

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

Penwith Care

Carbis Bay Holiday Village, Laity Lane, St Ives,
TR26 3HW

Tel: 01736797909

Date of Inspections: 28 July 2014
25 July 2014

Date of Publication: October
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 |
| Management of medicines | ✓ | Met this standard |
| Requirements relating to workers | ✗ | Action needed |
| Supporting workers | ✗ | Action needed |
| Assessing and monitoring the quality of service provision | ✓ | Met this standard |
| Records | ✗ | Action needed |

Details about this location

| | |
|-------------------------|--|
| Registered Provider | Penwith Care Limited |
| Registered Manager | Mrs Dana Ambrazeviciene |
| Overview of the service | Penwith Care Ltd is a domiciliary care agency registered to provide personal care to adults who live in their own homes. |
| Type of service | Domiciliary care service |
| Regulated activity | Personal care |

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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Summary of this inspection

Why we carried out this inspection

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

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 25 July 2014 and 28 July 2014, checked how people were cared for at each stage of their treatment and care and talked with people who use the service. We talked with carers and / or family members and talked with staff.

What people told us and what we found

We carried out this inspection as a response to receiving information of concern in relation to the quality of care provided by this service. During our inspection of this service we considered our findings to answer our five questions; Is the service safe? Is the service effective? Is the service caring? Is the service responsive? Is the service well-led?

Below is a summary of what we found. The summary is based on our observations during the inspection, speaking with people using the service, their relatives, the staff supporting them and from looking at records.

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

Is the service safe?

On the day of our inspection people who used the service were safe. People told us they felt safe with their care staff. People's comments included "I do get on well with them, I think they like coming here" and the staff "are very nice people".

The provider had effective policies and procedures in place to ensure that people who used the service were adequately protected from the risks associated with the management of their medications.

People were, however, exposed to some unnecessary risks as pre-employment checks for new members of staff had not been completed. In addition risk assessments had not been completed for two of the six people whose records we inspected.

Is the service effective?

At the time of the inspection the service was effective. People told us the care they received was "brilliant, absolutely brilliant" and "everything I need, they do".

We found that most people who used the service had detailed care plans that effectively directed and informed staff of people's care needs, however, there was no care plan available in one of the files we inspected. Daily care records included sufficient information and accurately recorded the care provided to each individual.

Is the service caring?

We found that the service was caring at the time of our inspection. People told us the staff "are very nice people" and "fantastic people, great at every aspect of their job".

Staff members told us they enjoyed their work and felt the service provided good care their comments included "I love it" and "I am really enjoying it".

Is the service responsive?

At the time of the inspection we found the service to be responsive. We saw Penwith Care was in the process of conducting a survey of people who used the service and people told us "I've just had a survey to do, it had about 20 questions. This is the second one this year". The previous survey completed in September 2013 had been positive and we saw that the service regularly received thank-you cards from people who used the service and their relatives.

We saw that issues reported to managers by staff and people who used the service had been effectively investigated and resolved. People who used the service told us they knew how to raise concerns with the management of the service, their comments included "I always go straight to the top one. She was her last week and told me to give her a ring if I needed anything" and "head of them came here yesterday".

Is the service well led?

At the time of the inspection we found that the service was not well lead.

We saw that new members of staff had not received a formal induction and that established members of staff had not received supervision or appraisals.

Staff members told us "the manager is good at the job, amazing with clients but not as good with staff".

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

What we have told the provider to do

We have asked the provider to send us a report by 02 October 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.

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

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

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

During our inspection we spoke with seven people who received care and support from Penwith Care and/or their relatives, five members of staff, the deputy manager and registered manager. People who used the service were happy with the quality of care they received. Their comments included "brilliant, absolutely brilliant", "everything I need, they do", "I recommend the people who care for X to anyone who cares to ask" and "I do get on well with them, I think they like coming here".

