

***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: 15 October 2013

Date of Publication:
November 2013

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

Respecting and involving people who use services	✓ Met this standard
Safety and suitability of premises	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard
Complaints	✓ Met this standard

Details about this location

Registered Provider	Mr T & Mrs S Kandiah
Registered Manager	Mr. Antony Gabaza
Overview of the service	Remyck House is registered to provide accommodation to up to 26 people who require personal care. The home is located in Aldershot, Hampshire.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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Summary of this inspection

Why we carried out this inspection

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

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 15 October 2013, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members, talked with staff and reviewed information sent to us by other authorities.

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.

We were supported on this inspection by an expert-by-experience. This is a person who has personal experience of using or caring for someone who uses this type of care service.

What people told us and what we found

People told us that their individual needs and preferences were assessed and catered for. One person who preferred to spend time alone said, "The staff tell me what's going on when they bring me my paper and the manager pops in to see me every day, so I never feel left out".

Although in need of some cosmetic redecoration we found that the property was suitable in design and layout for the purpose to which it was being put and was safely maintained.

We found that staff were trained and supported in their professional development. One member of staff told us, "I just had my first annual appraisal here. I found it very good because you get told what you do well and not so well, so you can work on it. This encourages you to improve".

People who used the service, their relatives and staff confirmed that their feedback was sought regarding care and support provided by the service. We found that the provider had processes in place to assess this information and act on it to make improvements.

We found that an effective and accessible complaints system was in place and staff were aware of their responsibility to support people to make complaints if they wished to. A care worker told us, "It's much better now. We keep complaints forms at the nursing station. People don't have to ask for one, they can just pick it up".

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

More information about the provider

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

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

Our judgements for each standard inspected

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

Our judgement

The provider was meeting this standard.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care. People's privacy, dignity and independence were respected.

Reasons for our judgement

People expressed their views and were involved in making decisions about their care and treatment.

Our inspection was facilitated by the registered manager who was present throughout. We noted that 19 people were resident within the service, which could accommodate a maximum of 26 people. Several people were able to speak with us to describe their experience and we also spoke by telephone with two people's relatives. In addition we gathered evidence by observing the interaction between staff and people who used the service.

The registered manager told us, "We've rewritten the service user's guide (SUG) to bring it up to date so that residents and people who may want to live here have a clear picture of the service we now provide". They told us that a member of the management team had always carried out an assessment of people who wished to use the service. They told us that this was to ensure that people's needs could be properly met and to see whether any changes or adaptations needed to be made in the service to accommodate the new or potential resident. They said that, where possible, people had visited the service before deciding whether they would be happy to live there. On page nine of the SUG we saw the following statement in paragraph one; 'We usually encourage people to visit Remyck House prior to admission, spend the day, have a meal with us and also ask friends to visit on your behalf'. We saw that pre admission assessments had been completed in respect of all four people whose care plans we reviewed. This meant that people's needs had been assessed and, as part of their duty of care and legal obligations and the provider had demonstrated regard to eliminating discrimination. This had been achieved by considering changes which might be made to the service in order to accommodate potential residents' diverse needs.

We reviewed the care plans of four people and noted that information was easy to find. We

saw detailed personal information in each person's plan in a section called, 'To support me in my life you need to know this'. Each contained a comprehensive individual preference questionnaire. We saw evidence of the involvement of people and their relatives, including signatures on the original care plan in all four that we examined. We noted that regular monthly reviews of people's care had been recorded. Two people that we spoke with confirmed that they had been involved in planning their care. One member of staff told us, "I am the key worker for two residents and I arrange and take part in the reviews of their care every month". We noted that the reviews records had seldom been signed by or on behalf of the person concerned. The registered manager told us that some people who used the service were concerned about signing documents and that they did not press the matter. They told us, "I'm about to introduce a formal annual care review for all residents and intend to invite their relatives along". A member of staff told us, "Although relatives have not been invited to reviews, we always inform them of any changes to the person's care". This meant that care reviews had provided opportunities for people to discuss their specific care and support.

We saw evidence of a Mental Capacity Act (MCA) assessment in respect of one person who had used the service. These assessments were required in circumstances where decisions needed to be made about people's care and where the person's capacity to make the decision was in doubt. We noted that the process had been recorded. We also reviewed an application that had been made by the service to restrict the liberty of a person for safety reasons. These applications were required to be considered independently to ensure that people's rights had been protected. This meant that correct procedures had been followed and that people's rights had been protected.

