Inspection Report

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

The Vineries

Winterton Road, Hemsby, Great Yarmouth, NR29 4HH

Date of Inspections: 30 January 2014
20 January 2014

Date of Publication: April 2014

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

Care and welfare of people who use services	✓ Met this standard
Cooperating with other providers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Mrs S A Jesudason
Registered Manager	Mrs. Tina Hannant
Overview of the service	The Vineries is a residential care home for up to 24 people who have needs associated with ageing, some of whom may be living with dementia. It is located in a village just outside of Great Yarmouth. Nursing care is not provided at the home.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

Contents

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'.

Summary of this inspection

Why we carried out this inspection

This inspection was part of a themed inspection programme specifically looking at the quality of care provided to support people living with dementia to maintain their physical and mental health and wellbeing. The programme looked at how providers worked together to provide care and at people's experiences of moving between care homes and hospital.

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 20 January 2014 and 30 January 2014, 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, talked with staff and received feedback from people using comment cards. We reviewed information given to us by the provider.

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

There were 22 people living at The Vineries when we did our inspection. Of these, eight people had a diagnosis of dementia and a further three had signs of dementia and were receiving medication to try and prevent further deterioration in their memory. We spoke with eight people who were living with dementia, four relatives and seven staff to help us assess the quality of care and service people living with dementia experienced.

We received comment cards from one visiting therapist, two visiting professionals and 10 relatives and these were all very positive about the quality of care offered to people living with dementia. Comments included; "I feel (my relative's) dementia has improved," and "The staff are calm, kind, respectful, reassuring and aware of (my relative's) changing needs. They minimise (my relative's) stress with early interventions allowing choices and independence."

We looked at the care records of three people living with dementia to see how their needs were assessed and planned and we tracked the care they received. We found people living with dementia had their needs assessed and planned in an individualised way. Care was delivered in a way which was dignified and respectful. A relative commented, "Staff are sympathetic and respectful."

The staff at the service took steps to ensure people living with dementia received co-ordinated care when they were admitted or discharged from hospital by providing information to help hospital staff meet their needs. People living with dementia had their needs assessed and met by a range of health and social care professionals.

There were effective systems in place to monitor the quality of the service people living with dementia received and steps were taken to learn from incidents, accidents and complaints. This learning resulted in changes to practice with a view to improving the quality of the service being delivered.

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

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

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

How are the needs of people with dementia assessed?

We looked at the care records of three people living with dementia, two of whom were in hospital to see if there was an assessment of their individual and diverse needs and to check there was clear guidance to staff about how to meet these to ensure their health and wellbeing.

The records we saw contained a pre-admission assessment of the person and this covered; their diagnosis and past medical history, their diet, mobility, how they communicated and what this meant. It also covered whether they wished to be resuscitated and a list of professionals or other agencies who provided treatment or support to the person. The manager told us they undertook and assessment of each person before admission to the service; even if there was a social or health care assessment in place to make sure they had a clear idea of the person, their needs and whether these could be met at the service. The staff we spoke with told us the assessment was shared with them and used to formulate a care plan which the staff said they built on as they got to know the person. A visiting professional commented to us that the manager "Is always very efficient at assessing for placement. All the residents I have placed at The Vineries have been very happy."

How is the care of people with dementia planned?

We saw the care plans were very detailed and personalised. The plans covered people's life history which staff said they used when considering how to support people with changing behaviour. The manager was able to give an example of how they had used this in practice. A person living at the service had a very negative response to one member of staff which was identified through analysing incident patterns. The staff at the service liaised with the family and identified that the staff member physically resembled someone from their past. This information was used to change the care plan and the person was supported by other staff instead. This resulted in the person becoming more settled. The

staff we spoke with told us they felt the care plans were good at providing them with guidance about how to respond when people were distressed. This demonstrated that staff did thorough assessments to make sure people received the care they needed.

We saw that the care plans were written in a very positive way, considering the strengths and abilities of people living with dementia rather than just focussing on the things they found harder to do. The plans considered and reflected people's views and preferences throughout. For example we saw a very detailed plan around a person's wishes at the end of their life. This stated what music they would prefer to listen to and what they would like to wear as they approached the end of their life, amongst other details.

