

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

## InVent Health Limited

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Date of Inspection: 20 May 2014

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2014

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

<b>Care and welfare of people who use services</b>	✓ Met this standard
<b>Safeguarding people who use services from abuse</b>	✓ Met this standard
<b>Requirements relating to workers</b>	✓ Met this standard
<b>Supporting workers</b>	✓ Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓ Met this standard

## Details about this location

Registered Provider	InVent Health Limited
Registered Manager	Mrs Laura Chandler
Overview of the service	InVent Health Limited provide care and support to adults and children with complex needs, including those on long term ventilation, spinal cord injuries, physically disabled and those who require intravenous medication.
Type of service	Domiciliary care service
Regulated activities	Personal care Treatment of disease, disorder or injury

## 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'.*

	Page
<hr/>	
<b>Summary of this inspection:</b>	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	7
<hr/>	
<b>Our judgements for each standard inspected:</b>	
Care and welfare of people who use services	8
Safeguarding people who use services from abuse	10
Requirements relating to workers	12
Supporting workers	13
Assessing and monitoring the quality of service provision	15
<hr/>	
<b>About CQC Inspections</b>	16
<hr/>	
<b>How we define our judgements</b>	17
<hr/>	
<b>Glossary of terms we use in this report</b>	19
<hr/>	
<b>Contact us</b>	21

## Summary of this inspection

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### Why we carried out this inspection

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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.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 20 May 2014, talked with carers and / or family members and talked with staff. We reviewed information given to us by the provider and talked with commissioners of services.

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### What people told us and what we found

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This inspection was carried out by one inspector. We visited the offices of InVent Health, looked at care and staffing records and spoke with the manager and staff. Following the visit we spoke with three people who commissioned services for people from InVent Health, with one person who received care and with four parents of children who received care. We spoke to staff over the telephone and reviewed any information we held about InVent Health since this location was registered with us in February 2014.

We considered the evidence we had gathered under the outcomes we inspected. We used this information to answer the questions we always ask:

- Is the service safe?
- Is the service effective?
- Is the service caring?
- Is the service responsive?
- Is the service well led?

This is a summary of what we found-

- Is the service safe?

People who commissioned care said the service provided by InVent was professional and safe. When we spoke with three parents of children who received care and support and with one adult who did, they were very positive about the quality and safety of care provided. They told us they felt safe with staff and were confident their best interests were always safeguarded.

We looked at three care plans. We saw assessments had been carried out to identify risks to the health, safety and welfare of people. Detailed plans were in place which showed how any identified risks were to be eliminated or managed.

The provider responded appropriately to any allegation of abuse. We were informed of one incident which had been reported to a local authority. The provider took appropriate action to address any issues raised and to ensure the safety and welfare of the child concerned. The local authority had closed the associated safeguarding process. All parties were satisfied with the outcome, additional training and support had been provided to the staff concerned and no evidence of abuse had been found.

Staff received safeguarding training which included how to recognise types of abuse and what action to take if it were seen or suspected. We saw staff handbook files included flow-charts for both adult and child safeguarding. These gave general contact guidance and informed staff who any report should be made to. We were told each team had the specific contact details for the relevant local safeguarding of adults/children boards. (InVent Health operate within a number of local authority areas, each with their own safeguarding teams and contacts.) We spoke with three members of staff on the telephone and spoke with other staff in person at the service's office. They confirmed they had received safeguarding training and told us they felt they knew what to do and who to inform in the event they saw or suspected abuse had taken place.

CQC Monitors the operation of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. The service had policies and procedures in place and readily available in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Relevant staff had been trained to understand when an application should be made, and how to submit one, although no applications had needed to be submitted. This ensured there were proper safeguards in place.

Systems were in place to make sure that managers and staff learnt from events such as accidents and incidents, complaints, concerns, whistleblowing and investigations. This reduced the risks to people and helped the service to continually improve.

- Is the service effective?

We looked at three care plans. We found people's needs had been assessed and were kept under regular review to ensure they remained effective, relevant and up to date.

Staff told us they received training to maintain their existing skills and to gain new ones. When we spoke with people who had commissioned services from InVent Health over many years, they said the service was effective and reliable. One commissioner summed up their experience of InVent Health by noting, "I find InVent to be professional, consistent and reliable. I communicate regularly with the regional lead nurse and I have always found her professional and competent, responding to my questions in a timely manner".

