

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

## Medstar Domiciliary Care Services Limited

200 Green Lanes, Palmers Green, London, N13  
5UE

Tel: 02088825222

Date of Inspection: 12 September 2014

Date of Publication: October  
2014

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

<b>Consent to care and treatment</b>	✓	Met this standard
<b>Care and welfare of people who use services</b>	✓	Met this standard
<b>Cooperating with other providers</b>	✓	Met this standard
<b>Requirements relating to workers</b>	✓	Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓	Met this standard

## Details about this location

Registered Provider	Medstar Domiciliary Care Services Limited
Registered Manager	Miss Coral Hinds
Overview of the service	Medstar Domiciliary Care Services Limited is a domiciliary care service which specialise in providing individualised care and support to people with autistic spectrum disorders living in their own homes.
Type of services	Domiciliary care service Extra Care housing services Supported living service
Regulated activity	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 announced 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 12 September 2014, spoke with one or more advocates for people who use services and talked with carers and / or family members. We talked with staff and reviewed information given to us by the provider.

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### What people told us and what we found

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An inspector carried out a planned inspection and gathered evidence against the outcomes we looked at to help answer our five key questions; is the service safe, caring, effective, responsive and well led?

Due to the nature of people's support needs we were unable to speak with people using the service. The summary is based on our observations during the inspection, discussions with a Medstar service director, speaking with four people's relatives, five staff supporting people, a local authority care coordinator. We also reviewed at records relating to people's care and support and the management of the service. If you wish to see the evidence supporting our summary please read the full report.

Is the service safe?

We found sufficient staff were available to deliver people's care and support needs and they received the training required to provide safe, appropriate care and support. Appropriate checks were carried out before staff started working with people to ensure they had the appropriate knowledge, skills and experience to meet people's care and support needs.

The provider had an effective system in place to analyse any incidents that occurred when providing care and support for people in their homes. Records were accurately maintained, which meant the risk of people receiving unsafe care was minimised.

Is the service caring?

People's relatives told us their family members were treated with respect and dignity by the staff. We found people were supported appropriately and sensitively by kind and considerate staff. We spoke with staff who told us about how they provided care and support. Relatives we spoke with were positive about the caring nature of staff members supporting them. One relative told us, "(a care worker) is a lovely, lovely lady; she really is.

She is so patient with (my relative) and is very encouraging. All of the staff are very helpful and friendly." Another relative told us, "They (the staff) are very careful to consider (my relative's) wishes. They respect them as a person and an individual." People's relatives told us their family members felt safe in the service.

Is the service effective?

People's health and care needs were assessed with them and their relatives and other relevant people and healthcare professionals where appropriate. We saw evidence to show relatives or advocates and had been involved in developing and agreeing their care plans. Specialist dietary and healthcare needs had been identified in care plans where required. People were supported to access activities that were appropriate for them. Relatives we spoke with told us their family members received the support needed. A relative told us, "I am very, very happy with Medstar. They provide more individual care and support." People's care was subject to regular review so staff could ensure their needs were being met effectively.

A local authority care coordinator told us, "Staff are clearly up to speed and are skilled at what they do. The progress people make is evidence of that. It compares favourably to larger services. They provide specialist care for people with autistic spectrum disorders."

Is the service responsive?

Staff we spoke with demonstrated they would report any concerns to the registered manager or other senior staff and were confident these would be addressed. This was confirmed by a relative we spoke with who told us, "Staff are very good at letting me know if there have been any changes. I feel fully informed." A local authority care coordinator told us, "Staff are clearly up to speed and responsive to people's needs. The service compares very favourably to larger services I work with."

We saw there was an effective complaints procedure in place. One person told us, "I haven't had any cause to make a complaint but I am sure they (the staff) would deal with it appropriately. I have been encouraged by staff to raise any issues or concerns with them however small they seem and they have always acted accordingly."

Is the service well led?

Relatives we spoke with, staff and the local authority care coordinator were very positive about the management of the service. Staff told us they felt supported by the registered manager and other office staff. A relative told us, "The managers make us feel like we're part of a family. They are very caring. We found monitoring and reviews of the service were carried out regularly with necessary actions identified and completed in a timely manner."

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

### Consent to care and treatment

✓ Met this standard

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

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### Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

The provider acted in accordance with legal requirements where people did not have the capacity to consent.

