**Westcombe Park Nursing Home**

112a Westcombe Park Road, Blackheath, London, SE3 7RZ

Tel: 02034684768

Date of Inspection: 11 June 2014

Date of Publication: July 2014

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

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<td>✓ Met this standard</td>
</tr>
<tr>
<td>Care and welfare of people who use services</td>
<td>✓ Met this standard</td>
</tr>
<tr>
<td>Safeguarding people who use services from abuse</td>
<td>✓ Met this standard</td>
</tr>
<tr>
<td>Staffing</td>
<td>✓ Met this standard</td>
</tr>
<tr>
<td>Assessing and monitoring the quality of service provision</td>
<td>✓ Met this standard</td>
</tr>
</tbody>
</table>
### Details about this location

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<th>Registered Provider</th>
<th>Bupa Care Homes (GL) Limited</th>
</tr>
</thead>
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<td><strong>Overview of the service</strong></td>
<td>Westcombe Park Nursing Home offers residential and nursing care for up to 51 people and is located in the Royal Borough of Greenwich.</td>
</tr>
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<td><strong>Type of service</strong></td>
<td>Care home service with nursing</td>
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| **Regulated activities**   | Accommodation for persons who require nursing or personal care  
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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 11 June 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 sent to us by other authorities.

What people told us and what we found

A single inspector carried out this inspection. The focus of the inspection was to answer five key questions; is the service safe, effective, caring, responsive and well-led?

Below is a summary of what we found. The summary describes what people using the service, their relatives and the staff told us, what we observed and the records we looked at.

If you want to see the evidence that supports our summary please read the full report.

Is the service safe?
People had been cared for in an environment that was safe, clean and hygienic. There were enough staff on duty to meet the needs of the people living at the home and a member of the management team was available on call in case of emergencies. Staff employed to work at the home were suitable and had the skills and experience needed to support the people living in the home.

The Care Quality Commission monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. While no applications were required to be submitted, proper policies and procedures were in place to prevent people from being unlawfully restricted. Relevant staff were trained to understand when an application should be made, and how to submit one. We found that staff had a good understanding about adult safeguarding and they told us they would always escalate any concerns. A safeguarding policy was in place and staff attended an annual training session.

Is the service effective?
People told us that they were happy with the care they received and felt their needs had been met. It was clear from what we saw and from speaking with staff that they understood people's care and support needs and that they knew them well. One person told us. "The home is alright. The staff are excellent. The nurses come if I ring my bell to help me." Staff had received training to meet the needs of the people living at the home.
Is the service caring?
People were supported by kind and attentive staff. We saw that care support workers were patient and gave encouragement when supporting people. We observed this at lunch time when we saw staff assisting people at their pace and were not rushed. One person told us "they look after me, I am happy here." A visitor told us "I have no concerns about the care here; staff are very caring." Another relative said "all the staff are brilliant."

Is the service responsive?
People's needs had been assessed before they moved into the home. People told us they were happy with the care they received. Records confirmed people's preferences, history and diverse needs had been recorded and care and support had been provided that met their wishes. People had access to activities and people told us they enjoyed the social events organised by the home. We spoke to relatives who told us that the home had been responsive to feedback one relative said "they keep me informed and communicate with me if there are any changes."

Is the service well-led?
Staff had a good understanding of the ethos of the home and quality assurance processes were in place. People told us they were asked for their feedback on the service they received and that they had also filled in an annual customer satisfaction survey. We found this had resulted in an action plan to work on improving the variety of menus and activities offered in the home. Staff told us that the acting manager had an open door policy and they could raise any issues with her. They said they had regular team meetings and they were asked for their feedback. In the annual staff survey 2013 staff rated the overall leadership effectiveness at Westcombe Park at 60%.

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

Respecting and involving people who use services  
Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected

Reasons for our judgement

People expressed their views and were involved in making decisions about their care and treatment. People who used the service were involved each time their care plan and risk assessments were reviewed to ensure the plans met their needs. Each person had a key worker who discussed and reviewed their care and support needs with them.

We observed staff respected people’s choice for privacy as some people preferred to take their meals in their own room and others liked to use the dining area. We found people’s preferences for getting up in the morning were respected. We observed a staff member advising support staff that a resident had requested a late wake up and would have breakfast later that morning.

Staff used communication aids including flash cards and pictures. For example, one staff member understood a person's sign language when she asked to go to bed for a rest. Care was observed to be delivered in a caring, person-centred way. One relative told us that staff tried to accommodate their daughter’s choices for washing and getting up times.

People's care records showed that the provider involved people in developing a record about them in a 'Map of Life' document so that staff were aware of people’s preferences including cultural and spiritual needs. However, the provider may wish to note that people’s choices were not always documented in the seven records we reviewed. One person told us that staff respected their religious beliefs and that the night staff would get them up early so that they could be ready for prayers each morning.

People were given opportunities to make choices in their daily lives such as what time they got up in the morning and where they ate their meals. We found that the activities co-coordinator supported people to make choices in the social activities they engaged in and we observed they gave people time to talk individually during the day.

