

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

## Ashton House Nursing Home

Bolnore Road, Haywards Heath, RH16 4BX

Tel: 01444459586

Date of Inspection: 13 March 2013

Date of Publication: March 2013

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

<b>Respecting and involving people who use services</b>	✓ Met this standard
<b>Care and welfare of people who use services</b>	✓ Met this standard
<b>Safeguarding people who use services from abuse</b>	✓ Met this standard
<b>Management of medicines</b>	✗ Action needed
<b>Supporting workers</b>	✓ Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓ Met this standard
<b>Notification of death of a person who uses services</b>	✓ Met this standard

## Details about this location

Registered Provider	Ashton Health Care Limited
Registered Managers	Ms. Irene Chong Miss Jennifer Phaik Guat Khoo
Overview of the service	<p>Ashton House is a large detached property, consisting of a main house and two newer built wings. The service provides personal care and nursing for up to 91 older people, and older people with dementia.</p> <p>Accommodation is provided over three floors, with lifts providing access between floors.</p> <p>The home is situated in a quiet lane on the outskirts of Haywards Heath in well maintained grounds. Local amenities are easily accessible.</p>
Type of services	Care home service with nursing Care home service without nursing
Regulated activities	<p>Accommodation for persons who require nursing or personal care</p> <p>Assessment or medical treatment for persons detained under the Mental Health Act 1983</p> <p>Diagnostic and screening procedures</p> <p>Treatment of disease, disorder or injury</p>

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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 13 March 2013, 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.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

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### What people told us and what we found

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The inspection was carried out by one Inspector for over six hours. We found that the home had a relaxed and friendly atmosphere, and people said that they liked living there.

During the day we talked with six people living in the home with whom we could have conversations; three relatives; and 14 staff. This included two managers and senior management. People spoke highly of the care given and said that they liked living in the home. People's comments included: "I am very comfortable here; all the staff are friendly and kind"; "We are definitely looked after very well"; and "I am very happy with everything here." A relative said "The staff here are the best, and the standard of care is unbelievably good."

Staff spoke positively about their roles, and we saw that they worked well together as a team.

We found that the staff ensured that people's ongoing health needs were met, and contacted other health professionals as appropriate.

The home had staff training and appropriate arrangements in place for safeguarding vulnerable people.

Medication management was satisfactory except that one storage cupboard needed reviewing.

We found there were reliable processes in place to keep staff training up to date.

The home had ongoing systems for monitoring the progress of the home, and for obtaining

people's views.

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

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

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We have asked the provider to send us a report by 26 April 2013, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

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

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

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

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

## Our judgements for each standard inspected

**Respecting and involving people who use services** ✓ Met this standard

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

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### Our judgement

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The provider was meeting this standard.

People's privacy, dignity and independence were respected.

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### Reasons for our judgement

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People who used the service were given appropriate information and support regarding their care or treatment.

We found that the home provided people with suitable information about the home when they first visited, and when they moved into the home. Most people had been assisted by their family or friends in making the decision to move in, as they were too frail to look at a variety of homes, or lacked the mental capacity to make informed decisions due to dementia.

People were provided with a service user's guide, which included day to day information such as visiting arrangements and meal times; the home's statement of purpose and the complaints procedure. One of the managers carried out a pre-admission assessment at the person's home or hospital to assess if the home could meet their needs. We saw that these assessments were appropriately detailed.

Family members were asked to help people to complete a leaflet called "This is me". This provided them with the opportunity to give details of the person's previous lifestyle, their family members, previous occupation and work experiences, and their likes and dislikes. This enabled staff to gain a quick understanding of the person's needs and preferences.

We carried out a "short observational framework inspection" in one of the dining areas. This involved observing the care given to people who were unable to express their views clearly due to dementia, and seeing how the staff responded to them and met their needs. We saw that staff were gentle and kind, and were patient with people who were confused or frequently asking the same questions. The staff interacted well with people, and were familiar with their daily preferences such as they type of drink and the size of meal they preferred.

We saw that staff treated people with respect and dignity, and maintained their privacy when giving personal care. Staff explained to people what they were doing, and asked people where they wanted to go before commencing any care. People were encouraged to

retain their independence with things that they could still do for themselves. For example, we saw that some people were able to eat unaided, and staff did not rush them but allowed them to take their time and finish their meal on their own.

Relatives that we spoke to said that "The staff are very attentive, and are very kind and caring. They respond gently and sensitively to people."

**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 their care and treatment was planned and delivered in line with their individual care plan.

We looked at six care plans, three in the main house, and three on Hazelwood Unit. We found that care plans covered all aspects of daily living, such as people's personal hygiene needs, their ability to communicate, their mobility, nutrition, medication, and mental health.

Care plans were accompanied by assessments for specific aspects of care, including people's nutrition, falls risks, their dependency, risk of developing pressure ulcers, moving and handling risks, and risks associated with equipment. This included the use of bed rails and lap belts in wheelchairs. We saw that most of these had been put in place and checked and signed with the person concerned or their representative. We saw that one person had a risk assessment to use a lap belt for safety when using a wheelchair but we did not see a consent form for this.