People's privacy, dignity and independence were respected.

During the inspection we noted that the atmosphere in the service was very calm and relaxed. We witnessed staff knocking on doors before entering people's rooms and noted that they spoke with people politely. We saw that people appeared generally happy in the service. One person that we spoke with who chose to spend time in their room told us, "The staff tell me what's going on when they bring me my paper and the manager pops in to see me every day, so I never feel left out". We asked three members of the care staff what they enjoyed about their job and they all told us they enjoyed spending time with people who used the service. One said, "We always get permission from people before delivering care and treat them like they are our parents". All of the people we spoke with felt they were treated with dignity and respect. One said, "The staff are nice and have time to talk to me". Another person told us, "The staff are really kind". One relative who responded to the 2013 service users' survey wrote, 'My relative is very happy there. They always say how kind the staff are and how well cared for they are. As a relative that's good to know'.

People should be cared for in safe and accessible surroundings that support their health and welfare

Our judgement

The provider was meeting this standard.

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

Reasons for our judgement

The premise was a large Victorian house in a residential area in Aldershot, Hampshire. We were shown around the house and garden by the registered manager. The house comprises three levels which are accessible by staircases and a passenger lift. Corridors throughout the property were narrow and we asked the registered manager about the lack of handrails on the first floor. They told us that all current residents were mobile and only a small number used walking frames. They told us, "Residents using frames and wheelchairs, when we have them, would be hampered by handrails. As part of the risk assessment and care plan we make sure that people know how to move around the property safely when they join us. We have very few falls". This meant that the provider had made suitable arrangements to ensure that people were safe when moving around the service.

We saw that the second floor comprised two small rooms which were used as a store. Access to these rooms was controlled by means of lockable doors. The registered manager told us that the keys kept by them or the person in charge of the service. On the first floor we saw that there were 17 people's bedrooms, five of which had en suite toilet and shower facilities. In addition, there were four separate toilets and two communal bath and shower rooms. On the ground floor we saw that there were a further nine people's bedrooms, four of which had en suite facilities. In addition, there were four separate toilets and a large bath and shower room equipped with a specialised bath for people with mobility difficulties. We noted that the communal bath and toilet facilities appeared clean and fresh smelling. We saw that the kitchen was situated on the ground floor at the front of the building next to the dining room, which was split level. We noted that a warning sign had been placed on the wall above the step to warn people of the hazard. However, the provider may find it useful to note that there was no hazard tape or warning at floor level on the step between the two areas. The communal areas on the ground floor included a large sitting room which included the nurse's station and the separate reception. The laundry and manager's office were also on the ground floor. We spoke with several people who used the service who allowed us to look in their rooms. We noted that the rooms were well presented, suitably furnished and appeared clean. A relative that we spoke with after the inspection told us, "My relative's room is very spacious and the en suite facilities are a bonus. When people visit they always comment on how nice their room is". Another

relative who responded to the 2013 survey had written, "Bedrooms are spacious and well presented". This meant that the property was suitable in design and layout for the purpose to which it was being put.

We reviewed invoices relating to building maintenance and noted that fire safety and water safety certificates had been issued in 2013. In addition we saw recent invoices relating to maintenance of gas and electrical fittings. We saw that the service appeared to be furnished comfortably throughout and that the furniture was modern and serviceable. The registered manager told us, "We replace furniture on a rolling programme to make sure that everything we have is suitable and safe to use. The same goes for equipment. We have it serviced regularly and we keep an eye on it always". This meant that the building was appropriately maintained to provide a safe environment for the people who used the service and staff.

We noted that décor in the communal areas including corridors was in need of refreshing. Although no hazards were noted, floor coverings in the communal areas and corridors appeared worn and in need of replacement. One relative that we spoke with told us, "I think the flooring needs updating from the reception right down the corridor past the main room". We raised this matter with both the registered manager and the provider during the inspection. Both assured us that the work had been scheduled to be carried out shortly. We confirmed that the decorating and flooring tasks appeared on the service maintenance plan for 2013-14. This meant that routine decoration and maintenance had been scheduled.