People were supported in promoting their independence. One person told us "I can do my own thing; I go out on my scooter." We observed care support staff promoting
independence by encouraging a person to feed themselves and giving help when required.
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's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. Before people began living in the home there was a pre-assessment and an admissions process which assessed their individual needs and suitability. Pre-assessment documents were found in people's records which demonstrated people's needs had been assessed and we were informed that this sometimes lead to people not being suitable for admission to the home.

Each person that used the service had a care plan in place, risk assessments and documented personal preferences. Each person's care plan described activities of daily living and the range of support they required, for example, communication methods, medication needs and support with personal and nursing care. Risk assessments were in place to safeguard people. We saw risk assessments in people's care files included movement and handling, bed rail assessments, nutritional and mobility risks. These were up to date and relevant to each person and their needs. The risk assessments identified risks to people and identified ways in which these risks could be reduced to ensure people's needs were to be met as safely as possible.

We found the home had a proactive approach to the prevention of pressure ulcers. People's skin integrity was regular assessed and risk assessments were documented in the seven records we reviewed. We found recording charts in two people's rooms as they required frequent turns. Staff on one floor told us that they had no people with pressure sores and they had good access to equipment. The deputy manager told us they can call upon the tissue viability nurse for support when required.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. People's care plans and risk assessments were reviewed regularly and reflected any changing needs. We found care plans were updated monthly through a system where each week-day people were identified for a review by staff at the daily meeting. This included nursing and care staff alongside the chef who would review menu choices. We found all seven records reviewed had been updated on a monthly basis. People were allocated a key worker to co-ordinate their care and we found the key worker was identified in five of the seven records reviewed. Staff had hand over meetings
in place to share any immediate changes to people's needs on a daily basis to ensure continuity of care.

We found that the home had a call bell system in all rooms and we saw people who were bed bound had bells within their reach. Two people told us "they come to help me if I use my bell and call for them."

We found that health professionals regularly visited the home. These contacts were set out in people's records and we found evidence of regular GP contact. We spoke to the stoma nurse who visited the home and she told us that she found the home clean and staff were friendly and caring. She said "I have made two recent visits to the home, this is a nice home and I have no concerns." We observed her recording her contact in a person's record and providing advice to staff.

Care was delivered by staff in a way which met people's needs, for example staff were observed assisting people at lunch time in a calm caring manner. They spoke to people kindly. One relative told us they had no concerns about the level of care provided they said "the home is brilliant, he has done so well here." People told us that that they liked living at the home but they were keen for it to be refurbished. We were informed by the acting manager that there were plans to refurbish the home during 2014. One person said "the home is ok and homely."

The acting manager had a clear understanding of the Mental Health Act (2005). No recent Deprivation of Liberty Safeguard (DoLS) applications had been made to the local authority as these were not required. These applications provide authorisation to deprive an adult of their liberty. The acting manager informed us that DoLS training was provided to staff as part of the safeguarding training and that the local authority had recently sent them information to include in their policy. Information advising staff what to do to prevent unlawful restriction was found on the staff notice boards. We found people's care records included an assessment of their mental capacity where specific decisions needed to be made. A DoLS policy dated March 2013 was available in the policy folder.

There were arrangements in place to deal with foreseeable emergencies. We found a business continuity plan in place to guide staff in emergency situations. A first aid box and fire instructions were also seen at the home. First aid and fire safety training were part of the mandatory staff training schedule which all staff had completed.
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 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. We found that the provider had an internal safeguarding vulnerable adult's policy in place which was accessible to all staff. Policy folders were available in the acting manager's office and on each of the three floors. Staff on all three floors was aware of how to access the policy.

Safeguarding vulnerable adults training was part of the mandatory training schedule and was included in the induction programme for new staff. The staff training schedule was managed by head office that sent out reminders when training updates were due for all staff members. We reviewed the training matrix and we found that all staff had received safeguarding training. The matrix highlighted two new staff members who had started work in May 2014 and who were required to attend training which had been organised for June and July 2014. The training matrix identified 18 staff members who were due annual refresher training and we saw the training schedule with dates planned for all staff to attend training in June and July 2014.

There had been one recent safeguarding incident which had been reported to the local authority and to the Care Quality Commission. The acting manager described the investigation which was currently being undertaken and the immediate actions taken. This included training for staff on the use of hoists. We saw a letter which had been sent to all staff reminding them about the hoist procedure and the date for them to attend a refresher session.

We spoke to eight staff members about their understanding of safeguarding issues and the reporting process in place. All staff stated that they would escalate any concerns to their manager. Staff told us about the recent introduction of a 'Speak Up' whistle-blowing policy to enable staff to report incidents anonymously if they were concerned about the home. We found a copy of the policy on each of the staff notice boards and one member of staff showed us a contact card which had been given to all staff. Staff had a good...
understanding of the policy and who to report concerns to.
Staffing

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

There were enough qualified, skilled and experienced staff to meet people's needs. The manager told us that there was flexibility with the staffing cover and changes could be made when people's needs changed. The staffing ratios at the time of our inspection had been agreed with the area manager. The deputy manager informed us that the staffing levels provided enough qualified nurses and carers to meet the care needs of people in the home. The deputy manager said "the number of staff means we have to be very focused on the individual care needs of people."

