

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

## Remyck House

5 Eggars Hill, Aldershot, GU11 3NQ

Tel: 01252310411

Date of Inspection: 23 January 2013

Date of Publication: March 2013

We inspected the following standards in response to concerns that standards weren't being met. This is what we found:

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

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

**Management of medicines** ✓ Met this standard

**Requirements relating to workers** ✓ Met this standard

**Staffing** ✓ Met this standard

**Supporting workers** ✗ Action needed

**Complaints** ✗ Action needed

## Details about this location

Registered Provider	Mr T & Mrs S Kandiah
Overview of the service	Remyck House is a privately run care home providing accommodation and personal care for up to 26 elderly people.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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*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

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### Why we carried out this inspection

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We carried out this inspection in response to concerns that one or more of the essential standards of quality and safety were not being met.

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 23 January 2013, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members and talked with staff.

Pharmacist Inspector

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### What people told us and what we found

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At the time of our inspection 22 people were living in the service. Our inspection was facilitated by the owners and the deputy manager.

One person we spoke with told us, "They look after us very well here". Relatives that we spoke with told us that Remyck House had a happy atmosphere and welcoming staff.

We saw that people who used the service had their individual needs assessed before admission and that they or their relatives had been involved in planning their care and support.

We observed that people looked well cared for and that those who wished to were engaged in group or one to one activities with staff.

We noted that guidance regarding safeguarding people from abuse was available to staff and that they had received recent relevant training.

A relative that we spoke with after the inspection visit told us, "I have no concerns about my relative's safety here. They are very happy".

Staff, relatives and people who used the service that we spoke with told us that staff were able to meet people's care needs safely. We found that there were enough qualified, skilled and experienced staff to meet people's needs.

However, we found that the performance and professional development of staff was not being supported.

We reviewed the procedure for handling, storage and administration of medicines and found this to be compliant.

We noted that there was a complaints system in place but that it was not easily accessible to people using the service.

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 March 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

### Care and welfare of people who use services

✓ Met this standard

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

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### Our judgement

The provider was meeting this standard.

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

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### Reasons for our judgement

At the time of our inspection 22 people were resident in the service. The registered manager was on leave and our inspection was facilitated by the owners and the deputy manager.

We reviewed three people's care and support plans and saw that people who wished to use the service had a pre admission assessment of their care needs carried out. This enabled the service to decide whether they could meet the care needs of the person.

We saw that information obtained from the needs assessments had been used to prepare the care plans which had been written by staff. The owner told us, "We are very clear that people should only be in this service if we can meet their needs. We liaise closely with the local authority".

During the inspection we noted that staff demonstrated obvious care and concern for people and spoke with them appropriately and respectfully.

We saw that reliance was placed on the daily notes relating to each person and that care plans were not consulted routinely. Staff that we spoke with confirmed that this was the case. This meant that care was delivered and recorded in accordance with current daily care notes. The provider may find it useful to note that care plans were not reviewed regularly to reflect any changes in care and support that had occurred.

A review of the daily notes recorded in relation to three people showed attention to the detail of the care provided. We found that there was clear and specific guidance in how staff should deliver people's care that would be of benefit to a new member of staff or agency care worker. Entries within these records confirmed that people had been seen by a variety of healthcare professionals including general practitioners.

We saw records confirming that people who used the service were weighed each month. This meant that staff were monitoring wellbeing and able to discuss any adjustments to

nutrition and lifestyle that might improve the health of people who used the service.

During the inspection a visiting optician was present in the service and we were aware of people having eye examinations and placing orders for spectacles. The optician told us that this service was provided twice each year at Remyck House and was funded by the National Health Service (NHS).

One relative told us, "We look at my relative's care notes and can see that staff look in on them every hour and check that they're OK. The care provided is above what we expected". Care and treatment was planned and delivered in a way that ensured people's safety and welfare.