We looked at how care was planned to meet people's physical needs and prevent them from developing preventable conditions such as urinary tract infections (UTI's). We saw there was a care plan on the support people needed to maintain their continence and we saw that this gave staff a clear idea of the individual target daily fluid intake; a list of physical symptoms which may indicate the person had a UTI and it also highlighted behavioural changes which may indicate a person had an infection. The staff we spoke with told us they knew people really well and would take a urine sample if they were at all concerned about physical or behaviour changes. We saw they had taken samples which were sent to the surgery on the day of our inspection. The daily records showed they acted quickly in such situations to get people the treatment they needed.

Each person had an individualised pain management plan in place and those we saw explained the non- verbal signs each individual may display if they were in pain, this covered behavioural changes and facial expressions. We saw clear evidence from daily records to show that the staff called the doctor if they suspected the person was in pain. The staff we spoke with confirmed they would call the GP in again if they remained concerned. This meant the staff were aware of different ways people living with dementia may indicate they were in pain and they took steps to try and make them comfortable. A relative commented to us, "The staff are generally quite proactive regarding any potential problems."

Are people with dementia Involved in making decisions about their care?

The staff we spoke with told us they talked to people living with dementia about their wishes and they said most could make some decisions and be involved in their own care. The manager told us they held reviews of each person's care every four months with people living with dementia and their relatives. We saw records which showed this system was in place and this meant people living with dementia could be involved in discussions about their care at the home.

The manager told us they tried to take account not only of what people said but what they did in making decisions about care. For example a person living with dementia was discharged from hospital and the manager was told they needed bed rails to prevent them from falling out of bed. When they monitored this over a few days they noticed the person was constantly trying to climb over the top of the rails. The staff believed the person was demonstrating their objection to the rails through their behaviour and they were able to negotiate different ways of supporting the person to maintain their safety in consultation with their relatives. This showed staff took account of what people felt about the way they were being supported.

Are people with dementia provided with information about their care?

People we spoke with and their relatives told us they could ask questions about any aspect of care and they told us they felt able to ask questions or voice any concerns.

When we observed staff interacting with people living with dementia we saw they explained what they were doing, giving them time to understand the information. For example some people had their medicines mixed into food or drink and the reasons for this were documented in their care plans. We observed the member of staff who was giving out medication explaining to people with dementia that their medication was in the food and what it was for. This was done in a kind and patient way in all cases, the staff member repeated the explanation several times for some people who took a while to understand what was being said. We also observed the member of staff showing the person the medication pot to illustrate the point better.

How is care delivered to people with dementia?

We observed care being consistently provided in a kind and considerate way. We observed the staff always explained what they were going to do before they did it so the person was prepared for what would happen. We saw people living with dementia refusing to receive care or treatment. In these circumstances the staff were patient with people and we saw they did not force people to accept care. On occasion we saw they withdrew from the person and another member of staff offered the care which was accepted.

We found the carers tried to provide a service which would meet the individual needs of people living with dementia recognising personal choices. For example at lunchtime, we observed that each person was provided with their own choice of drinks, this included glasses of wine, grape juice and squash. There were two meal choices at lunch and we saw both were provided. We observed that people were offered alternatives if they did not like the meal choices and staff spent time explaining the alternatives to people. We observed there were bowls of fruit on each table in the dining area and a person living with dementia commented, "We always have fruit around in case we are hungry."

We saw staff were very responsive to people living with dementia. When one person said they were cold the member of staff asked if they would like a cardigan, when someone liked the look of a different meal, the staff provided this for them. The staff told us one person was not ready to get up yet and we observed them asking the catering staff to save the person a meal for later.

We saw that the staff considered how to support people living with dementia without making the environment institutionalised. For example the manager told us one person living with dementia could not find their way to or from their own bedroom. They had a detailed history of the person's past and used a picture with arrows along the route to and from the person's bedroom to help them find their way. This was successful and helped the person orientate themselves within the home in a dignified manner. A relative sent in a comment card stating, "The patience and the consistency of the staff encourages my mother to overcome her struggle to make sense of her new world as her dementia progresses."

There was an activities programme in place, but we saw this was flexible. On the day of our inspection the booked entertainer did not arrive and the care staff provided an interactive, fun reminiscence session. We saw the face cards of famous people evoked memories for people living with dementia and we observed people living with dementia laughing with staff and sharing jokes and memories. The provider may wish to note that a few people who had a more recent diagnosis of dementia told us they would appreciate

more lively activities which were appropriate to them.