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### Reasons for our judgement

We found the provider had systems in place to gain and review consent to care and treatment from people who used the service or their advocates. We found staff had acted in accordance with their wishes.

We saw there was an up to date policy on gaining consent and staff were given training as part of their induction. This included guidance and reference to The Mental Capacity Act 2005 and Mental Health Act 1983. Training records confirmed this was refreshed annually and reinforced at staff meetings. We spoke with staff and asked them how they ensured a person consented to their care and support. One staff member told us, "I really have to take my time to learn about and understand the person. That way I can ensure I know what a person wants and understand when they change their mind." Another staff member told us,

"many of the staff have been here a long time and get to know people. We can recognise how a person's behaviour and manner may change if they don't want to do something."

We spoke with seven staff members who demonstrated they were able to recognise people's verbal cues, gestures and expressions in consenting to care and support where they were not able to verbalise it. Staff we spoke to told us that where appropriate and where people lacked capacity to make informed decisions, best interest meetings were conducted. We saw evidence appropriate details were recorded in people's records and reflected in their individual care and health action plans.

We looked at five individual care plans and found consent had been obtained where appropriate. We found in each case very detailed assessments had been made on entering the service which were person centred and reflected individual choices and preferences. This included what people liked to be called, food choices, preferred

activities, what they liked to wear and how best to communicate with each person. This had been discussed with each person or their relative/advocate. There was a system in place to review individual care plans to take into account if a person's care needs or preferences had changed.

We spoke with staff and asked how they would identify if a person did not want to do something or refused care. One staff member told us "We can recognise even the smallest changes in behaviour and understand how gestures and expressions indicate a person's wishes." We spoke with relatives who confirmed they were happy people living at the service were able to choose and consent as far as possible. One relative told us, "The staff are all very aware of the rights of the people they look after. Sometimes I may suggest something and the staff remind me that they have to respect a person's choice as far as possible."

Relatives we spoke with told us staff and managers regularly talked to them about their care needs and they understood the care being provided to them. Relatives told us how their staff supported their family members with care and patience in order they were able to make choices about their daily living. One relative told us, "I have always been fully informed throughout the process and (the managers) have ensured (my relative) has the opportunity to have choices and options to suit them."

All of these measures confirmed to us the provider had measures in place to respect people's human rights and act in accordance with their wishes.

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

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**Our judgement**

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The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

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**Reasons for our judgement**

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People's needs were assessed and care was planned and delivered in line with their individual care plan. All relatives we spoke with told us they had been consulted about their family member's care and support needs. Everyone we spoke with was positive about the care received. A relative of a person using the service told us, "Medstar are absolutely brilliant. (My relative's) care manager is great. They told me not to hesitate to ask them about any concerns and they have gone out of their way to spend time finding activities that may suit (my relative).

We looked at the files of five people who used the service. Each file contained an initial assessment which had been completed by two experienced assessors. A service director told us assessments were completed over two to three visits to ensure enough information was gathered about the person's needs to ensure the service could be confident they were able to provide individualised care and support appropriate for each person. The assessments recorded detailed information about the person's history including social relationships, healthcare needs professional's involvement and the support the person required. Each file contained risk assessments which covered any hazards for the individual or staff members. This included environmental risks such as fire, ventilation, security and slip/trip hazards. It also included person centred risk assessments relating to personal care, nutrition and mobility.

A client needs assessment recorded a detailed breakdown of the support required, related needs, family involvement and detailed information relating to social contact, medication, mental health, mobility and personal safety. An individual personal care plan was developed from this information which included the overall objective, the person's religious and cultural needs, dietary requirements, medical history including any allergies and a detailed summary of each person's support needs. This included level of supervision required, how to prompt each person with tasks to encourage their independence, community involvement and development of people's skills and abilities.

A service director told us copies of the care plans were kept at the people's homes and a copy was kept at the office. The assessment needs were regularly reviewed to ensure the support being given was appropriate and met the person's needs. Staff were encouraged

to contact the manager or other senior staff at any time if they felt an individual's needs were not being met so this could be rectified. One staff member told us, "The manager told us the person's wellbeing is the most important thing and we are always reminded to contact them if we feel something is not right, however small it may seem."

