

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

## Herons Lea Residential Home Limited

Silford Cross, Westward Ho!, Bideford, EX39 3PT

Date of Inspection: 02 June 2013

Date of Publication: June 2013

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

<b>Consent to care and treatment</b>	✘	Action needed
<b>Care and welfare of people who use services</b>	✔	Met this standard
<b>Cleanliness and infection control</b>	✔	Met this standard
<b>Management of medicines</b>	✔	Met this standard
<b>Requirements relating to workers</b>	✔	Met this standard
<b>Complaints</b>	✔	Met this standard
<b>Records</b>	✘	Action needed

## Details about this location

Registered Provider	Herons Lea Residential Home Limited
Registered Manager	Mrs. Linda Fletcher
Overview of the service	Herons Lea is a residential care home for older people. The home can accommodate up to a maximum of 20 people. The care home predominately provides care and support for older people who have a form of dementia.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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

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## Summary of this inspection

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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 2 June 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.

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### What people told us and what we found

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We spoke with four people who lived at Herons Lea residential home. People told us, "The staff are all very kind", "its like a home from home", "can't fault anything" and "they are all very friendly, willing to help".

A relative told us, "Its wonderful here" and "I wouldn't have X anywhere else".

As part of our inspection we also spoke and met with the registered provider, the registered manager, care staff, a member of the housekeeping staff, and the chef.

During our inspection, we observed all staff interacting with people in a kind, compassionate, supportive and appropriate manner.

We found, people's needs were assessed and care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

People were cared for in a clean, hygienic environment.

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

Appropriate checks were undertaken before staff began work and there was an effective complaints system available.

Where people did not have the capacity to consent; the provider did not always act in accordance with legal requirements. We also found people were not fully protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were not always maintained.

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 24 July 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

### Consent to care and treatment

✘ Action needed

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 not meeting this standard.

Where people did not have the capacity to consent, the provider did not always act in accordance with legal requirements.

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

People we spoke with did not comment on this aspect of their care.

Throughout our inspection we observed staff sensitively asking people for their consent prior to providing support. One example of this was of a member of care staff seeking consent prior to assisting a person, we heard the member of staff ask "can I put a clothes protector on to protect your clothes?" We also observed the same member of staff asking another person "would you like me to cut up your meal". These questions ensured that the person was consulted about the support which was being provided to them.

Care plans are a tool used to inform and direct staff about people's health and social care needs. Care plans should involve people and/or their relatives and representatives. We looked at five care plans; we found that of the five care plans we looked at only one was signed by the person and/ or their relative/representative.

We saw in one person's bedroom that they used a pressure mat to alert staff if they got out of bed at night-time. We looked at this person's care plan and found the reason for why this was in place was documented. However, the care plan was not signed by the person and/or their representative. The use of pressure mats can be seen as a deprivation of a person's liberty and consent should be sought in the best interest of the person.

The front door to the care home was locked by a key pad. There was a sign on the inside of the front door which read "please find a member of staff to let you out". We found a risk assessment entitled "Access to Home". The risk assessment detailed, "All staff to be aware that to operate a locked door policy might be seen as restraint or abuse". Although it was encouraging to see that this had been recognised, we did not find any documentation in people's care plans to detail whether people had consented to not being able to open their front door nor was the code to the door displayed for people to access.

We saw, people were freely able to access the patio door in the conservatory of the home, which led into the garden area and grounds of the home. To ensure people's safety, the patio door was alarmed to prompt staff to check if a person required support. We spoke with one member of staff about ensuring people were able to get out as they chose. The member of staff agreed that people should be able to get out and told us "it's their home". However, we saw that although the door could be opened, the sofa in the conservatory area was restricting access for people.

The care home had policies in place relating to the Mental Capacity Act 2005 (MCA) and deprivation of liberty safeguards (DOLS). The MCA and DOLS provide a legal framework that protects people who lack the mental ability to make decision about their life and welfare.

We saw an example of when the manager had involved a person's GP in a complex care issue to ensure that a decision was made in the best interest of the person. This demonstrated the manager understood the legal frameworks.

We saw a selection of staff certificates that showed staff had undertaken training in the MCA and DOLS. We also saw staff were introduced to the MCA and DOLS as part of their induction to the organisation. Training supports staff awareness and the understanding of the complexities that can exist relating to these legal frameworks.

**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's needs were assessed and care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

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**Reasons for our judgement**

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During our inspection we observed all staff interacting with people in a kind, compassionate, supportive and appropriate manner.

People who lived at Herons Lea told us, "we get spoiled here you know", "you say it, we get it", "it's like a home from home" and "they couldn't be anything better".

One relative told us, "I wouldn't have X anywhere else, it is wonderful here".

People's needs were assessed and care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Care plans are a tool used to inform and direct staff about people's health and social care needs. We looked at the care plan for the newest person who had moved into Herons Lea. We found that an assessment of the person's care and support needs had been carried out prior to the person coming to live at Herons Lea (pre-assessment). The completion of a pre-assessment ensures that people's care needs can be assessed prior to them coming to live at Herons Lea, this enables staffing ratios to be reviewed, and where necessary additional training to be undertaken by staff and or specialist equipment to be ordered.