Staff levels were stable and we reviewed one month's rota which showed us that staffing was effectively managed across all three floors of the home. The top and middle floor had 18 people on each floor. Each floor had one trained nurse and three care support staff on a morning shift and one trained nurse and two care support workers in the afternoon. The ground floor had ten people which had one trained nurse and two care support staff morning and afternoon. The rota showed that on the night shift there were two trained nurses and three care support workers to cover the whole home. In addition the home had a team of housekeeping staff, kitchen staff, an activities co-ordinator and a full time maintenance worker.

We spoke to eight staff members most felt there were adequate staffing levels. One staff member felt that they could do with more staff during the day which they had raised at a staff meeting and this had led staff to work more as a team. People told us that they know all the staff and that staff were nice.

The service had bank staff who provided cover to ensure that there was sufficient number of staff on duty at all times. We found some agency nurse cover had been used but the acting manager said they always tried to get bank cover first. We were told when agency nurses were used the acting manager tried to ensure consistency agency staff were used. One agency nurse was on duty during the time of our visit. They told us that she had provided cover to the home on a number of occasions and she confirmed she had received an induction to the home.

The registered manager for the home had left recently prior to our inspection. There was an arrangement in place with a registered manager from another local home who spent
four days a week at the home to provide support. We found that there was recruitment for a replacement manager taking place and we noted an advert dated May 2014 was on the provider’s website. Staff told us that they found the management supportive.

The deputy manager had records of staff qualifications and training. We found that nursing registration details had been checked on an annual basis. Four support staff told us that they had been supported to achieve a national vocational qualification (NVQ). We saw that staff, including bank staff, could access on-going training and their mandatory training was monitored. This meant that there were a range of suitably skilled staff on duty to meet people’s needs.
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.

Reasons for our judgement

The provider had mechanisms in place to seek feedback from people who used the service such as quarterly residents and staff meetings. A resident of the day system was in place, where people had an allocated monthly slot for a one to one with a staff member to discuss their care and review their care plans. This also included a discussion with the chef regarding their food choices and we found this system to be in operation on the day of our visit. Staff told us this time also gave them an opportunity to contact relatives to gain their feedback. We found evidence that people's care had been reviewed on a regular basis and recorded in the seven care records reviewed.

A complaints system was in place and details of the complaints policy were displayed on each of the notice boards on all three floors of the home. We found the provider maintained a complaints log which included details of seven complaints which had been investigated during 2014. The provider had provided written responses to these complaints detailed in the log.

A customer satisfaction survey report for January 2014 was reviewed which highlighted that 95% of people felt safe in the home, and 94% felt staff treated them with respect. The ratings for food choices and activities within the home received the lowest ratings of 44% for satisfaction with food and 65% for activities. We also found that these areas had been highlighted for improvement in the local authorities commissioning report following their inspection visits to the home during April and May 2014. We were told by one person "the food is fine." Another person told us "we raised the variety of food at the residents meeting and the chef attends and is sorting it out." The acting manager showed us the action plan in response to the survey outcomes and explained they had had a recent change of chef.

The provider had an action plan in place to monitor the implementation of improvements required. This stated that an activities committee would be established and we found notices for the next meeting on all the resident's notice boards.

We looked at the staff survey report for 2013. We noted that 64% of staff would recommend Westcombe Park to a friend or family member. Staff rated the leadership in
the home at 60% which the provider identified as in the favourable range. Staff told us that the managers have an open door policy and you can talk with them any time. One staff member said "We can talk to the manager and raise our views and how things can improve."

We found evidence that changes were made following staff feedback. For example, notes of the January 2014 staff meeting raised an issue of privacy and dignity as there were no net curtains in one ground floor room which faced onto the driveway. We found the provider had responded by installing net curtains in this person's room.

Monthly audits were undertaken and these were found to be reported in the quality matrix report. We found the audits covered reviews of care plans, nutritional assessments, numbers of pressure ulcers and infection control. The collated report allowed the provider to see any trends over time and we were informed that changes had been made to the care documentation to capture information about the management and prevention of pressure ulcers.

An Incident reporting system was found to be in place and the recent quality matrix report was made available to us. The report included the numbers of pressure ulcers within the home which identified no new pressure ulcers had occurred in the home since December 2013. Incidents were consistently reported and care support staff told us they would report any incidents to the manager. The acting manager had a good understanding of the reporting mechanisms required for the commission and had recently reported a safeguarding incident.
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.

<table>
<thead>
<tr>
<th><strong>Met this standard</strong></th>
<th>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.</th>
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</thead>
<tbody>
<tr>
<td><strong>Action needed</strong></td>
<td>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.</td>
</tr>
<tr>
<td><strong>Enforcement action taken</strong></td>
<td>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.</td>
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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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**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.
(Registered) Provider

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

Regulations

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

Responsive inspection

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

Routine inspection

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

Themed inspection

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