

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

## The Beeches

665 Uttoxeter Road, Meir, Stoke On Trent, ST3  
5PZ

Date of Inspection: 07 May 2014

Date of Publication: June  
2014

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

**Care and welfare of people who use services** ✓ Met this standard

**Safeguarding people who use services from abuse** ✓ Met this standard

**Management of medicines** ✓ Met this standard

**Assessing and monitoring the quality of service provision** ✓ Met this standard

**Records** ✓ Met this standard

## Details about this location

|                         |  |
|-------------------------|--|
| Registered Provider     | The Beeches Residential Care Home Limited  |
| Registered Manager      | Ms Julie Ann Edwards   |
| Overview of the service | The Beeches Residential Care Home at 665 Uttoxeter Road, Meir, Stoke-On-Trent, provides accommodation, care and support for up to 34 people. |
| Type of service         | Care home service without nursing  |
| Regulated activity      | Accommodation for persons who require nursing or personal care   |

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## Summary of this inspection

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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 7 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 and talked with staff.

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### What people told us and what we found

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This was an unannounced inspection. This meant the provider did not know we were coming. At this inspection we also followed up on concerns we identified at the last inspection visit in December 2013 in relation to the management of medicines and the quality of records.

We spoke with four people who used the service and looked at their records. We also spoke with four relatives of people, five members of staff, a visiting professional and the provider to help us to understand the outcomes and experiences of people who used the service.

Is the service safe?

People who used the service told us they felt safe and had no concerns regarding the staff that supported them. People told us that the manager was approachable and they would speak with her if they had any concerns.

Staff spoken with had a good understanding regarding the level of support each person required to maintain their safety and well-being. Information within care plans and risk assessments demonstrated that people were supported to maintain their safety and welfare.

We saw that all care staff carried a radio whilst on duty and we observed these being used regularly. One member of staff we spoke with told us, "We all carry radios to contact one another in the building especially when we are assisting someone".

Appropriate policies were in place regarding safeguarding vulnerable adults and staff demonstrated a good knowledge of what procedures to follow if they identified any safeguarding concerns or if any information of concern was disclosed to them.

Is the service effective?

Discussions with people using the service and information in care records showed that people's needs and preferences were met. We saw a log that ensured that people's preferences were respected with regards to their bedtime, waking and personal hygiene routines. The provider said, "It also makes staff accountable in case a service user doesn't look well dressed; then we know who dressed them up that day".

Relatives of people who used the service were generally complimentary of the care their relatives received. One relative said, "X receives very good care here. This place is ideal for her needs".

During the visit, we saw that other healthcare professionals were involved in the care and treatment of people who used the service. One visiting professional told us that they came regularly to carry out health reviews of people who used the service. They said, "If they've [the staff] got any concerns or queries about medications, they'll ring the clinic for advice. I've never gone back and felt concerned about anybody I have seen".

People who used the service and their relatives told us that structured activities took place regularly and external providers were often invited to engage in activities with people. On the day of the visit, we observed a volunteer activities person engaging people in a sing-along group and exercises. People we spoke with told us that they enjoyed the activities that took place at the home.

Although the provider had made improvements to ensure that people were protected from the risks of unsafe medicine administration, they needed to ensure that their system for recording medication stored at the premises was effective.

Is the service caring?

We observed a positive working relationship between the staff and the people they supported. We observed that staff were caring and sensitive when they supported people with their personal care needs.

People using the service said that they liked the staff and confirmed they were helpful. A person who used the service told us, "The staff are polite and nice". One relative said, "Staff are pleasant and friendly. I'm perfectly happy he's [relative] here. I wouldn't mind being in care here myself". Another relative told us, "The staff are very caring. They've just thought of things that are very good for people".

We observed that people were treated with dignity and respect by staff. Some people required support during meals and we observed that staff were professional and demonstrated care when they supported these people.

Is the service responsive?

People we spoke with told us that if they had any concerns or worries they would tell a member of staff or a family member. One person said, "You've only got to talk to X [the manager] and you'll be alright".

From our observations we saw that people using the service appeared relaxed and comfortable with the staff on duty and were able to openly express their opinions and preferences.