We discussed the provider's processes for assessing the care needs of people who used the service with the registered and deputy managers. They explained that when a request to provide care and support to a new individual was received an assessment of the organisations capacity to provide the required care was completed. Where relevant the capacity of staff to provide the care required was discussed with relevant senior carers to ensure that the agency was able to provide the care required by the person. The deputy manager explained that she aimed to complete the initial care visits for people who were new to the service and that text messages were sent to staff to inform them of the individuals care needs in the short term until a full care plan was developed.

Care plans are essential to plan and review the specific care needs of a person. They are a tool used to inform and direct staff about a person and their individual care needs. As part of this inspection we reviewed the care records of six people who used the service. Five care plans we inspected were sufficiently detailed to provide staff with effective guidance as to the care needs of each individual. For example we saw that care plans included information about people preferences in relation to how their care was provided. For example we saw that one care plans said "Prepare X breakfast and a drink; X usually has cornflakes and tea with half a sugar" while another person's care plan instructed staff "while removing clothing from X ensure clothes are removed from left side first as X has more mobility" We saw that these care plans had been regularly reviewed and updated to ensure that they accurately reflected the care needs of each individual. These care plans had been signed by the person to whom the related to record their consent to the care as described. There was no care planning information available in one of the six care plans

we inspected. This issue is discussed further in outcome 21 below.

The people who used the service that we spoke with all reported that a copy of their care plan was available in their home. People's comments in relation to care plans included "They have a book that they write in each time", "they fill it in each time they visit" and "I haven't read it as I trust them". One person's relative told us "when the care plan is reviewed I am shown the draft and can make changes if necessary".

We reviewed the daily records of care within the care plans we inspected. These records included details of the care provided during each visit, information on the person's general wellbeing, details of any care offered or declined and details of food and fluid consumed. For example one care record said "X well on arrival. Did not want to get up today so assisted to have full body wash in the bed". The daily records had been signed by care staff and recorded their times of arrival and departure.

We compared the information on the timing and length of care visits recorded in the daily records of care with people's preferences in relation care visit times as recorded within their care plans and found that care staff normally arrived on time and stayed for the full visit. People who used the service told us "they are always on time", "usually on time, plus or minus five minutes. If they are going to be late they give us a ring to let us know" and "they are pretty good, they normally arrive on time".

We inspected the providers system for the planning and scheduling of staff care visits. We found that staff had been allocated at least five minutes travel time between each care visits and that all care visits had been appropriately scheduled for the week of our inspection.

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

Our judgement

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.

Reasons for our judgement

We discussed the services medication procedures with the registered manager and deputy manager. They explained that the service only prompted people to take their medications. Within the six care plans we inspected we saw examples of clear instructions to staff to prompt or remind people who they provided with care to take their medications. For example one care plan said "X manages their medication independently, however please remind X to take it". We also found that care plans also included clear information for staff in relation to "as required" medications, for example we saw entries within care plans that provided staff with details of the circumstances in which as required medications would be necessary, details of where they were stored and clear instructions to staff that these medication were to be administered by the individual.

The seven people who used the service and their relatives who we spoke with confirmed that the duties of care staff supplied by Penwith Care were to prompt and remind them to take their medications. People's comments included "I do that myself" and "they don't do my medications".

We saw that all staff employed by Penwith Care had been enrolled on a distance learning "safe handling of medications" course and staff that we spoke with told us they were "doing a medications course at the moment".

We found that there had been a recent incident in relation the support provided to one person with their medication. We saw that the incident had been reported by members of staff to the registered manager and had been subsequently investigated.

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

Our judgement

The provider was not meeting this standard.

People were not cared for, or supported by, suitably qualified, skilled and experienced 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.

Reasons for our judgement

As part of our inspection we reviewed the recruitment procedures used by Penwith Care. We checked the provider's recruitment policy and inspected the personnel records available for three recently recruited members of staff.

The recruitment policy was of a generic nature and did not reflect the current recruitment processes used by Penwith Care. This policy stated that under no circumstances were prospective staff members to be offered a post until "At least 2 satisfactory written employer references have been received for that candidate, including one from the last employer."

