

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

## Alexandra Nursing Home - Nottingham

370 Wilsthorpe Road, Long Eaton, Nottingham,  
NG10 4AA

Tel: 01159462150

Date of Inspection: 14 May 2014

Date of Publication: June  
2014

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

<b>Consent to care and treatment</b>	✓	Met this standard
<b>Care and welfare of people who use services</b>	✓	Met this standard
<b>Management of medicines</b>	✗	Action needed
<b>Staffing</b>	✓	Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓	Met this standard

## Details about this location

Registered Provider	Bupa Care Homes (BNH) Limited
Registered Manager	Mrs Gillian Margaret Wheatley
Overview of the service	Alexandra Nursing Home - Nottingham is a care home that provides care for up to 39 people. This includes older people with Dementia of either sex.
Type of service	Care home service with nursing
Regulated activities	Accommodation for persons who require nursing or personal care Diagnostic and screening procedures 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
What we have told the provider to do	7
More information about the provider	7
<hr/>	
<b>Our judgements for each standard inspected:</b>	
Consent to care and treatment	8
Care and welfare of people who use services	10
Management of medicines	12
Staffing	13
Assessing and monitoring the quality of service provision	15
<hr/>	
<b>Information primarily for the provider:</b>	
Action we have told the provider to take	17
<hr/>	
<b>About CQC Inspections</b>	18
<hr/>	
<b>How we define our judgements</b>	19
<hr/>	
<b>Glossary of terms we use in this report</b>	21
<hr/>	
<b>Contact us</b>	23

## 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 14 May 2014, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members, talked with staff and talked with other regulators or the Department of Health.

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### What people told us and what we found

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As part of this inspection we spoke with three people who used the service, seven relatives, twelve members of the staff team and the clinical services manager. The area manager and regional support manager were also at the service at the time of our visit. We looked at a number of records including people's personal records, medication records and records kept in relation to the management of the service.

We also used observation to understand people's experience, as some people had communication needs and were unable to tell us their views and experiences.

We considered all the evidence we had gathered under the outcomes we inspected. We used the information to answer the five questions we always ask. This is a summary of what we found:

Is the service safe?

People told us that they felt safe living at Alexandra House and that they were treated well. One person explained: "I feel very safe, I have no complaints of that sort." Another person told us: "You can always find fault, but I've been very happy here."

We talked to staff to see whether there were enough staff on duty to meet the needs of those in their care. We received various responses. Comments received included: "On the whole it is adequate, but it would be nice to have time to spend with people, it is very busy in the morning." And: "I think we need more staff." And: "I feel the current staffing levels are sufficient." We were told that staffing levels were monitored regularly to ensure that enough staff were on duty. This ensured that there were appropriate numbers of staff on duty to meet the needs of the people in their care.

The manager completed a pre-assessment before people moved in to the service to make sure people's assessed needs could be met. Review systems were in place to ensure care

plans and risk assessments were up to date and kept people safe.

Records kept to monitor how much food and drink people had consumed during each day were up to date. This showed us that people were protected from the risk of malnutrition and dehydration.

Staff spoken with knew what to do if they suspected that someone was being abused. One staff member explained: "I would report anything to the manager, and would go higher if necessary, we have the phone number to take things higher."

On checking the medication records we found that on a number of occasions, the registered nurse had failed to sign to say that they had dispensed people's medicine.

CQC monitors the operation of the Deprivation of Liberty Safeguards which applies to care homes. Relevant policies and procedures were in place and the manager on duty at the time of our visit understood when an application should be made. The majority of staff spoken with understood what it meant to deprive someone of their liberty and why this might happen.

Personal protective equipment was available for staff to use including disposable aprons and gloves. This ensured that care and support was provided safely and in line with the services infection control policy.

On entering the service we evidenced a strong unpleasant odour. We discussed this with the area manager and were informed that all attempts to address this issue by the regular cleaning of the carpets had failed. Therefore, the carpets in the hallway and the dining room were due to be replaced within the next three weeks.

Is the service effective?

We spoke with people who used the service and they told us that they were satisfied with the care and support they received. One person told us: "I didn't like it to begin with but now, I think it's good."