We saw that staff responded promptly to ensure people's needs were met, for example when people requested support to use the toilet staff responded in a timely manner. We observed staff treating people respectfully, ensuring their dignity was maintained.

We saw that staff responded to the changing needs of people. A visiting professional said, "I've seen a gentleman who was quite breathless and they told me he was waiting to be seen by the GP".

At the previous inspection, we told the provider that they needed to make improvements because they did not have appropriate arrangements in place to manage medicines safely and accurate and appropriate records were not being maintained to protect people from the risks of unsafe or appropriate care. We saw that the provider had made improvements to ensure that medicines were managed, stored and audited appropriately. People's personal records were stored securely and care plans had been updated to reflect the care people received.

Is the service well-led?

People told us that the provider was always around to respond to any concerns. One relative said, "The provider is very good and the staff are very good. I go to X [the Registered Manager] or X [the provider] if I have any problems".

The provider was present on the day of the visit and we saw that relatives approached him to obtain information about their relatives. We spoke with the provider and he demonstrated a good knowledge of the people who used the service. He said, "We have an open door policy and I love to meet and greet the relatives and get feedback from them".

People who used the service told us that the registered manger was always available, approachable and friendly. The registered manager told us, "I go round and ask them [people who use the service] how they are. It's something I've always done. Families just come to us if they've got a problem and we solve it there and then if possible".

We saw that the provider carried out audits of the service to ensure that people received safe and appropriate care. We saw that the views of people who used the service, their relatives, staff and other professionals were obtained, recorded, analysed and actions taken to address any concerns raised.

Staff were clear about their roles and responsibilities and spoke positively about the management support they received. Staff told us that they were being provided with regular team meetings. A member of staff told us, "X [the provider] is constantly drilling into all of us about the paper work, that if it's not written up, then it hasn't been done".

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

People who lived at the home generally told us that they were happy with the care they received. People told us that the staff were kind, helpful and understood their needs. One person told us, "It's alright here. Staff have been helping me today". A relative told us, "We're happy with my mum being here. On the whole, I've got no qualms".

From our observations we saw that people using the service appeared relaxed and comfortable with the staff on duty. We observed that people looked clean and well cared for. A visiting professional confirmed that people were generally well presented and looked clean. This showed that staff supported people as needed to maintain their personal hygiene.

We saw that people's care needs were assessed prior to them coming in to the home. We looked through four care plans and we saw that they were individualised and reflected the needs, preferences and diversity of the person it was written for.

We saw risk assessments completed for falls and steps taken to prevent, them such as the use of pressure mats. Pressure mats alert staff when a person steps on them so that staff can go to offer support to reduce the risk of falls. We saw pressure mats in the rooms of those who required them and saw that they were working. We saw equipment such as pressure relieving cushions being used when indicated in people's risk assessments. This meant that the provider ensured that risks were assessed and managed appropriately to ensure the safety and welfare of people.

People's care records indicated that their care needs were regularly reviewed and updated. For example, we saw that one person had fallen recently and had been admitted into hospital following the fall. We saw that their care plan and risk assessments had been updated to reflect the changes in their care needs. We saw that a referral had been made because the staff felt the person now required nursing care. We spoke to their relatives during the visit and they told us that their relative had received very good care. One of the



relatives said, "I wish she could stay here longer. If I was choosing a care home for me, I wouldn't mind coming here". This meant that the provider responded to the needs to people and acted accordingly.

During the visit, we saw that people were seen by other professionals as required. Records showed evidence of continuity of care with other care providers, such as visits from doctors, district nurses and appointments with opticians, dentists and other health professionals as required. This demonstrated that people's healthcare needs were monitored and met.

People we spoke with and their relatives told us that structured activities took place in the home. One person said, "On Tuesdays, they try to give you exercises. They have quizzes as well". Members of staff told us that external entertainers visited the home on a regular basis to provide structured activities for the people who used the service. During the visit, we saw that an external activities person was present engaging the people who used the service in a sing-along and some chair-based exercises. We observed one person telling the activities person that they had enjoyed the group and wanted to know when they would come again. This meant that the provider ensured that people who used the service were kept stimulated through structured activities.