We saw that daily reports included basic details of people's mood and their eating and drinking, but did not always include reference to their personal hygiene care, or the activities carried out during the day. We found that separate activities records were maintained by the activities co-ordinators and these were suitably detailed records. We saw that some of the records for personal care did not clearly show if a person had had a bath or shower, shave, wash, hair wash etc. Separate personal care charts were available, but had not all been completed every day.

We saw that additional folders were maintained with charts for documenting hourly checks, people's food and fluid intake, staff accountability checks, and completed medication administration records. We found these folders to be untidy, and this was unhelpful for staff or visiting health professionals who may need to access information at short notice. We also noted that some fluid charts had not been added up, which meant that staff did not understand the significance of these, in that visiting doctors might wish to see if people had made progress or developed changes with their fluid intake or output.

We talked with one of the managers and two care staff, and they demonstrated an understanding and application of the Mental Capacity Act 2005, and the importance of allowing people to make their own decisions where they were able to do so. This included

decisions such as which activities they would like to take part in; which clothes to wear, and which food they liked to eat.

We observed that people were visibly clean and well groomed, and staff were attentive to their needs. However, the provider may find it useful to note that the care planning did not always accurately reflect the care being given as some of it lacked attention to detail. This had already been noted by one of the care managers who had been auditing care plans.

We found that the home provided a wide range of activities, and included weekly entertainment as people really enjoyed music, singing, dancing and shows. The activities co-ordinators carried out some group activities such as quizzes and reminiscence, and also gave people individual attention. They arranged for visiting "pat dogs" which people said they enjoyed; and bus trips every two weeks. These were to local parks and places of interest.

People were supported in meeting their spiritual needs through the visits of local church members and clergy. A church service and communion was held in the home on a regular basis, and people could attend this if they wished to do so. They were also able to have individual visits with prayer or communion in their own rooms.

People living in the home and relatives that we spoke to praised the staff and the care given to people. One relative said "They have transformed my relative's life since she has been here. She is so much better. Staff communication is excellent, they always contact me if there are any concerns."

**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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People who used the service were protected from the risk of unlawful or excessive control or restraint because the provider had made suitable arrangements.

We saw that people were able to wander and go to areas of their choice. Hazelwood unit had a separate entrance and had key pad locks separating it from the main house. People who were assessed at being at greater risk were accommodated in Hazelwood unit for their own protection, so that they could not go outside without supervision. However, in fine weather the staff enabled and encouraged people to enjoy going out in the gardens under the supervision of staff.

We talked with several staff about safeguarding procedures, and found that staff were well-informed about different types of abuse, and how to report any suspicions of abuse. We saw that new staff were required to complete the "Common induction standards" as part of their induction programme, and this included an understanding of safeguarding vulnerable adults.

One of the managers told us that the home had a copy of the "West Sussex Safeguarding protocols" and this document was available for staff to access. The home's own policies and procedures about safeguarding were clearly written so that staff could follow them. We saw that a summary of the types of abuse and how to report suspected abuse was included in the employee handbook given to each new staff member. The home had a whistle-blowing policy in place, so that staff would be protected if they raised issues of concern.

We were informed that all staff had criminal records and Independent safeguarding Authority (ISA) checks prior to confirmation of their employment. This showed that they were assessed as suitable to work with vulnerable people.

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

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## **Our judgement**

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The provider was not meeting this standard.

The provider had appropriate arrangements in place for safe prescribing, administration and disposal of medication. However, some of the storage arrangements were unsatisfactory.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

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## **Reasons for our judgement**

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Medicines were prescribed and given to people appropriately; but some of the medication storage was unsatisfactory.

We inspected the storage and administration of medicines in both units. Hazelwood unit had a clinical room where three medicine trolleys were stored when not in use. We saw that these were locked to the wall for safety. Stock medications were stored in locked cupboards, and we saw that the cupboards were clean and tidy. We did not see any out of stock medication, and there was evidence of appropriate stock rotation. We found that bottles of medicine and eye drops were dated on opening, which showed good practice, as this ensured that staff would not use these items when they became out of date.

The main house had two cupboard areas for medicines storage, and a trolley which was kept locked to the wall in the nurses' office area.

One of the cupboards in the main house did not provide suitable storage, as it had a low ceiling which did not provide sufficient head room, and medicines were stored on open shelves (See guidelines "The Handling of Medicines in Social Care" by the Royal Pharmaceutical Society). There was no record of the daily temperature being recorded for both of the storage cupboards in this unit. This meant that it was not possible to know if medicines were being stored at safe temperatures. Temperatures for the safe keeping of medicines (excluding items for refrigeration) should not exceed 25 degrees Centigrade. Temperatures could exceed this in hot weather, but without records it was not possible to determine if storage was suitable.

One of the cupboards was used for storing oxygen. The manager told us that the fire officer was aware of this. The safety of the oxygen could be compromised by temperatures above 25 degrees Centigrade, but the temperature of the cupboard had not been recorded.

Each unit contained a drugs fridge for storing specific medicines. The temperatures of the

drugs fridges were recorded each day to ensure these medicines were kept at correct temperatures. One of the drugs fridges was not locked.