We noted that the building had been partially equipped with double glazed lockable windows and doors. We saw that visitors were required to sign the visitor's book to gain access to the service so that staff were aware of who was on the premises and the purpose of their visit. The garden was safely planned and well maintained with seating areas for people and staff. It was enclosed by fencing and a gate. The general security of the premises and gardens was appropriate and adequate to ensure that people lived in a safe environment.

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

Our judgement

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.

Reasons for our judgement

During our compliance inspection visit on 25 June 2013 we identified that the service was not meeting this essential standard of quality and safety. The service was set a compliance action under Regulation 23; HSCA 2008 (Regulated Activities) Regulations 2010 to ensure that persons employed for the purpose of providing the regulated activity were supported to deliver care and treatment safely and to an appropriate standard by providing professional development, supervision and appraisal. In August 2013 the provider forwarded an action plan indicating how compliance would be achieved.

The registered manager provided us with a document showing the induction and other training provided to staff in the previous 12 months. This related to those subjects which the provider considered mandatory and included: Fire awareness, health & safety, infection control, moving and handling people safely and, safeguarding of vulnerable adults. We noted that this training had been delivered through a variety of means including computer based and face to face training.

Staff were able, from time to time, to obtain further relevant qualifications.

The registered manager told us, "We encourage the staff to do additional training. Most have NVQ at some level and you will see that two of the care staff have degrees. They did a lot of training during the summer". We saw that the provider had given staff opportunities to achieve National Vocational Qualification (NVQ) or equivalent qualifications. In addition we saw that senior staff had undertaken a range of specialist training including dementia awareness and medicines management. One of the care staff told us, "I am trained to NVQ level 4 and have also just completed an MA in marketing". This was confirmed by reference to the individual's training records. This meant that staff were encouraged and supported to continue their studies.

Staff received appropriate professional development.

We reviewed the personnel files of three care staff and saw evidence of regular supervisions and observations carried out by the registered manager, including details of on the job training provided. The registered manager told us, "Staff supervisions happen

monthly and everyone gets an appraisal every year now. I have just finished doing them all. Next year the deputy manager will do some also". Staff that we spoke with confirmed that supervision occurred and one told us, "The supervisions are really helpful and give us a chance to talk about any improvements we can suggest". Another member of the care staff said, "I just had my first annual appraisal here. I found it very good because you get told what you do well and not so well, so you can work on it. This encourages you to improve". This meant that staff were being supported in their professional development.

Assessing and monitoring the quality of service provision

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

The registered manager told us that people and their relatives had recently been provided with an updated service user guide. We confirmed that a copy had been placed in all of the people's rooms that we entered. Two relatives that we spoke with following the inspection confirmed that they too had received a copy. We reviewed this guide and saw that it contained a summary of the provider's complaints procedure as well as details of the service provided. The registered manager's introduction confirmed that the service had a person centred approach and stated, 'We will listen and be guided by you'. The text also encouraged people and their relatives to approach the manager with any concerns. This meant that the provider had published details of what residents could expect from the service and provided opportunities and processes for people and their relatives to raise any issues or concerns about their care and support.

Members of staff told us that they obtained feedback from people and their relatives on a regular basis. We noted that residents and relatives meetings had taken place monthly and we reviewed the minutes of recent meetings. One relative that we spoke with after the inspection told us, "I can't often make it to the meetings but they did send me a questionnaire asking for feedback about the service. I filled it in and made some comments which I know they found useful. The manager told me so". The registered manager told us, "We carried out the relative's' survey earlier this year and we have produced a summary of the responses and included some of the comments made. This was then sent to the relatives so that they could see my responses and what I have undertaken to do. Some of the suggestions are very good and we welcome them from any source. We all want to make Remyck House as good as it can be. Issues that come out of the meetings get added to my action plan so that we have a record of what we did". We reviewed the survey responses and the manager's summary. Six out of the seven relatives who took part in the survey felt that their suggestions, instructions or contributions were taken into account. This meant that relatives of people who used the service were confident that feedback they provided about care and support was responded to appropriately.