We looked at five care plans; we found care plans provided information about people's health and social care needs, along with any associated risks (risk assessments). Care plans also contained information about people's past within a section called "my life before you knew me" as well as a family tree. It is essential staff gather information about a person's past, as this can support staff to provide individualised care.

During our inspection, we observed staff supporting people to access the grounds for walking, and the provider and manager arrived to take people to a church service. We saw photographs throughout the home of people participating in social activities. These observations, confirmed there were appropriate social activities organised for people to participate in.

We also saw people were able to choose how they wished to spend their day; we saw

some people watched TV in the lounge, while others enjoyed spending time in their bedroom or sitting outside in the sunshine.

A relative confirmed that they could visit at any time of the day and staff always welcomed them into the home.

Peoples comments about the food included, "it's lovely" and "'it's super".

One person who lived at Herons Lea told us the physiotherapist was visiting them, this demonstrated that people were able to access external professionals to assist with health problems as necessary. We were told by the manager that district nurses supported the home with people's clinical care, such as tissue viability and the administration of insulin. Documentation also confirmed this.

**People should be cared for in a clean environment and protected from the risk of infection**

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**Our judgement**

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The provider was meeting this standard.

People were cared for in a clean, hygienic environment.

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**Reasons for our judgement**

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One person who lived at Herons lea told us, "Everything is clean". One relative confirmed that every time they had visited the home, the home was odour free.

During our inspection we found the premises clean tidy and free from odours. We spoke with the cleaner who was on duty, they told us that they had received instruction from the provider about what cleaning products to use, but they had not undertaken any training in infection control.

We looked at four recruitment files and found as part of the staff induction, staff had received instruction in infection control. The provider may like to note, not all staff had received formal training in infection control.

We saw that cleaning instructions for staff were documented and available to staff. This demonstrated that there were effective system in place to reduce the risk and spread of infection.

The laundry room was functional with an impermeable flooring to ensure cleaning of the flooring could be carried out effectively.

We were shown that soiled laundry was separated into red bags to reduce the risk and spread of infections.

We saw bathrooms had liquid soap for people to use. The provider may like to note, paper towels were not available in all bathrooms and the use of a hand towel could increase the spread of infections.

We were told by staff that protective personal equipment (PPE), which included aprons and gloves were available. We were told by one staff member how they supported one person who had been diagnosed with MRSA.

We saw staff wore blue tabards as part of their uniform, we observed one member of staff changing their tabard when they entered the laundry area from the kitchen. This reduced the risk of cross infection within the home and demonstrated that this member of staff had knowledge about infection control procedures.

We saw that the manager had a copy of The Code of Practice for Health and Adult Social Care on the Prevention and Control of Infections and Related guidance published by the Department of Health. The manager confirmed she took responsibility for infection control. The manager told us she used the daily handover to discuss and disseminate infection control information to staff. An infection control policy was in place and made reference to the above publication.

The manager confirmed there was a contract in place for the removal of clinical waste from the building, and we saw a copy of this contract. The manager confirmed visiting district nurses removed clinical sharps as required.

We saw there were risk assessments in place for the disposal for clinical waste, MRSA and outbreaks of diarrhoea and vomiting (D&V). The provider may like to note the risk assessment relating to D&V did not make reference to the risk to visitors and any associated action which may be required.

**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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The home had a medication policy in place, which was detailed and gave staff instruction about the storage, dispensing and disposal of medication.

We were advised that the home did not have a homely remedies policy or a supply of homely remedies medication within the home. A homely remedy is medication that can be given to people, which is not formally prescribed such as pain killers and cough medicine. We were told that when a person required such medication, a referral was made to their GP to ensure that any homely remedy did not have an adverse effect on their prescribed medication.

We were informed that the registered manager took responsibility for the ordering of people's medication.

At our last inspection we were concerned about the administration of medication from medication pots. Since our previous inspection, improvements had been put into place and we saw medication was administered to people from two medication trolleys. Both trolleys were held securely within the home to ensure the safety of people's medications. We were advised that no one at the home held their own medication. We saw there was no lockable facility in people's bedrooms to store their medication safely if they chose to self-administer; however, we were advised by the manager that lockable storage would be sourced as necessary.

We saw topical medication was held in people's bedrooms. The provider may like to note that topical medication was not always dated upon opening. The provider may also like to note that we saw communal Sudocrem in one bathroom.

There were controlled medications in use at Herons Lea and we found these were stored appropriately. We audited a sample from the controlled drugs register and found this accurately reflected the numbers of controlled drugs in use. We saw the controlled drugs register was completed when the medication was administered and signed by two members of staff.

Medication administration record (MAR) charts were in place and signed when medication

was given. These ensured accurate records were maintained.

We saw a sample of training certificates, which indicated staff were trained to administer medication. It is important people are trained to administer medication as this ensures people receive their medication by people who are competent to do so.