One person told us how concerned they were when they brought their child home from a high dependency hospital unit. They said they were nervous as to how their child's care could be sustained within a home environment. They told us they had now received care for five years from InVent Health and had gained full confidence over that time.

- Is the service caring?

The comments from parents and people who received care and support were exceptionally positive. One person said InVent Health were, "Perfect." Another said they were, "Absolutely fine."

People who dealt with InVent Health told us communication was not a problem, they said the care provided was respectful and reliable in most cases. One parent went through the process if new carers were required to join the team. They told us care staff were always introduced before coming to provide care and were, "A lovely team." The person who received support told us they treated them very well, listened to what they said and were patient as they had problems speaking due to their medical condition.

- Is the service responsive?

One commissioner told us InVent Health were "very responsive." They said one strength of InVent Health was the way they recruited staff and trained them in a bespoke' process, to meet the individual needs and wishes of the person concerned. They recognised this was inherently time consuming, however it meant people benefitted from a responsive and individualised service. They told us they found InVent Health were, "remarkably ready to change in order to suit the families."

We found there was a comprehensive complaints, incidents and accidents policy and procedure in place and included in the staff information pack and staff training. We had previously been informed by one parent about complaints they had in respect of the reliability and consistency of care being provided to them on behalf of their child. The service commissioner had been involved by them and CQC monitored the outcome of this complaint. We found InVent Health had co-operated fully in the complaints process and had worked with the family and commissioners in an effort to address the issues raised. They had acknowledged where the service had not been as consistent as they would have liked and had taken steps to try and address this. The matter was resolved by the commissioner and family with the support and co-operation of InVent Health.

When we talked with parents about the care they observed or experienced they told us care staff were sensitive and responsive to changes in needs or circumstances and always tried to accommodate any requests for temporary changes in care.

- Is the service well led?

People told us they did not have any particular problems with communication and could reach senior staff when they needed to.

The provider had a comprehensive series of audits in place to monitor the quality of service provided. We saw this included a detailed questionnaire for parents and people who received care. There was evidence the service responded to the findings of these audits. For example, in one case, additional male carers were recruited to meet one person's needs for male company.

Commissioners told us they found the service were open and co-operative when addressing any concerns or issues. We saw evidence of this in respect of one case notified to the CQC through our web-site.

Staff at all levels told us they felt very well supported by the provider and service managers.

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

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## **More information about the provider**

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

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

## Our judgements for each standard inspected

### Care and welfare of people who use services

✓ Met this standard

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

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### 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.

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### Reasons for our judgement

We spoke with three parents of children who received care and support and with one adult who did. We had conversations with or received information from three commissioners of service from InVent Health. We looked at care documentation and spoke with staff in a number of different roles within the organisation, including nursing and management.

The comments from parents and people who received care and support were exceptionally positive. One person said InVent Health were, "Perfect." Another said they were, "Absolutely fine." One person told us how concerned they were when they brought their child home from a high dependency hospital unit. They said they were nervous as to how their child's care could be sustained within a home environment. They told us they had now received care for five years from InVent Health and had gained full confidence over that time. They told us they had found the training staff went through was "rigorous" and enabled them to provide individually focussed care.

People who dealt with InVent Health told us communication was not a problem, they said the care provided was respectful and reliable in most cases. One parent went through the process if new carers were required to join the team. They told us care staff were always introduced before coming to provide care and were, "A lovely team." The person who received support told us they treated them very well, listened to what they said and were patient, as they had problems speaking due to their medical condition.

We were aware of one instance where care had broken down. This was due to lack of staff with the necessary training and experience being available when the 'usual' carer was not available. One commissioner, who was very positive about the many complex care referrals they had with InVent Health, told us there had been a couple of cases where InVent Health had withdrawn from providing a service. This was because they did not have sufficient, qualified staff at the time to address the increased needs of the people concerned. This could be a particular issue where long-standing patterns of care changed rapidly. They noted, however, InVent Health were "very responsive." The commissioner

said one strength of InVent Health was the effective way they recruited staff and trained them to meet the individual needs and wishes of the person concerned. They recognised this was inherently time consuming, however it meant people benefitted from a responsive and individualised service. They told us they found InVent Health were, "remarkably ready to change in order to suit the families."