The registered manager told us, "I have now had time to have a good look at what we are

doing and to consider the ideas that people, relatives and staff have put forward. We also received a report from the local authority which included some important suggestions. I have put together an action plan and we are noting the progress made against each point as we go. For example, some of the staff training was going out of date so we invested time and money on that in the summer". We reviewed the manager's action plan. This demonstrated that the management had reviewed working practices affecting the care and welfare of people and had made improvements.

We noted from the care plans we reviewed, that people were in regular contact with the registered manager and that their care and support was reviewed every month. Although the records of the reviews had not been signed, it was clear that people had raised issues during the process and that they had been addressed by the person's key worker. In all cases the key worker was a member of the care staff. We saw an example of this where a person had indicated a preference to receive breakfast in their room rather than attend the dining room. The person told us, "I always take breakfast in my room now. The manager didn't mind". This meant that people were asked for regular feedback on the care and support provided by the service and that this was acted upon.

There was evidence that learning from incidents and investigations took place and appropriate changes were implemented.

We reviewed the service accident and incident records and noted that they appeared well documented and that all had been either completed or endorsed by the registered manager. We asked to see the minutes of staff meetings which we noted were held monthly. We saw that staff had been able to raise and discuss issues affecting people's care and their employment and that records had been made. One member of staff told us, "When things go wrong the manager talks with us about them thoroughly, to try and make sure that it doesn't happen again. We have staff meetings and talk about things like this". This meant that staff had a facility to discuss issues of concern to obtain guidance and that any changes to procedures had been shared with all staff.

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available. Comments and complaints people made were responded to appropriately.

Reasons for our judgement

During our compliance inspection visit on 25 June 2013 we identified that the service was not meeting this essential standard of quality and safety. The service was set a compliance action under Regulation 19; HSCA 2008 (Regulated Activities) Regulations 2010 to bring the complaints system to the attention of service users in a format that met their needs, to ensure that any complaint is investigated and resolved and to coordinate a response to the complainant.

In August 2013 the provider forwarded an action plan indicating how compliance would be achieved.

People were made aware of the complaints system. This was provided in a format that met their needs.

During our inspection on 15 October 2013, we noted that the service complaints procedure was displayed in large print in the reception area where it could be seen by people who used the service, staff and visitors. Also in the reception area we saw a comments and complaints book which had been placed on a radiator cover where it could be accessed by people using wheelchairs. A large print notice had been placed on the wall above, clearly indicating where the book was located. We reviewed the book and noted that it contained no comments either positive or negative. This meant that a facility had been provided to people and visitors to make comment or raise any issues of concern about the service.

The registered manager told us that the service user guide had been updated and now included the service complaints policy which had also been revised. We confirmed that this was the case. We reviewed the policy and noted that it guided people and relatives through the process and provided them with current contact details for both the provider and the Local Government Ombudsman. The registered manager told us that a copy of the new user guide had been placed in each person's room in the service and also provided to people's relatives. We confirmed that copies had been placed in every person's bedroom that we entered during the inspection. We saw that the policy had been produced in large font and the registered manager told us they were happy to adapt the format and presentation to meet people's individual needs. This meant that people and their relatives had been provided with current information on making complaints in a format which met

their needs and that steps had been taken to ensure that the information was readily available to them.

Some of the people that we spoke with were able to confirm that they had been provided with a copy of the service user guide though most were unsure whether it contained information about making complaints. One person told us, "If I wanted something changed or wanted to complain I would talk to the manager". Another person said, "I would be happy to complain if I had something to complain about, but I don't". This meant that people were aware of their right to complain and confident about using the complaints system.

All three of the care assistants that we spoke with told us that they were aware of the new complaints procedure and had signed the acknowledgement slip to confirm that they had read and understood it. One of them told us, "It's much better now. We keep complaints forms at the nursing station. People don't have to ask for one they can just pick it up". Another said, "The manager told us that if people want to complain and they need help with the form, then we should do it. It's our job to keep residents happy and this is part of that". The registered manager told us, "It's in place now and everyone knows about it. Hopefully we should be so good at taking care of people that it won't get used much". This meant that staff had been briefed on their responsibility to support people in making a complaint if required.

People's complaints were fully investigated and resolved, where possible to their satisfaction.

We reviewed the service complaints folder and saw that three complaints had been recorded during 2013. We noted that all three matters had been dealt with in accordance with the complaints procedure and that, in each case, the complainant had been sent a letter regarding the outcome.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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