We observed that people looked well cared for and that, during the afternoon, those who wished to be were engaged in group activities by an enthusiastic activities co-ordinator. Others were engaged with staff in one to one activities including word puzzles.

We noted that the main lounge was used for group activities but that some of the people who used the service who chose to use that room did not wish to take part. We were told by staff that in general, group activities included music and or singing.

The provider may find it useful to note that the use of the main lounge for group activities could interrupt people who did not wish to take part or spend time in their room. One person told us, "I haven't been able to listen to the TV news since I came here". This was brought to the attention of the activities coordinator who told us that previous attempts to schedule group activities at other locations in the service had met resistance from people who used the service. Staff told us this was because people preferred to stay in the main lounge with everyone else.

**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 use the service were protected from the risk of abuse because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

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## **Reasons for our judgement**

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On arrival at the service we were provided with a copy of the Hampshire County Council manual entitled 'Safeguarding Adults Policy 2010'. This was available in the registered manager's office for the use of staff in the service. This document provided comprehensive guidance on preventing abuse from occurring and how to respond when abuse was suspected or reported.

We noted that current contact numbers for the local authority safeguarding team were displayed on the wall next to the registered manager's desk.

A review of the service's training matrix indicated that all managers and staff had received training in safeguarding adults from abuse. The most recent course had taken place on 29 October 2012. We saw documentation confirming that staff were booked on a further course dated 11 February 2013. This meant that staff awareness remained high because staff training had been updated regularly.

The provider may find it useful to note that the service training matrix did not include some training that had been undertaken recently.. We were shown certificates relating to safeguarding courses attended that had yet to be entered on the matrix.

Two staff that we spoke with confirmed that they had received safeguarding training and were familiar with the types of abuse to which people might be vulnerable.

We noted that no publications or posters were displayed or available within the service for the purpose of raising awareness of safeguarding or whistleblowing. This meant that an opportunity to raise the awareness of people who used the service, staff and visitors had been missed. This matter was raised with the deputy manager who responded positively and attempted to locate suitable publications and posters during the inspection.

We noted that access to the service was controlled by security gates. Visitors were required to sign in, indicating the name of the person being visited and the purpose of the visit. This meant that staff had a clear understanding of who was in the service at all times and knew the purpose of their visit.

A relative that we spoke with after the inspection visit told us, "We have absolutely no concerns about my relative's safety at Remyck house. They are very happy here". One person that we spoke with told us, "They take good care of us here. I've never felt unsafe at all".

In discussions on a recent case history, the deputy manager demonstrated a sound knowledge of the appropriate responses to reports and allegations of abuse and was able to evidence the outcome of an actual event. The provider responded appropriately to any allegation of abuse.

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

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## **Our judgement**

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The provider was meeting this standard.

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

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## **Reasons for our judgement**

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Appropriate arrangements were in place in relation to obtaining medicines prescribed for people by their doctor. We saw that the system in place allowed staff to order medicines required in a timely fashion. Appropriate arrangements were in place in relation to the recording of medicines. We saw records of the receipt, administration and disposal of all medicines. This meant that medicines management was controlled and all medicines could be accounted for.

Controlled drugs, which are medicines that require additional stricter controls by law, were managed appropriately. At the time of our visit there were no medicines in the service which needed to be stored in a fridge. We saw, however, that the fridge available for medicine storage was also used to keep samples taken from people to send off for testing. The provider may find it useful to note that this was an infection control concern.

We saw that the care plans we viewed contained information on the use of medicines prescribed to be taken only when needed. In one care plan we noted that the details of the symptoms to be seen before this medicine was to be given were not recorded. This meant that medicines might not be given in a consistent way by staff, however, we noted that staff clearly understood the needs of the people who used the service. Two members of staff we spoke with were able to tell us what symptoms they would look for before giving this medicine to the person concerned.

Medicines were safely administered. We watched medicines being given to people at lunch time. We saw that this was done in a safe way. We saw that stocks were counted each time they were used to ensure that there were no recording errors and that adequate supplies of medicines were available to allow continuity of prescribed treatment.