We saw that controlled drugs were correctly stored, and the registers were accurately maintained. One of the nurses stated that the numbers of controlled drugs were audited at frequent intervals, but these audits had not been recorded.

We examined the Medication Administration Records (MAR charts) for both units. We saw that clear and accurate records were maintained. The MAR charts were accompanied by a photograph of each person so as to check their identity. We saw that there were sufficient nursing staff on duty to enable them to take appropriate time in giving medication to people with dementia, some of whom needed coaxing to take their medication.

We saw that there was an agreement in place for one person to have their medication given covertly in their food. This had been appropriately discussed and agreed with the doctor, next of kin and relevant health and social care professionals, as being within the person's best interests.

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

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## **Our judgement**

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The provider was meeting this standard.

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

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## **Reasons for our judgement**

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Staff received appropriate professional development.

We found that the provider had a comprehensive induction programme in place, and new staff were given an employee handbook. This contained details of key policies and procedures.

We talked with three care staff and two nurses about their training and ongoing support. They confirmed that all mandatory training such as fire safety, moving and handling, infection control and safeguarding vulnerable adults was carried out during the induction programme. Staff then had yearly or two yearly updates for these, as appropriate. We viewed staff training records, and saw that these confirmed that staff were carrying out the required updates.

Nursing staff said that they were enabled to update and develop their skills and competencies. This included opportunities for training such as venepuncture, end of life care, and syringe driver training (for pain relief).

Care staff said that the company supported them in studying for Qualifications and Credit Framework (QCF) qualifications and diplomas, to levels 2 or 3.

We found that all of the home's staff were given training in dementia care. The housekeeping and cleaning of the premises were contracted out to another company. However, the provider had made arrangements for the cleaning staff to take part in the home's dementia care training programme, so that these contracted staff were able to respond to people with dementia appropriately. They had also checked that cleaning staff were trained by their own company in subjects such as infection control and health and safety; and had criminal records and Independent Safeguarding Authority (ISA) checks prior to working in the home. This showed that contracted staff were suitable to come into the home and work with vulnerable adults.

The staff told us that staff meetings were held on a regular basis, and included general staff meetings, and specific meetings, for example, for nursing staff, or for night staff.

Staff were supported through individual supervision which was delegated to different

senior 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 received.

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### Reasons for our judgement

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People who used the service, their representatives and staff, were asked for their views about their care and treatment and they were acted on.

The home had an open door policy for the managers, and people we spoke to said they knew they could speak to the managers at any time. They said that they would not always ask to speak to a manager, as they were confident that they could talk with the nurses or care staff and appropriate action would be taken.

We found that the managers had implemented auditing processes which included care plan audits, and audits for areas such as infection control and catering. We viewed one of the care plan audits and found this to be very comprehensive.

The home sent out questionnaires to people and their relatives every year. The results of these were analysed and used to improve any identified areas. We saw that the last questionnaires had included questions such as "How do you rate the home's personal and social care?" People had responded positively to this, with 83 % saying the care was "very good", and 17% saying the care was "quite good."

Other questions included asking if people felt safe and secure in the home, and if people had ever had concerns about how they were treated or looked after. We saw that 100% of people responded positively to these questions; and 100% said that they found the staff to have "helpful and caring attitudes."

We saw that people were given a copy of the complaints procedure on admission to the home. This provided clear details of who to go to with any concerns or complaints. However, people and their relatives that we spoke to said that they had not had any complaints, and day to day concerns were dealt with promptly and appropriately.

The home provided "Relatives and residents meetings" at regular intervals, and this provided another opportunity for people to share their views about how the home was running.

**Notification of death of a person who uses services** ✓ Met this standard

**Adult social care and independent healthcare services must tell us when somebody dies in their care. NHS services must tell us when somebody dies because they have not been given the right care**

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## **Our judgement**

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The provider was meeting this standard.

The registered person ensured that the Commission was notified of deaths and other events.

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## **Reasons for our judgement**

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Required notifications of death to the Care Quality Commission were being carried out appropriately.

We asked one of the managers about routine notifications to the Commission, as these were not evident on the Commission's system.

We were informed that all required notifications, including deaths and serious incidents, were being completed and sent through.

The administrator showed us that all required notifications were being made using paper-based notification forms which had been sent in to the relevant CQC office. The administrator had retained copies of these, and we saw the notifications which had been made to the Commission during February 2013.

One of the managers said that there were plans in place to send the notifications electronically using the web-based forms in the near future.

This section is primarily information for the provider

## ✕ Action we have told the provider to take

### Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activities	Regulation
Accommodation for persons who require nursing or personal care	<b>Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010</b> <b>Management of medicines</b>
Assessment or medical treatment for persons detained under the Mental Health Act 1983	<b>How the regulation was not being met:</b> The registered person had not ensured that there were appropriate arrangements in place for the safe keeping of medication in one of the two units. (Regulation 13).
Diagnostic and screening procedures	
Treatment of disease, disorder or injury	

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 26 April 2013.

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 dentists and other services at least once every two years. 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 but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

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. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. 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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Website: [www.cqc.org.uk](http://www.cqc.org.uk)

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