Relatives spoken with told us that, on the whole, they were happy with the care and support their relative received. One person explained: "I would say that he looks cared for though sometimes they shave, and sometimes they don't." Another person told us: "I have no complaints about the care."

Care plans provided staff with information about people's care and support needs. It was clear from our observations and from speaking with staff, that they understood the needs of the people they supported. This ensured that people's needs were met.

The provider had systems in place that demonstrated they co-operated with other health and social care professionals. This meant people received a person centred and coordinated approach to their health, safety and welfare needs.

Consent to the care and support that people received was obtained and this was reviewed on a regular basis. This ensured that people remained happy and in agreement with the support they received.

Is the service caring?

We observed staff going about their work. They treated the people they were supporting in a kind and gentle way and people looked relaxed and comfortable in the presence of staff.

Everyone spoken with told us that, on the whole, staff were caring and attentive. One person explained: "The staff are mostly very good, you get the odd one, but they listen to you." Visitors told us: "We are 80% happy with the care, for some it's a job, for others it's a vocation. Some take great care, some occasionally, do not, like ensuring my relative is neat and tidy." And "The care is very good."

Is the service responsive?

People's needs had been assessed before they moved into the home and they and their relatives had been involved in the care planning process whenever possible. One relative explained: "They came to the hospital to do an assessment." This ensured that their care and support needs could be met.

People told us that staff treated them with respect and involved them in their day to day care. One person explained: "They give me choices and they discuss things with me."

Relevant professionals had been involved in people's care, and records showed that visits were arranged when necessary. This included visits from their doctor, the optician, the dentist and the local speech and language team. This ensured that people who used the service received the care and treatment they required.

A complaints procedure was in place and a copy of this was displayed. This provided people with the information needed, should they wish to make a complaint about the service they received.

Is the service well-led?

A robust quality assurance system was in place and the management team regularly assessed the service provided. This ensured that people received the care and support they needed, in a safe and effective way.

Care plans and risk assessments were reviewed at regular times to monitor people's needs and where changes in people's health and welfare had been identified; these had been updated to reflect this.

Regular meetings had been held, both for people who used the service and their relatives, and the staff who worked there. This provided the opportunity for people to have a say on how the service was run.

Relatives shared their concerns with regard to the lack of communal space at the service. They explained that the conservatory leading off from the main lounge had been blocked off for some months and this impacted on their relatives comfort and well-being. We discussed this with the area manager who acknowledged these concerns. They informed us that planning permission had recently been granted for the intended improvement works to this area. The provider may wish to note that by keeping the people who used the service and their relatives, regularly updated on issues relating to the service, any concerns or worries people had would be allayed.

Staff on the whole felt supported by the management team and told us that they felt able to talk to someone should they have a concern of any kind. One member of staff explained:

"You can talk to the nurses or the managers."

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

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### **What we have told the provider to do**

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We have asked the provider to send us a report by 17 June 2014, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

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

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### **More information about the provider**

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

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

## Our judgements for each standard inspected

### Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

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### Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. Where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

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### Reasons for our judgement

We asked the manager, who was on duty at the time of our visit to explain the process for obtaining people's consent to their care and treatment. We were told that care and support options were explained to people, in a way that they understood. This had been during a pre admission assessment and their consent to that care and treatment would be obtained at that time. For people who were unable to give their consent, the manager ensured that consent was sought from someone who had sufficient knowledge about the person, in order for them to get the care and support they needed. We checked the care records for three people who were using the service. All three included a pre admission assessment, detailing their agreed care and support needs.

A consent to care form had been introduced. These forms, which had been signed either by the people who used the service or if they were unable, their relative, demonstrated that people had given their consent to the care and support they received.

The manager had a good understanding of the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS) which meant that people's human and legal rights were upheld. Records showed that the service had carried out mental capacity assessments when appropriate and had involved people's relatives in the best interest decision making process. At the time of our visit there was no one under a DoLS authorisation. Whilst speaking to the staff on duty at the time of our visit it was evident that not all were totally confident of their understanding of DoLS. The provider may find it useful to note that by refreshing staff's understanding of DoLS people would be better protected from the possibility of their liberty being deprived unlawfully.