One parent told us whilst there had not been a "huge" turnover of staff, they felt information might be diluted as it was passed from one care staff member to another. They did, however, pay tribute to the quality of care and noted staff training was "very good".

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We looked at two care plans in detail. They included evidence of a thorough assessment process to identify the person's needs. A detailed plan of care was drawn up to set out how the identified needs were to be met. We saw evidence care plans were reviewed. There were signed slips in place to note monthly if care needs had changed or not. We found there were very detailed communication sheets in place, along with a diary of significant events, for example, hospital appointments or admissions. This meant care could be adjusted to meet changes in need and appropriate action taken with associated professionals and commissioners of care if care needs had changed significantly.

There were specific care plans in place for several of the complex care procedures required to maintain the health, safety and welfare of people. These were also reviewed as well as the overall care plan. This provided confidence people's care and treatment reflected relevant research and guidance.

Care plans included assessments of any risks to the health, safety and welfare of the people concerned. Details were given as to how those identified risks were to be eliminated or managed. Risk assessments were reviewed regularly. This showed care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Commissioners and parents of people who received care told us they were involved in regular reviews of care. One commissioner summed up their experience of InVent Health by noting, "I find InVent to be professional, consistent and reliable. I communicate regularly with the regional lead nurse and I have always found her professional and competent, responding to my questions in a timely manner."

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

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## **Our judgement**

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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.

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## **Reasons for our judgement**

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People who used 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. The provider had policies in place in safeguarding vulnerable adults and children, which were accessible to staff. Staff received safeguarding training in respect of both adults and children as part of their induction. This included how to recognise types of abuse and what action to take if it were seen or suspected.

We saw staff handbook files included flow-charts for both adult and child safeguarding. These gave general contact guidance and informed staff who any report should be made to. We were told each team had the specific contact details for the relevant local safeguarding of adults/children boards. (InVent Health operate within a number of local authority areas, each with their own safeguarding teams and contacts.)

We spoke with three members of staff on the telephone and spoke with other staff in person at the service's office. They confirmed they had received safeguarding training and told us they felt they knew what to do and who to inform in the event they saw or suspected abuse had taken place. We saw safeguarding training was included in update training the provider considered to be mandatory.

When we spoke with three parents of children who received care and support and with one adult who did, they were very positive about the quality and safety of care provided. They told us they felt safe with staff and were confident their best interests were always safeguarded.

The provider responded appropriately to any allegation of abuse. We were informed of one incident which had been reported to a local authority. The provider took appropriate action to address any issues raised and to ensure the safety and welfare of the child concerned. The local authority had closed the associated safeguarding process. All parties were satisfied with the outcome, additional training and support had been provided to the staff concerned and no evidence of abuse had been found.

Systems were in place to make sure that managers and staff learnt from events such as accidents and incidents, complaints, concerns, whistleblowing and investigations. This reduced the risks to people and helped the service to continually improve.

The service had policies and procedures in place and readily available for staff in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Relevant staff had been trained to understand when an application should be made, and how to submit one, although no applications had needed to be submitted. This ensured there were proper safeguards in place.

Staff training included consideration of consent and the implications for their care practice of the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards. This confirmed people who used the service were protected against the risk of unlawful or excessive control or restraint because the provider had made suitable arrangements.

## Requirements relating to workers

✓ Met this standard

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

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### Our judgement

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The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

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### Reasons for our judgement

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We looked at recruitment records for four staff who had been recruited into different caring/nursing roles within the organisation. We talked with three members of staff about their experience of the recruitment procedure they had undertaken. We looked at staff induction training records and spoke with staff about their induction.

Appropriate checks were undertaken before staff began work. Each file contained a personnel audit record to enable the progress of recruitment to be verified and documented. There was a photograph of the applicant, a full employment history, with any significant gaps accounted for. Two references were taken up and verified, an occupational health check was undertaken and recorded and an enhanced level clearance by the Disclosure and Barring Service (DBS) was in place. There were also signed copies of both the relevant job description and person specification on file.

We saw details of the interview checklist and interview questions and record. When we spoke with staff they confirmed both the information they had provided and the interview procedure they had undertaken. One person told us they found it was a "thorough and demanding, though positive, process."