We spoke with a relative of one person who used the service and a district nurse who was visiting the service during the inspection. Both confirmed that they had no concerns regarding staff management of medicines in this service.

## 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

We saw that the service had in place a selection and recruitment policy that outlined a two stage process. This consisted of a written application followed by an interview with a manager. The policy stated that two written references would then be obtained from previous employers.

The policy also stated that all staff would be required to undergo an enhanced disclosure criminal records check through the Disclosure and Barring Service as well as the Independent Safeguarding Authority (ISA) vulnerable adult list. This meant that the service was able to consider any previously recorded matters that might mean an applicant was unsuitable for the role.

Proof of identity and entitlement to work in the UK were also required from each candidate. The deputy manager told us, "We don't have many new staff starting here, but we make sure they have passed all their checks before they start work".

Two members of staff we spoke with confirmed the details of the selection application process. One told us, "I joined the team here recently. They carried out all the background checks before I could start, even though I'd worked in another care home".

We checked the recruitment records of two members of staff and these confirmed that the service policy had been complied with. We saw that each file contained a signed declaration from the applicant indicating that they were physically and mentally fit to perform the role applied for.

We found that there were effective recruitment and selection processes in place. The provider may find it useful to note that one of the two files we reviewed lacked the order and structure to allow this to be quickly and effectively proven.

In conversation the deputy manager demonstrated that they were aware of their responsibility to notify relevant professional bodies when care workers became unfit to continue working. This meant that unfit staff were unlikely to be retained in the service.

## Staffing

✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

### Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

### Reasons for our judgement

There were enough qualified, skilled and experienced staff to meet people's needs.

On our arrival at 10.30 am we saw that all of the people who used the service were washed and dressed and were mobile in the service. Four people were in the reception awaiting eye tests.

At the time of the inspection the service provided accommodation and personal care for 22 people. Some of the people had mobility difficulties and a number were diagnosed with dementia.

We reviewed the staff duty rota for January 2013 and confirmed the details when speaking with the deputy manager. The service employed a total of 20 staff which included eight who regularly worked night duty. The deputy manager told us that the service rarely used agency staff, but if it had been necessary then they had selected staff with previous experience at Remyck House.

We saw that morning, afternoon and night shifts were assigned to staff. In addition to the deputy manager, we confirmed that five staff were rostered to work the morning shift. Four were scheduled to work during the afternoon until 8pm and three staff were rostered to work the night duty from 8pm to 8am. The deputy manager confirmed that staff numbers remained the same at weekends.

During the inspection we saw staff responding to requests for assistance and providing support to people where possible and appropriate.

People told us that the staff were very helpful and kind. One person that we spoke with told us, "There are enough staff for what goes on in here and they are very good. Occasionally it would be nice to get out for a drive around or something". A relative that we spoke with told us, "The staff are very welcoming and there always seems to be a few of them around".

Both of the staff that we spoke with said there were sufficient staff and that they were able to meet people's care needs safely. One member of staff told us: "I think we have a clear

understanding of people's needs and we get it right most of the time. The standards of care are high I think".

**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 not meeting this standard.

The registered person did not have suitable arrangements in place to ensure that staff received opportunities for professional development, supervision and appraisals to enable them to deliver care to people 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.

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## Reasons for our judgement

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The deputy manager provided us with a training matrix which showed that all new staff had undertaken induction training which included the following topics.; Introduction and guidance, principles of care, organisation and the role of the care worker, needs of the residents and safety at work. In addition the matrix showed that staff had been trained in the following subjects within the previous two years; control of substances hazardous to health (COSHH), fire awareness, health and safety, infection control, safeguarding of vulnerable adults and moving and handling people safely.

A review of the staff training records confirmed that all staff had completed induction training. The deputy manager provided us with a copy of the induction training package and we noted that the training appeared comprehensive.