We spoke with three people who were using the service at the time of our visit and we asked them whether they were involved in making day to day decisions about their care and support. They told us they were. One person told us: "They always discuss things with us and give us choices." Another explained: "They ask us what we want to eat, there is

always a choice."

Staff spoken with explained how they gained people's consent before providing their care and support on a daily basis. One staff member explained: "I always ask if it's alright that I help them." Another told us: "You talk with them [the people who used the service] and check that it is ok for us to help them."

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

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**Our judgement**

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The provider was meeting this standard.

Care and treatment was planned and delivered in a way that ensured people's safety and welfare.

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**Reasons for our judgement**

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People told us that overall, they were satisfied with the care and support they received at Alexandra House. One person told us: "The care is mostly very good, you get the odd one [care worker] that's not so attentive, but, overall they are very good." Another explained: "The staff are good and they listen to you, I am quite happy at the moment."

Visiting relatives shared their thoughts of the service. They told us that overall they were satisfied with the care and support that their relative received. One explained: "The care is good, though sometimes it's the little things that niggle, one time I came and my relative was wearing a jumper with no shirt underneath, I know it's a small thing but it's important to us because my relative would not have worn a jumper on its own." Another told us: "It has been very good, I feel my relative is being looked after well."

We were told that before anyone moved into the service, an assessment of their needs would be completed. This enabled the management team to identify what help and support the person needed and whether or not those needs could be met.

We checked the records for three people who were using the service. We found that an assessment of need had been completed for each person, prior to them moving into the service and from this; a care plan had been developed. The care plans seen identified the specific needs of each individual and included the actions the staff were required to take, in order to meet those needs. The care plans had been reviewed on a monthly basis and where changes to the person's health or welfare had been identified, these had been included in the documentation. This ensured that staff had the most up to date information in order to properly support those in their care.

Appropriate risk assessments had been completed. These included a falls risk assessment, a nutritional risk assessment and a risk assessment used to monitor the risk of a person developing a pressure wound.

Daily observation records were being completed for one of the people whose records we checked. These included a food and fluid chart showing what they had consumed during the day. This enabled the staff to monitor people's nutritional needs to reduce the risk of

malnutrition and dehydration.

People had access to all the necessary healthcare professionals including doctors, dentists and opticians. The local speech and language therapy (SALT) team was also involved for people who had been assessed as being at risk of choking when swallowing. This ensured that people's healthcare and welfare needs were being met.

We observed support being provided throughout our visit. Staff showed a good understanding of people's needs, they were aware people's individual likes and dislikes and they supported them in a relaxed and kindly manner. One visitor explained: "The staff are good, they know my relative's needs."

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

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## **Our judgement**

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The provider was not meeting this standard.

People were not protected against the risks associated with medicines because although the provider had appropriate arrangements in place to manage medicines, these were not always followed by staff.

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.

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## **Reasons for our judgement**

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We checked the medication and corresponding records for the people who used the service. We checked to see that the medication had been appropriately signed for when it had been received into the service, which it had. We also checked that the medication had been signed for when given, as per the medication policy, which on this occasion, it had not. We identified seven occasions when medication had been given, but the records had not been signed by the nurse administering, to confirm this. There was also one occasion when a nurse had signed to say that they had given a person their medication, though on checking the blister pack it was evident that the tablet had not been given.

A medication audit had been carried out every month which ensured that nurses continued to work in line with best practice and in line with the policies and procedures of the service. The manager explained that during these audits if any shortfalls were identified these would be addressed with the individual nurse to ensure improved practice. The provider may wish to note that more regular audits would identify errors in recording sooner and enable shortfalls to be identified and addressed earlier.

We looked at the procedures followed with regard to the storage and administration of controlled medication. We found that this medication had been appropriately stored and accurate and robust records had been kept.

We observed the registered nurse during the breakfast and lunch time medication rounds. The nurse assisted people with their medication discreetly. They gave them the time they needed and made sure that their medication was taken before assisting the next person.