We observed that communication between people living at the service and staff was very good. The lunchtime experience was a very sociable one, and people living at the service chatted together as well as to staff. There was a pleasant and easy atmosphere at the home.

Is the privacy and dignity of people with dementia respected?

We observed that the care staff treated people living with dementia with dignity and respect at all times. People we spoke with who were living with dementia told us the staff were kind to them. One person said, "Majority of girls, all very nice. They would listen to my problem or concern."

We received a number of comment cards from relatives who commented on how their loved ones were responded to. Comments included;

"The staff maintain people's dignity and show respect."

"The staff are kind, calm, respectful, reassuring."

"I find the carers very compassionate with patients and they treat them with dignity and respect, nothing is too much trouble."

"I can only say great things about the care (my relative) is not the easiest person at times but (they) are treated with dignity and respect and looked after like one of their own."

This meant we could be assured that people living with dementia were treated with dignity and respect.

Cooperating with other providers ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

How does the provider work with others when providing care to people with dementia?

We looked at the records of two people who were living with dementia who were in hospital when we did our inspection to look at how the provider worked with others when people were admitted or discharged from hospital. There was a form completed in both of their care plans providing basic information on each person, including whether they were living with dementia, whether there was a do not attempt cardio-pulmonary resuscitation order, and information about their medication, skin integrity, nutritional or continence needs. This was a standardised form which had been developed by local commissioners to provide key information when people were admitted to hospital.

A member of staff we spoke with told us they did not feel the forms they sent to hospital were adequate so they were trialling a booklet called "About me." The booklet was a document which provided information about people living with dementia to help hospital staff understand them, and their needs. We looked at a completed booklet and saw this covered the person's life story, things which may worry or upset them; it covered people who were important to the individual, provided detail about their routines and areas of need such as dressing, meals, activities and their ability to make decisions. It also covered any plans in place in respect of their wishes (for example around death and dying).

The staff we spoke with told us they always sent a member of staff into hospital with people living with dementia to reassure them and to enable better continuity of care. They also told us they took the time to document everything that went into hospital with the person which they checked off on their return to make sure they had all of their personal possessions. We saw these lists in the files of the two people who were in hospital and the lists showed people were sent into hospital with clothing and items they would need for personal grooming to maintain their dignity. This demonstrated that staff were committed to making sure people living with dementia received co-ordinated care when they were admitted to hospital.

The staff, a relative and the manager told us the hospital teams did not always co-ordinate discharge arrangements effectively. They gave examples of people living with dementia

returning to the service without their medication and in a poor physical state. The staff told us they tried to have regular contact with the hospital to get updates and the manager told us if they would do a re-assessment of need if there had been a significant change. This meant the staff at the service took steps to ensure the discharge was safe, appropriate and that people's needs could be met properly when they returned to the service.

Are people with dementia able to obtain appropriate health and social care support?

There was evidence in records to show that adult social care professionals were involved in situations which were complex or where there were any safeguarding concerns to ensure people were protected from harm. We received a comment card back from a social care professional who told us, "All of the residents I have placed at The Vineries have been very happy and I have received no complaints from relatives."

The evidence in records and from interviews with staff showed there was good liaison with the GP and other healthcare professionals. The staff told us they would call the GP out if they had any concerns or if they felt there were signs to show that prescribed treatment was not working. We saw an example of this in the records of a person living with dementia. We saw staff were concerned about the person having a possible infection and called the GP, the district nurse and finally the paramedics when the person's condition seemed to be worsening.

The staff and the manager told us there was good liaison with specialist teams working with people living with dementia. The manager told us they had established good relationships with the community psychiatric nurses and with the memory team. The staff told us if they suspected someone was having difficulties with their memory they would observe their changing behaviour, speech and demeanour and ask the GP to refer the person to the memory team. The staff we spoke with were able to tell us (and records we saw confirmed this) who had a diagnosis of dementia and who had some signs which may indicate they were living with dementia. We saw there were some people living at the service who were on medication to try and prevent further deterioration of their memory. The records demonstrated they were monitored and screened regularly.

We received a comment card from a community mental health nurse who wrote, "I find The Vineries and all their staff very supportive and caring towards all their clients, even the challenging clients who can be abusive and very time consuming. They are very helpful in regard to supporting my work, for example, sleep charts and behavioural charts."

Our evidence demonstrated that people living with dementia were supported to access social and healthcare professionals to ensure their needs were met.

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 received.

Reasons for our judgement

How is the quality of care monitored?