Training records also indicated that staff had received annual refresher training on topics considered mandatory by the provider. We noted that specialised training on mental capacity and managing challenging behaviour had been provided to some staff.

We asked to see records of staff appraisals, staff supervisions and personal development plans. The deputy manager told us that supervisions in this service take the form of either on the job training or observing staff performance or recorded meetings to discuss performance. The deputy manager told us that responsibility for carrying out supervisions and annual appraisals of staff had only just been decided by the new manager who had taken over recently. They said, "The supervisions and appraisals process hasn't been followed lately for a number of reasons".

A review of staff records indicated that the most recent annual appraisal that could be found had been carried out in 2010. No evidence of regular staff supervision or personal development planning was produced. This meant that staff performance and progress had not been properly assessed or documented for at least 12 months. The two staff that we spoke with confirmed that this was the case, although one had joined the service within

that period.

This meant that staff had not received the appropriate support and professional development to enable them to deliver care to people safely and to an appropriate standard.

**People should have their complaints listened to and acted on properly**

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**Our judgement**

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The provider was not meeting this standard.

The registered person did not have an effective system in place for identifying, receiving, handling and responding appropriately to complaints and comments made by people who lived in the home or persons acting on their behalf.

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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On arrival at the service we noted that a copy of the service's complaints and concerns policy was displayed on a notice board above a table in the reception. On a high table, under the notice board, was a folder marked 'complaints and comments'. The position in which the folder was placed meant that people who used wheelchairs and others with mobility difficulties would be unable to read the policy or get access to the complaints and comments book without assistance.

We reviewed the complaints and concerns policy and found that it was out of date. The policy did not mention the local government ombudsmen service which was an appropriate authority for people to contact in circumstances where they remained dissatisfied with the outcome of a complaint they had made.

We asked to see a copy of the 'Remyck House Service User's Guide' which we were told was available in every person's room in the service. We noted that it contained the same out of date guidance that we had seen displayed in the reception. It was not provided in easy to read, large print or audio formats and was not accessible to some of the people who used the service without assistance from staff, relatives or carers.

This meant that an effective complaints system was not in place. The information that was available was not in a format that met people's needs.

We reviewed the complaints and comments book on the table in the reception and saw that it contained two undated entries. One was a complaint about the temperature within the service, which had not been acknowledged or endorsed. The second was a positive comment which had been endorsed with the thanks of the previous registered manager.

We then asked to see the complaints management folder which we reviewed. The earliest complaint recorded dated back to 2007 and the most recent was from May 2012.

We saw that complaint recording and progress forms present in the folder had not been

used. From the information provided we were not assured that complaints had been investigated thoroughly or that the complainants had been informed of the outcome.

We asked a relative whether they were aware of the complaints procedure. They told us, "We've had no reason to complain. The staff have been absolutely wonderful to my relative. In fact I wrote to the CQC to say how pleased I am".

During the inspection we asked two members of staff if they could provide us with a complaints form for a person who used the service and they were unable to do so. One suggested that the complaints and comments book could be used.

This meant that we were not assured that people would be supported by the provider to make a complaint or comment where they needed assistance.

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
Accommodation for persons who require nursing or personal care	<b>Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010</b> <b>Supporting workers</b>
	<b>How the regulation was not being met:</b> <p>The registered person did not have in place suitable arrangements for staff carrying on the regulated activity to be supported to enable them to deliver care to service users safely and to an appropriate standard. They did not receive adequate supervision and appraisal.                      Regulation 23(1)(a)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<b>Regulation 19 HSCA 2008 (Regulated Activities) Regulations 2010</b> <b>Complaints</b>
	<b>How the regulation was not being met:</b> <p>The registered person did not have an effective complaints system to handle complaints made by people who used the service or persons acting on their behalf.                      Regulation 19(1)(2)(a)(b)(c))</p>

This report is requested under regulation 10(3) of the Health and Social Care Act 2008

**This section is primarily information for the provider**

(Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 26 March 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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