We found the provider had failed to follow the services recruitment procedures in that staff had been employed prior to the receipt of references and appropriate Disclosure and Barring Service (DBS) checks had not been completed. For example one staff member had started work on the 10 June 2014. Records showed that the service had not received references in relation to this person's previous employment until the 3 July 2014 and had not received the results of this person's Disclosure and Barring Service check until 16 July 2014. DBS Adult First checks had not been completed for new members of staff prior to them providing care and support to people who used the service. These issues were discussed with the registered manager who told us all new members of staff worked with an established staff member until recruitment checks were completed.

In addition we found that there was no record of a Disclosure and Baring Service check or other pre-employment checks having been completed for one member of staff. We discussed these issues with the registered manager who accepted that appropriate recruitment checks had not been completed. This meant that people who used the service were not adequately protected as the provider had not taken reasonable steps to ensure that staff employed by Penwith Care were suitable for their role.

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

Our judgement

The provider was not meeting this standard.

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

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.

Reasons for our judgement

We spoke with seven people who used the service or their relatives about the care staff supplied by Penwith Care. People told us the staff "chat away to X and X sings with them" "are very nice people" and "Fantastic people, great at every aspect of their job".

The majority of the five staff we spoke with were happy in their roles their comments included "I love it" and "I am really enjoying it". However, some staff reported that the management were "disorganised, good at the job, amazing with clients but not so good with staff".

We found that Penwith care did not have a structured formal induction process to ensure that new members of staff were introduced to the ethos of the organisation, it's policies and procedures. Instead new members of staff shadowed more experienced members of care staff for a period of up to two weeks before providing care as part of a two person team. Staff had not completed Common Induction Standards training which is a national training programme designed to ensure new care staff understand the requirements of their role.

Penwith Care's supervision policy stated that supervision was important to "promote standardised, safe, and best practice working practices by assisting employees to develop a full understanding of the standards to which Penwith Care Ltd works; and ensuring that each individual employee is clear about their roles and responsibilities." This policy stated that all staff must attend formal supervision "least 4 times each year, and more often if a performance problem is under discussion."

We reviewed the personnel files for four members of staff and found no records of formal supervision meetings between managers and staff. Staff told us "No, we never have meetings with managers", "I've not had an official meeting with them" and "we don't have team meetings". We discussed the processes for the supervision and appraisal of staff performance with the registered manager who acknowledged that current practices were un-acceptable.

We asked the registered manager and deputy manager about Penwith Care's processes for managing the training needs of the staff team. The registered manager explained that they did not currently have an effective system for planning and managing staff training needs. The deputy manager explained that they were currently developing a system for recording details of the training courses completed by each member of staff and intended to recruit an additional senior member of staff to lead on the training and supervision of care staff. We found staff had completed training in relation to a variety of subjects including Safeguarding Vulnerable Adults, Dementia, first aid and infection control. We found, however, that two staff had not completed mandatory manual handling training.

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

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 seven people who used the service and their relatives who we spoke with commented positively on the quality of care and support they received from Penwith Care. People's comments included "I am very happy with them", "I can't fault them at all" and "I can't see how they could be any better really".

We saw the Penwith Care had appropriate system in place for gathering feedback from people who used the service on the quality of care they provided. A survey of people who used the service had been completed in September 2013 and the results of this survey had been positive. The registered manager told us a new survey had been sent out to 30 people who used the service two days prior to our inspection. People told us "I've just had a survey to do, it had about 20 questions. This is the second one this year".

Penwith Care had also received a number of thank-you cards from people who used the service and their relatives and a recent letter of recommendation from a health care professional. Comments in recently received cards included "you are a great team" and "they lived up to their name they cared".

We found the service had appropriate complaints procedures and records showed that no formal complaints had been received by the service.

