed the persons’ support needs, and the actions required of staff to ensure these needs were met. We found that they were very detailed and included information on people's interests, preferences and daily routines.

The care files seen contained completed risk assessments that included falls, environment and moving and handling.

The care files and risk assessments seen had been signed by the person receiving
support or their relative to evidence their agreement. We found systems were in place that identified when support plans and risk assessments were due for review to ensure that they remained up to date.

We saw people's care packages had been reviewed periodically or when their care needs changed. We also saw that referrals to relevant health professionals had been made when concerns had been identified and that any recommendations were included within people's support plans.

We sat with two people and they showed us, and discussed with us, their care plan. They said that the detail and required staff action to meet their needs reflected the care and support they received.

We found that staff had recorded information relating to each visit which detailed the support provided.

We spoke with four members of support staff. We asked staff specific questions about people's care and support needs. Staff we spoke with were able to describe to us the care, treatment and support that people required to meet their needs and protect their rights.

All support staff spoken with said introductions to people they would be supporting always took place before support commenced so that people knew them. Staff and people spoken with confirmed that copies of support plans were kept in the person's apartment and at the office base so that these were accessible. We saw copies of people's care plans in people's apartments we visited.

We saw evidence that the same set of care staff visited and provided support to people. The manager and staff said that new staff would be gradually introduced to people in the presence of staff who people knew well. People said they knew the staff very well and knew which staff were providing support. People said, "I know all the staff, I know them well, I have them written down" and "the staff are really good when they have a few minutes they come for a chat, I look forward to seeing them and feel I know them well."
Safeguarding people who use services from abuse  ✓ Met this standard

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

People told us they felt safe. Safeguarding procedures were robust and staff understood their role in safeguarding the people they supported.

People and their relatives said, "I feel very safe, I would tell the manager if I didn't", "we as a family know she is safe, which gives us peace of mind" and "I've no worries at all."

We saw the service had copies of the local authority Adult and Child Protection Procedures and a policy on Safeguarding People. Staff confirmed they had access to safeguarding and whistle blowing policies so that they were aware of important information to help keep people safe.

We looked at the training matrix and three individual staff training files. These showed staff had been provided with training on safeguarding people to ensure full and safe procedures were adhered to. This showed staff had knowledge to be able to identify abuse and take appropriate action.

Staff spoken with were able to describe the different types of abuse and were clear of the actions to take if they suspected abuse or if an allegation was made so that people were protected. Staff were clear of the responsibility to report any concerns. The manager was aware of the procedure to follow if an allegation was made so that people were protected.

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

The service had a policy and procedure in relation to supporting people who used the service with their personal finances. Care worker's handled small amounts of money for people when they made shopping trips. We saw financial transaction records in care files. Two members of staff or the person and a staff member were responsible for signing any money spent and change returned. Receipts were kept of all financial transactions.
Staff we spoke with were clear of the procedures to follow when handling people's monies.

Senior staff checked and audited these financial records on a regular basis. This meant that any discrepancies would be found quickly and promptly rectified.
Supporting workers  

Met this standard

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

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

People spoken with said they felt staff had the right skills to do their job. Comments included, "They are good, the staff, they seem to know what they are doing." People named particular staff members and said, "she is very good, excellent in fact, the best of the lot." At the request of the person we passed this staff members name onto the manager.

We found that the service had relevant policies and procedures in place that included staff training and induction, appraisal and supervision.

We checked three staff training files and the training matrix. These showed that staff were provided with a rolling programme of training. Staff had completed induction training and mandatory training and were booked in for regular updated and refresher training. Additional specialist training was also provided such as end of life care and support.

Staff we spoke with told us how informative training was and were able to share new information with us about what they had learnt following their training.

Staff spoken with said that they had an induction provided by the service which covered training and shadowing visits. Staff confirmed that the managers talked to them about the expectations of their role during induction.

The manager told us that a procedure was in place to provide staff with supervision and appraisal for monitoring and support. The procedures included an annual appraisal, regular spot checks, field and formal supervision sessions with staff.

Care and support staff said a manager regularly worked alongside them. Staff said their performance and care practices were monitored and observed at these times. Staff spoken with at the office said they were provided with supervision but the frequency of this support and monitoring varied. Staff said over the last few months the frequency of supervision had improved and this had helped to ensure safe procedures were followed.

The staff files checked showed that regular 'spot checks' and 'field supervision' had taken place within the last six months so staff's performance could be observed and appraised.
Records we checked showed staff supervision and appraisals varied in frequency from staff to staff. We saw evidence which showed the manager was currently completing an audit of staff files and taking action to ensure the consistency and frequency of staff supervision and appraisals were improved.

People said, "the manager keeps an eye on things and the staff to make sure they are doing things properly."

Staff spoken with told us regular staff meetings took place, and we saw records of these. Staff said they also saw the manager every day and could speak up and feel listened to. Staff said they were well supported and were kept up to date with relevant information.

This meant that systems were in place for staff support and appraisal to ensure the delivery of the service was monitored and safe.

Staff told us they were clear about their roles and responsibilities. Staff said over the past few months they had felt "much more supported" and they felt the service as a whole had improved.
Assessing and monitoring the quality of service provision

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

Our judgement

The provider was meeting this standard.

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

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

Reasons for our judgement

There was a registered manager in post at the service.

There were procedures and processes in place to monitor and ensure the service was providing an effective service.

We saw evidence of regular audits by different staff within the company to check the quality of service. These included monthly provider visits, medication, health and safety audits, and care plan audits. Actions resulting from these audits were recorded and the manager showed us how they ensured necessary actions were taken. This meant the provider had systems in place to monitor the service which included their involvement in the monitoring of the service.

A record was kept of all accidents and incidents that took place at the service, which we saw. We found the manager monitored these so any patterns were identified and acted upon.

People who used the service and their representatives were asked for their views about care and support and these were acted on. We saw evidence that the provider carried out annual satisfaction surveys. Feedback was currently being analysed and the manager and provider were looking at the action they needed to take in relation to the survey findings. We saw that the results of the surveys, in the main, were very positive.

We found that a policy and procedure was in place for handling complaints to ensure that any complaint was responded to appropriately. The policy included time scales for responses and the contact details of relevant organisations such as the local authority should people wish to raise concerns directly to them. We saw a copy of the services Service User Guide which had been provided to every person supported by White Willows. This included details on how to make a complaint and relevant contact information so that people had access to this.
People said they had never had to make a complaint but knew how to make a complaint if they were unhappy. People told us "I feel listened to, any worries I can speak with the manager, she is very good" and "I see the manager most days, she often pops in for a chat, any problems are sorted straight away."

We checked the complaints, comments and compliments record and found that there had been no recent complaints about the service. The manager said there were no on-going complaints about the service. We saw a selection of ‘thank you cards’ containing positive comments from relatives and people who used the service.
About CQC inspections

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Essential standard

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

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<td>Safety, availability and suitability of equipment</td>
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Regulated activity

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

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<tr>
<th><strong>(Registered) Provider</strong></th>
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<tr>
<td>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'.</td>
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<table>
<thead>
<tr>
<th><strong>Regulations</strong></th>
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<tbody>
<tr>
<td>We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.</td>
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<th><strong>Responsive inspection</strong></th>
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<td>This is carried out at any time in relation to identified concerns.</td>
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<tr>
<th><strong>Routine inspection</strong></th>
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<td>This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.</td>
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<th><strong>Themed inspection</strong></th>
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<td>This is targeted to look at specific standards, sectors or types of care.</td>
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