## Requirements relating to workers

✓ Met this standard

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

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### Our judgement

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The provider was meeting this standard.

Appropriate checks were undertaken before staff began work.

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### Reasons for our judgement

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We checked to see if the provider was operating an effective recruitment procedure, to ensure people who lived at the care home were safe and their health and welfare needs were met by staff that were appropriately qualified, skilled, experienced and of good character.

People we spoke with who lived at Herons Lea described the staff as, "brilliant", "they are all friendly, willing to help", "the staff are all very kind", "they are so cheerful, they cheer me up" and "it's nice to have some youngsters, they're good fun".

One relative told us the staff were "always smiling".

The home had a recruitment and selection policy in place. The policy detailed that all staff would be subject to CRB checks and ISA checks and "have relevant qualification, knowledge, skills and experience". We looked at the recruitment files for four members of staff and found the policy was reflective of the recruitment practices being carried out. One of the files we looked at was for one of the newest members of staff employed since our previous inspection.

We found in all recruitment files, application forms, interview records, and references. We saw from application forms that people had been employed with previous experience of working in a care home and or with vulnerable people and in most cases had related qualifications and certificates in related training.

People had contracts in place with job descriptions relating to their role.

We saw the provider had undertaken Criminal Records Bureau (CRB) checks and Independent Safeguarding Adults (ISA) checks to ensure people working within the home were subject to the necessary police checks.

The manager told us, the staff turnover at Herons Lea was low. Low staff turnover is helpful in ensuring people are cared for by a staff team who understand what peoples care needs are and ensure continuity of care and support for people.

We spoke with one recent employee who confirmed the recruitment process which had

been undertaken prior to starting work at Herons Lea. This matched the documentation which we had found in recruitment files.

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

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**Our judgement**

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The provider was meeting this standard.

There was an effective complaints system available.

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**Reasons for our judgement**

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We inspected the provider's systems to deal with comments and complaints and found people's complaints were fully investigated and resolved where possible to their satisfaction.

The manager had not had any formal complaints since 2011; however, we saw there was a complaints policy in place which outlined the procedure for people to follow. A policy provides people with the necessary information about how to raise a complaint and what they should expect in return. This ensures people are aware of their rights.

The policy also recognised "complaints are not personal criticism and will ensure complaints are seen as an opportunity to improve the level and standard of service provided". This demonstrated that the manager used the complaints system to affect change within the home to ensure a higher standard of care for people.

One person who lived at Herons Lea told us, "I don't think they can do any better" and "I can't fault anything".

We spoke with one relative who told us they had verbally raised some concerns with the manager. We were told that their concerns had been sorted out immediately and to their satisfaction.

We saw people were able to access the complaint procedures in the entrance foyer. The manager told us that she felt it was important people had anonymous access to the complaints policy and related forms, so people did not feel they needed to always approach staff or management. This ensures people have their complaints listened to and acted on, without the fear that they would be discriminated against for making a complaint.

The complaints procedure was also available to people within their service users guide. A service user's guide is a document which outlines the services provided to people. The provider may like to note that the complaints policy was not available in an alternative format and may not always meet people's individual needs.

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

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## Our judgement

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The provider was not meeting this standard.

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

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

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## Reasons for our judgement

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Care plans are essential to plan and review the specific care needs of a person. They are a tool used to inform and direct staff about a person and their individual care needs.

We looked at the care plans of five people who lived at Herons Lea and found the documentation was detailed and made reference to people's health and social care needs, religious and culture beliefs, and end of life care. Documentation was also in place relating to associated risks (risk assessments).

We saw there was a system in place to review and update care plans. It is important that care plans are reflective of peoples current care needs to ensure the care and support they receive is appropriate.

Although care plans were reviewed, we found this was not always effective. For example, we found information in peoples care plans which was not always reflective of their care and support needs.

One example of this was we read in one person's care plan that the person "ate her meals at the table by the kitchen". However, the information in care reviews was conflicting and stated that the person was now "high dependency" and required staff to provide her with full assistance with her meals. We visited this person in their bedroom and found that the person required staff to assist her with all tasks due to her frailty.

We looked at a another care plan, the care plan stated that because of the person's poor sight a pin was placed on the side of his table so he knew where to sit. We checked the table this person sat at and there was no pin in place. We spoke with a member of staff about the support this person was provided with. The information we obtained from the member of staff did not match the content of the persons care plan.

It is important peoples current care needs and any changing care needs are reflected in people's care plans to ensure staff are aware of how and why they need to support person

in a particular way.

The manager explained that staff were being encouraged to update care plans and ongoing work was in place to ensure staff were aware of their responsibilities.

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 18 HSCA 2008 (Regulated Activities) Regulations 2010</b> <b>Consent to care and treatment</b>
	<b>How the regulation was not being met:</b> Where people did not have the capacity to consent, the provider did not always act in accordance with legal requirements. (Regulation 18 1a).
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<b>Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010</b> <b>Records</b>
	<b>How the regulation was not being met:</b> People were not protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were not maintained. (Regulation 20 1 a).

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

The provider's report should be sent to us by 24 July 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 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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