We spoke with relatives of people using the service who told us about the different areas their family members were supported in, and how they had been able to alter and change this if needed to suit their current needs. One relative told us, "The staff at Medstar could not be more helpful. They are incredibly supportive both to me and (my relative). They work very well as a team."

We found when people started receiving care and support from Medstar a comprehensive transition plan and risk assessment outlined areas of detailed support needed. This ensured potential triggers for negatively affecting a person's mood or behaviour were identified and measures put in place to ensure these were minimised. This meant people were supported to feel safe and comfortable as far as reasonably possible. For example, we saw a risk management plan for one person being able to travel in a car included very detailed steps for staff to follow to ensure the person's support needs were met. A staff member told us, "I have to ensure when supporting X that I bring a specific pillow and blanket as they like to hold onto it when they are in the car. They may become quite distressed if I didn't bring it."

People using the service and their family members or advocates were introduced to their care workers by senior staff in a gradual and risk based transition according to their individual support needs prior to any care being given. This enabled people to become familiar with staff who would be supporting them and highlight any further specific support needs which were then discussed with relatives or advocates.

Staff working for the service completed a daily diary of support given which was stored at people's homes and then archived into people's files periodically. This meant if there was any change in need or support required it was picked up quickly and the care package altered accordingly. The daily notes were detailed and included how each person spent their time, any behavioural support needs, any interventions and what the person talked about. Staff told us how they identified and responded to people's changing needs. A staff member told us "We always speak to the manager or senior staff if we are unsure. I noticed recently that a person I support was not quite their usual self but I couldn't work out why. They didn't want to eat what they normally ate so I called the manager who came out straight away to assess the person. We ended up calling the GP."

A local authority care-coordinator told us, "I have observed the staff encourage people to be independent. I have also seen staff be very patient in supporting a person who was exhibiting challenging behaviour. They took time to walk the person around the garden and gently reassured the person before giving them lunch. The staff supported the person appropriately and sensitively."

The manager explained an on call service was available outside of office hours for people using the service and staff. This ensured 24 hour cover was available to ensure people's needs were met.

These measures ensured that care was planned and delivered in a way which was intended to ensure people's safety and welfare.

**People should get safe and coordinated care when they move between different services**

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**Our judgement**

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The provider was meeting this standard.

People's health, safety and welfare was protected when more than one provider was involved in their care and treatment, or when they moved between different services. This was because the provider worked in co-operation with others.

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**Reasons for our judgement**

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We saw that people's health, safety and welfare were protected when more than one provider was involved in their care and treatment, or when they moved between different services.

We looked at five care plans and saw evidence of detailed information gathering from the local health and social care agencies where the person using the service normally resided. We saw records noting contact and information sharing with care coordinators, community psychiatrists, behavioural support specialists, occupational therapists, physiotherapists, community nurses, learning disability nurses and other relevant healthcare professionals

We saw separate 'health action plans' were available for each person and these contained detailed information. We were told this was sent with people to appointments and hospital admissions. This helped staff or healthcare professionals to be able to communicate and understand people's individual needs.

We saw evidence the service actively sought additional advice from other health or care professionals if they observed any change or deterioration in the physical or mental health of the people using the service. These actions sometimes led to changes in the care plans, which the staff then implemented. A service director told us and records we looked at confirmed people's care and support needs were complex so it was essential to monitor each person on an on-going basis and liaise with other health and social care professional when required. A local authority care coordinator told us, "The managers have a deep understanding of people's needs. They are always accessible and any correspondence I send is responded to straight away. Recently we had a review meeting for (a person using the service). All the evidence I had requested ahead of the meeting was made available to me in a concise but detailed format."

The provider cooperated with a range of professionals to ensure the care and treatment needs of people were met. It was clear from the files we looked at people were supported to attend dentists, doctors and other healthcare professionals when needed. Visits at people's home were arranged if this was more appropriate. This meant people were

supported to see medical professionals when they needed to do so.

Staff we spoke with told us there were detailed risk management plans in place to support people when they had an appointment with a health care professional or at the hospital. Relatives of people using the service also confirmed they were aware of the detailed support plans which were in place to ensure their family members were supported appropriately when travelling to other services.

Staff described what information about people using the service could be shared with other providers. The service director told us he was the 'Caldicott Guardian' for the service. A Caldicott Guardian is a senior person responsible for protecting the confidentiality of information relating to people using the service and enabling appropriate information-sharing.