We discussed the quality assurance procedures with the registered manager who explained that both the registered manager and deputy manager both routinely provided care and support to people who used the service. They explained that during these care visits they conducted informal spot checks on the staff they worked with and reviewed the quality of documentation with in people care records. People who used the service told us they had been told to raise and issues directly with the registered manager. Comments of people who used the service included "I always go straight to the top one. She was her last week and told me to give her a ring if I needed anything" and "head of them came here yesterday".

Prior to our inspection we received information that raised concerns in relation to the management of the service during a recent period when the registered manager was on

leave. We discussed this issue with the five staff who we spoke with during the inspection. Staff told us "It was a bit stressful..... but it was fine in the end". During future leave periods it is vital to ensure that the arrangements for the management of the service are clearly explained to staff and are sufficiently robust to provide effective leadership.

We saw that the provider had effective systems for the planning and rostering of care visits of care visits. Text messages were used to inform staff on any changes to the visit schedule. The registered manager told us that an electronic call monitoring system was due to be introduced. This system will allow office staff to monitor the arrival and departure times of care staff from individual care visits to ensure everyone who used the service received their planned care visits.

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

Our judgement

The provider was not meeting this standard.

People were not protected from the risks of unsafe or inappropriate care because accurate and appropriate records had not been maintained.

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.

Reasons for our judgement

We inspected the care plans of six people who used the service. We found that one person did not have a care plan and the care documentation file for this person that we inspected did not include any information on the care needs of this individual. We discussed this person's care needs with the registered manager who explained that staff had been sent text messages with some details of this person's care needs. From this conversation it was clear that this individual had been in receipt of care for over three weeks and had complex care needs. The lack of detailed guidance to staff unnecessarily exposed this individual to the risk of unsafe or inappropriate care.

The remaining five care plans did not include records of the assessment completed by the service to ensure they were able to meet the care needs of each individual. In addition the care plans did not include details of people's life history, background and interests. It is important that staff have access to this information as it can help staff to understand how a person's experiences affect who they are today.

Risk assessments are a tool to identify any hazards and the action that staff must take to reduce the risk from the hazard. We found that risk assessments had not been completed in two of the six care plans we inspected. This meant that the inherent risks within the homes of people who used the service had not been appropriately recorded and staff had not been provided with guidance on how to protect both themselves and people who used the service against these risks.

We examined the records associated with five members of staff. One person who had been employed by the agency for a number of years did not have a personnel file. There were no records available about this person's recruitment or any training they had completed. The information for the remaining four members of staff was disorganised. Some training records were held in a central training file and other training certificates were held within individual staff files. It was thus very difficult for managers to establish what training had been completed by individual members of staff.

Penwith Care used a very large number of policy documents provided by an external supplier, these documents had been regularly updated but lacked specific detailed information on the procedures used the service.

We found that records used by the service were stored securely and that all digital records were held on password protected computer terminals.

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 activity | Regulation |
| Personal care | <p>Regulation 21 HSCA 2008 (Regulated Activities) Regulations 2010</p> <p>Requirements relating to workers</p> <p>How the regulation was not being met:</p> <p>Penwith Care did not operate effective recruitment procedures as necessary pre-employment checks had not been completed (Regulation 21(a)1).</p> |
| Regulated activity | Regulation |
| Personal care | <p>Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010</p> <p>Supporting workers</p> <p>How the regulation was not being met:</p> <p>Staff employed by Penwith Care had not received formal induction training or appropriate supervision. (Regulation 23(1)a)</p> |
| Regulated activity | Regulation |
| Personal care | <p>Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010</p> <p>Records</p> <p>How the regulation was not being met:</p> <p>The provider had failed to protect people who used the service against the risks of unsafe or inappropriate care as they had failed to accurately record details of the care provided .</p> |

This section is primarily information for the provider

| |
|---------------------|
| (Regulation 20(1)a) |
|---------------------|

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 02 October 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.

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:

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)

(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.

Contact us

Phone: 03000 616161

Email: enquiries@ccq.org.uk

Write to us
at: Care Quality Commission
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

Website: www.cqc.org.uk

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