Staff told us they had undertaken a three day company induction and were subject to a four month probation period. We saw records of induction training, which included basic life support for both adults and children, together with, for example, safeguarding and child protection. Those staff we spoke with told us they had been supported throughout the recruitment and induction process and had been able to access senior and experienced staff at any time when they needed to. This confirmed the provider had effective recruitment and selection processes in place.

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

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## Our judgement

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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.

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## Reasons for our judgement

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We spoke with three members of staff on the telephone and spoke with other staff in person at the service's office. We looked at training and supervision records, together with records relating to team meetings.

Staff told us they were very well supported. They confirmed they received a thorough three day induction, followed by regular training updates in key areas. We saw records of induction and ongoing training both already undertaken and planned throughout 2014. This included, for example, basic life support for adults and children, adult safeguarding and child protection, moving and handling and infection control. This confirmed staff had been enabled to obtain and maintain the skills they needed to provide safe and effective care.

The care staff provided to children and adults in their own home, required them to use a range of specialist equipment and devices to maintain their health and safety. This included, for example, ventilators, feed pumps, cough assistors and the use of suctioning and tracheostomy tubes. We saw details of comprehensive training provided to staff in each case. When we spoke with parents of children who received care and support and with one adult who received care, they told us staff were competent in using whatever equipment was relevant to their care and any specialist procedures involved. This confirmed staff were competent and confident in the use of any specialist equipment required to maintain the health of people for whom they provided support and care. It also confirmed the provider had worked to maintain and improve high standards of care by creating an environment where clinical excellence could do well.

We were told InVent staff included 20 people on accredited apprenticeship programmes including five at level five. Nursing staff we spoke with confirmed they had been able to maintain the nursing qualifications and obtain further accredited skills through a programme of personal and professional development. This showed staff were able, from time to time, to obtain further relevant qualifications and received appropriate professional development.

Staff told us they received regular supervision on a one to one basis. They had regular

team meetings and there was a 'buddy' system in place to provide peer support. We saw there was a probationary review process in place and a comprehensive record of competency sign-off against any procedure to be undertaken or equipment to be used. All the staff we spoke with, including, lead nurses, principal health care support workers and health care support workers, told us they were able to receive support and advice at any time. They said the manager and office staff were always available by telephone and that there was an effective out of hours contact and advice system in place. This meant staff received the formal and informal support they required to provide an effective and safe service.

## 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

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### Our judgement

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The provider was meeting this standard.

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

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### Reasons for our judgement

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People who used the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. We saw copies of very detailed care package audits which were set out in a format which addressed the five CQC questions; Is it safe? Is it effective? Is it caring? Is it responsive and is it well-led? This included, for example, documentation, care plan updates and staff training. We saw that where any staff supervision or appraisals were due, this had been identified and addressed through an associated care audit action plan. This ensured staff training was monitored so it could be kept up to date.

The audit included a patient/family questionnaire, again covering the five CQC questions. We saw one completed form which had identified a request for care to be provided wherever possible by a male care worker. There was an audit action plan which addressed this. Recruitment had been undertaken to provide male staff for specific shifts who were able to accompany the person to the gym and other leisure activities. We were told a short break away had now been arranged with a male carer to support the person concerned. This showed the provider took account of complaints and comments to improve the service.

We found there was a comprehensive complaints, incidents and accidents policy and procedure in place and included in the staff information pack and staff training. We had previously been informed by one parent about complaints they had in respect of the reliability and consistency of care being provided to them on behalf of their child. The service commissioner had been involved by them and CQC monitored the outcome of this complaint. We found InVent Health had co-operated fully in the complaints process and had worked with the family and commissioners in an effort to address the issues raised. They had acknowledged where the service had not been as consistent as they would have liked and had taken steps to try and address this. The matter was resolved by the commissioner and family with the support and co-operation of InVent Health. This confirmed that learning from incidents / investigations took place and appropriate changes were implemented.

## About CQC inspections

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

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

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

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

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

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

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

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

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

You can tell us about your experience of this provider on our website.

## How we define our judgements

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

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

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

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

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

## How we define our judgements (continued)

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

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

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

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

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We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

## Glossary of terms we use in this report

### Essential standard

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

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

### Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

## Glossary of terms we use in this report (continued)

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### **(Registered) Provider**

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There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

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### **Regulations**

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

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### **Responsive inspection**

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

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### **Routine inspection**

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

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### **Themed inspection**

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

## Contact us

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