The provider has a system in place to ensure that people were supported in case of an emergency. Records showed that all the people who used the service had personal evacuation plans in place which indicated the level of support they needed in case of an emergency. Staff we spoke with were able to describe what actions they would take to keep people safe. This meant the provider ensured that people who used the service were protected in the event of an emergency.

**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 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.

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## **Reasons for our judgement**

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The people we spoke with told us that they felt safe at the home. We saw that staff responded to the needs of people appropriately and in a timely manner. Relatives we spoke with during our inspection told us that they did not have any concerns about the home in general or about how care was provided. They told us that they were confident in the staff to provide safe care and support.

Relatives and regular visitors to the home told us that they would approach the manager or a senior carer if they had any safeguarding concerns. One relative told us, "I wouldn't hesitate to raise any concerns. I once saw two residents arguing and I reported it immediately".

Appropriate policies were in place regarding safeguarding adults. Information on whistleblowing was also available so that staff wishing to report concerns externally had sufficient information to do so. The provider told us, "In every (staff) supervision, we always ask about whistleblowing and what they understand about it and what they would do if they had concerns". This meant that people were protected from the risk of abuse because the provider ensured that staff were kept informed about how to identify possible abuse and take appropriate action.

Staff members spoken with told us that they had received training in safeguarding vulnerable adults. They were able to tell of us the different types of abuse and what they would do if they identified any concerns or if any information of concern was disclosed to them. Staff were able to tell us where policies were kept.

The home had a process of how to protect a vulnerable person which was in line with the local social services. The provider may find it useful to note that the staff spoken with did not demonstrate sufficient knowledge about how they would alert the local social services about safeguarding concerns at the home.

**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 meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

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## **Reasons for our judgement**

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During the previous inspection, we found that people were not always protected against the risks associated with medicines because the provider did not have appropriate arrangements in place to manage medicines. During this inspection we saw that the provider had made improvements to ensure that medicines were managed safely at the home.

At the last inspection we saw that the provider did not ensure people's medicines were stored in accordance with manufacturer's recommendations. During this inspection, we saw that the fridge temperature was monitored daily. We looked at fridge temperature readings taken over a period of two weeks and noted that the temperature reading was always below eight degrees Celsius. Refrigerated medicines are required to be stored between two and eight degrees Celsius to ensure that they remain effective.

A staff member we spoke with told us that all prescribed creams were stored in a locked cabinet in the medicines room. We saw that this was correct when we looked in people's bedrooms and carried out a stock check of the medicines in the clinic room.

We observed medicines being administered in the morning by a senior carer. We saw the carer explaining to people what their medicines were for. We saw that the care staff signed people's Medicines Administration Records (MAR) only after medicines were administered. We carried out an audit of four MAR charts during the inspection and saw that all medicines including missed doses were accounted for. This meant people were protected against the risks of inaccurate medicines administration.

During the previous inspection, we could not be assured that all staff were administering 'as required' medicines in a consistent manner and there was no accurate record of how many tablets people had taken if they were prescribed variable doses. There was no protocol or guidance in place to guide staff to ensure that the most appropriate medication was given at the appropriate time. During this inspection, we saw that there was a protocol in place to guide staff so that 'as required' pain relief medication was administered appropriately.

The provider had a system in place to record the number of tablets and time they had been administered on 'as required' basis. We saw that there were body maps in place to ensure that topical painkillers which were to be administered 'as required' were administered appropriately and safely. We observed that people did not have to wait when they requested pain relief from staff. The provider may find it useful to note that clear guidance was not available for other types for medicines such medicines to relieve anxiety, that were also to be administered 'as required'.

We noted that the medicines administration round finished at 11:40 am. We looked to see if there was a system in place to record if medicines had not been administered at their prescribed time as this could affect the timing of subsequent doses. We asked the staff member who administered medicines how they ensured that there was sufficient gap between medicines to ensure people's safety. They told us, "There aren't many [people who need medicines] at lunch time, to be fair. I give theirs first". We saw that only four people required medicines during lunch time and they had been given their medicine during breakfast. This meant that there was a system in place to ensure that people received their medicines safely and appropriately.