Appropriate checks were made with regard to the temperature of the fridge, in which certain medication was being kept. This ensured that people's medication was being stored in line with manufacturer's instructions and guidelines.

## Staffing

✓ Met this standard

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

### Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

### Reasons for our judgement

We talked to the staff who were on duty at the time of our visit. Some staff told us that there were enough staff on duty to meet the needs of those in their care, others told us there wasn't. One staff member explained: "On the whole it is adequate, but it would be nice to have time to spend with people, it is very busy in the morning." Another told us: "I think we need more staff." Another said: "I feel the current staffing levels are sufficient."

We looked at the staff rota for the week in which we visited the service. We identified that there were usually two nurses and eight care workers on a morning shift, two nurses and eight care workers on an afternoon shift and one nurse and three care workers on a night shift. These numbers included ten hours required for one person who needed one to one support.

The manager explained that she was in the process of looking at staffing levels and shift patterns to try to maximise staffing numbers at critical times such as early evenings. This would ensure that there were enough staff on duty to continue to meet the needs of those in their care.

We noted throughout our visit that a large number of family members visited and assisted with the care and support of their relatives, particularly around mealtimes. The question was raised as to whether, if these family members had not visited, would there have been enough staff on duty to provide the care and support people needed. The provider may wish to note that adequate numbers of staff must be available at all times to properly care for, and support the people who used the service.

An activities leader is employed to provide group and one to one activities. On the day of our visit they were seen providing a reminiscence session for one person and a hand massage for another. We were told that outside entertainers also visited on occasions.

We noted throughout our visit, particularly in the downstairs lounge that when staff were not providing care and support, they were sat in the lounge completing paperwork rather than conversing with the people who used the service. The provider may find it useful to note, that by amending current working practices, the people who used the service could be provided with more one to one time.

We looked at the training records held at the service. This was to check that the necessary training had been provided to enable the staff to properly support those in their care. Staff told us that they had received the training they needed to enable them to look after people well and the training records showed us that the required training had been provided. This included training in the safeguarding of vulnerable adults, moving and handling and dementia care awareness.

## 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 appropriate 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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An appropriate auditing system was in place to monitor and assess the quality of the service being provided. Both corporate and local audits had taken place. The service's managers had completed a number of local audits each month. These included a falls audit, an infection control audit, and audits on the records held by the service. Audits had also been carried out by a member of the organisations management team. Following these audits, action plans had been produced. These enabled the manager of the service to address any shortfalls identified during this process. This ensured that the service was running in line with the organisations policies and procedures and the service provided was safe and fit for purpose.

People who used the service, their relatives, advocates and staff members were asked for their views about the service provided. Quality assurance questionnaires were sent out on an annual basis and results were analysed and shared with all.

Regular staff meetings had been held and staff had been provided with regular supervisions and annual appraisals. This ensured that they had the opportunity to share their thoughts on the service being provided and to discuss any issues that they may have had.

Quarterly meetings had been held for the people who used the service and their relatives and advocates. The minutes of the last meeting held in February this year showed that people discussed topics related to the service including, property matters and housekeeping issues. These meetings also provided people with the opportunity to discuss any issues they had and share their thoughts on the service provided.

A complaints procedure was in place, people told us that they knew what to do if they had a concern, and were confident that it would be addressed to their satisfaction. One person told us: "I would talk to the staff. There are plenty of staff I can talk too." Relatives told us: "When there are problems, they are sorted." And "If ever I am not happy, I can tell them and they will sort it."

Staff explained that for people who were unable to communicate their concerns or unhappiness, they looked for non-verbal communication. This included looking at body language and facial expressions. This ensured that they too were listened to and concerns were acted on.

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 activities	Regulation
Accommodation for persons who require nursing or personal care	<b>Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010</b> <b>Management of medicines</b>
Diagnostic and screening procedures	<b>How the regulation was not being met:</b> The provider had not taken appropriate steps to ensure people using the service were being protected against the risks associated with medicines because although the provider had appropriate arrangements in place to manage medicines, these were not always being followed by staff. Regulation 13.
Treatment of disease, disorder or injury	

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 17 June 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.

## 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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