The staff and the manager all told us the company employed a quality assurance manager who came to the service and undertook observations of the staff delivering care and interacting with people living with dementia. We were provided with the records of these observations and we saw the quality assurance manager captured both positive interactions and those where the interactions needed to be improved.

Building on this work, the manager told us the quality assurance manager was delivering training for staff on the "Being a star" approach. This was a 10 week course which involved talking to staff and doing exercises with them to help them understand how they communicated with people living with dementia. The manager told us this involved staff putting themselves in the person's world. For example, staff told us they talked about situations when they did not feel they were treated as equals. They also looked at a time when they were praised and the impact this had on them. The manager told us this approach helped staff understand what they needed to do and how they should communicate with people living with dementia.

The staff also told us about the work of the dementia coach. This was a member of staff who worked in the home who took the lead on dementia care issues. The staff we spoke with told us the dementia coach had helped them look at their practice and as a result they felt their approach helped them understand people living with dementia better. The dementia coach also acted as a resource on dementia and had information about good practice downloaded onto an i-pad which staff could use at any time.

Staff we spoke with told us they believed they understood people well. When we spoke with staff and the manager they could explain the needs, wishes and preferences of people living with dementia in detail. They also understood what was important to the people they spoke about. This indicated that the training staff had received had been understood and embedded in their practice. As a result relatives who used comment cards all told us their relative received good quality care. One relative commented, "I cannot fault the care my relative is given. I feel her dementia has improved in the six months that she

has been there."

The manager told us she did observations of care delivery herself and we saw her throughout the inspection in the communal areas and assisting people living at the service. We saw evidence in staff meeting minutes to show that where issues of concern were identified they were raised with the staff group to ensure learning took place.

We saw there was a system in place to enable the manager to audit person-centred care and the records demonstrated this covered the environment, freedom, finances, dignity, care delivery, family support, activities, garden, team members and end of life. The audit covered people's social and emotional needs and highlighted where action was needed. Plans to address areas needing improvement were also recorded along with timescales for completion.

How are the risks and benefits to people with dementia receiving care managed?

We looked at how the service managed the risk of people living with dementia developing preventable conditions which may necessitate hospital treatment. People living with dementia may be more susceptible to dehydration, malnutrition and falls as they may struggle to understand or take the action they needed to prevent illness or injury.

We saw the manager analysed the record of people's weight, food intake and hydration levels to ensure people were protected against preventable conditions such as malnutrition and dehydration. We observed staff completed these records in the dining area, and we saw care plans on hydration identified how much fluid each person should have in a 24 hour period. The manager told us she monitored these and contacted the GP if people were not drinking enough each day. This showed there was a system in place to protect people from the risks associated with malnutrition and dehydration.

The manager told us she monitored information from accident records to establish whether there were any identifiable patterns to these such as the time of day, what activities were taking place and staffing levels. The manager told us this analysis had enabled her to identify one of the key factors in people falling was them struggling to maintain their continence. As a result of this analysis referrals had been made to the falls team and the continence nurse to make sure that people had the support they needed and staff could take action to minimise risks.

People living with dementia are sometimes given medication to keep them calm or to sedate them. The manager and staff told us they tried to understand the reasons for people's behaviour rather than using medication to sedate them. The manager told us she monitored the use of medication which had been prescribed as required (PRN). We saw evidence of this approach in the records of contact with healthcare professionals. We saw they had reviewed a person living with dementia who had become over-sedated and were instead monitoring and analysing the reason for and patterns of the person's behaviour. This demonstrated there was a considered approach towards the use of sedative medication.

Are the views of people with dementia taken into account?

The provider used a formal quality assurance questionnaire for people living at the service and their families to gain their views on the service provided. We saw the completed questionnaires. The questionnaires were not specific to people living with dementia and the provider may wish to note they would not be very accessible to some people living with

dementia as they were in a written format.

The manager told us there had not been any significant complaints about the experience of people living with dementia. The manager told us any complaints or concerns would be raised in staff meetings to ensure lessons could be learned. The records of staff meetings confirmed this was the system in place and that any untoward events or issues of concern were discussed and actions to prevent re-occurrence were agreed. This showed that the views of people using the service were used to improve the service provided.

We received a number of comment cards from relatives and people were very happy with the care received. Comments included, "They are quite proactive regarding any perceived problems," and "The home is run very much like a family home rather than a hospital which is nice."

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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