## 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 in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

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### Reasons for our judgement

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We saw records to demonstrate that the provider had systems in place to monitor and assess the quality of services they provided to ensure that people received effective care.

People we spoke with confirmed that the registered manager was always present at the home. One person using the service told us "The manager comes around through the day. You've only got to talk to X [the registered manager] and you'll be fine". Relatives of people used the service told us that both registered manager and the provider were always available and could be approached for any concerns. A relative said, "The provider is very good and the staff are very good".

The views of people who used the service, relatives, staff and other professionals were obtained regularly. We saw records of recent satisfaction survey questionnaires that had been returned by people. We saw that the results had been analysed and an action plan put in place to deal with issues raised in the questionnaires. We noted that the majority of the feedback provided in the questionnaires was positive.

We saw the minutes of meetings that had been held with people's relatives and staff. This gave relatives an opportunity to raise any issues or concerns they had and provider to keep them up to date about actions that had been taken to address concerns already raised.

The provider was monitoring the environment. The provider told us, "I've got a matrix in place that highlights all the health and safety issues and what needs to get done". We saw that the provider carried out and had records of general maintenance checks. This meant that provider had systems in place to ensure that people who used the service were safe.

Accident and incidents were recorded as well as actions taken following the incident. We saw records of falls that had occurred in the home and actions that had been put in place to prevent their reoccurrence. We saw that people's risks were reviewed and management plans put in place to ensure their safety and welfare. A member of staff we spoke with said, "They're really hot on reviews. They're on our backs to get things sorted".

The registered manager told us that medication audits and care plan audits took place regularly. The registered manager said, "I make sure reviews of care plans are done monthly and I do an audit of the care plans about every two months". We saw records that demonstrated that that this was happening. This meant that there were systems in place to ensure that people's care was reviewed so they received appropriate care.

Records were in place to demonstrate that health and safety was monitored appropriately, such as monthly medication audits, fire safety, kitchen audits, infection control and housekeeping and maintenance audits. We also saw that care audits were undertaken on a monthly basis.

The provider had a training matrix in place to ensure that staff received relevant training and were kept up to date with relevant information. We saw records that staff had received a variety of training to enable them carry out their roles effectively. This meant that the provider had a system in place to ensure that staff were suitably trained to provide safe and effective care

**People's personal records, including medical records, should be accurate and kept safe and confidential**

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## Our judgement

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The provider was meeting this standard.

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

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## Reasons for our judgement

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During the previous inspection, we found that the people were not protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were not maintained. During this inspection, we checked to see if improvements had been made and we saw that the provider had made the improvements required.

We saw that the provider kept information about people securely in a locked trolley which was kept in the locked office. During the visit, we saw that the trolley was locked when not in use. We saw that confidential mail was not left at the reception area as was the case during the previous inspection. The provider had an office where people's personal information was kept securely.

We looked at four people's records to check if their support plans reflected the care that they received. For example, one person had recently fallen in the home and their care needs had increased. We saw that the necessary assessments had taken place to reflect these changes. One person's support plan states that they required the assistance of two staff members to mobilise and we saw that this was happening. The person's weight chart identified that there had been a steady decline in their weight. We saw that there was a fluid and diet monitoring plan and chart in place and this was kept up to date. This meant the provider kept appropriate records that reflected the care needs of people in order that they received safe and consistent care and treatment.

The provider told us that they had implemented a system for recording medicines kept in stock and medicines that had been ordered. The Registered Manager told us that there was designated person who ensured that records were kept for medicines in stock as well as medicines ordered and received.

We completed an audit of four people's boxed medicines to check that accurate stock records were kept. We saw that records were kept for quantities of medicines carried over and quantities of medicines left in the boxes. We counted the boxed medicines to ensure that the records were accurate and noted that the records were accurate for all boxed pain relief medicines. The provider may find it useful to note that stock records for other boxed medicines such as Lorazepam, [used for relieving anxiety] or medicines brought by people

who have recently been discharged from hospital were not available.



## 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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