## Requirements relating to workers

✓ Met this standard

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

### Our judgement

The provider was meeting this standard.

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

### Reasons for our judgement

There were effective recruitment and selection procedures in place. We reviewed the employment files for ten staff members who provided care. Each file contained evidence which satisfied the requirements of schedule 3 of the Health and Social Care Act, 2008. This included application forms, employment history, evidence of qualifications, questions and answers from interviews, photographic evidence of the employee's identification and eligibility to work in the United Kingdom. We found the qualifications; skills and experience of each employee had been fully considered as part of the interview process.

We found appropriate checks had been made before staff commenced employment including at least two references for each staff member. We found staff had been made aware of local policies (including confidentiality, equality and diversity, health and safety and data protection) as part of their induction. Checks with the Criminal Records Bureau (now the Disclosure and Barring Service) had been carried out for all staff employed at the service.

We found staff were supported to undertake other qualifications such as National Vocational Qualifications. When we spoke with staff they confirmed all the necessary checks had been completed prior to commencing employment including references. Staff also confirmed they completed a period of shadowing or supervision (depending on their experience) before starting to work alone. They were given opportunities to read and ask questions about care plans and policies before they started supporting people. The induction training helped to ensure staff had the right skills to support people appropriately.

All staff we spoke with demonstrated to us they had a good understanding of the communication needs of people they cared for, were knowledgeable about their individual needs and preferences and could identify and respond to their changing needs.

There was a system in place to identify when staff may not be fit and able to carry out their work. We saw the staff absence and sickness policy which detailed action to be taken if staff were unable to work so cover could be provided. We spoke with staff who confirmed this process.

All these measures ensured that people using the service had their needs met by

appropriately trained staff.

## Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

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### Our judgement

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The provider was meeting this standard.

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

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people using the service and others.

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### Reasons for our judgement

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People who use the service, their representatives and staff were asked for their views about their care and they were acted on. Quality assurance systems were in place to check on the quality of the support people who used the service received.

A service director told us regular on-going feedback from relatives and advocates of people using the service was captured through spot checks, observation visits and telephone monitoring. We saw records of these checks were kept in people's files. The provider utilised supervised visits and carer spot check systems to monitor staff performance and effectiveness of the service received. We saw appropriate action was taken if any shortfall was identified. A relative told us, "(the service) actively ask me for feedback all the time. They are always seeking ways to improve on what they do."

Due to the nature of most people's support needs they were unable to record their views however the service director told us staff were very experienced in recognising when people may be unhappy with something and would respond by reviewing their care and support accordingly. The provider ensured people's relatives and advocates were supported in giving their views. A feedback form had been completed for most of care plans we reviewed. People's relatives were asked questions such as, if the support they received enabled them to maintain their independence; if they were treated with respect and dignity and if they felt involved in choices related to their support needs. All responses we looked at were positive.

Staff and development meetings were held at regular intervals which gave staff the opportunity to share their views and to receive information about the service. Staff told us they felt they were able to voice their opinions, share their views and felt there was good and effective communication with the registered manager and senior staff of the agency.

The provider carried out audits in a number of areas including care plans, daily care notes

and staff files. We saw an annual audit was completed each November which demonstrated how the service monitored people's progress in order to improve outcomes in areas such as health an emotional well-being, dignity and respect and quality of life. We saw a detailed analysis of people's daily care notes was carried out each month. The service director explained to us how these were used to monitor areas such as patterns of behaviour in order to identify any changes needed. A local authority care coordinator told us these analyses had been very useful when reviewing a person's care plan and support needs. These checks were carried out on a regular basis with any actions identified and followed up within appropriate timescales.

There was a complaints and suggestions procedure in place which outlined the action people could take if they had a concern, complaint or suggestion. We asked to see the complaints log and found none had been received within the last six months. We saw documentation showing how any complaints received in the future would be fully investigated and dealt with appropriately. The service director told us staff were encouraged to give feedback on a regular basis and the staff we spoke with confirmed this. One person said, "Everyone at the office is very friendly and helpful. I can raise any issue with them and I know it will be dealt with straight away."

These measures meant people who use the service, their representatives and staff were asked for their views about their care and treatment and they were acted on.

## 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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