

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

Bernhard Baron Cottage Homes

Lewes Road, Polegate, BN26 5HB

Tel: 01323483613

Date of Inspection: 16 September 2013

Date of Publication: October 2013

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

| | | |
|--|---|-------------------|
| Care and welfare of people who use services | ✓ | Met this standard |
| Meeting nutritional needs | ✓ | Met this standard |
| Requirements relating to workers | ✓ | Met this standard |
| Complaints | ✓ | Met this standard |
| Records | ✓ | Met this standard |

Details about this location

| | |
|-------------------------|--|
| Registered Provider | Bernhard Baron Cottage Homes |
| Registered Manager | Mrs. Trudi Knight |
| Overview of the service | <p>Bernhard Baron Cottage Homes provide accommodation for up to 60 older people who require personal care. As part of this location's registration, nursing care is not provided.</p> <p>The site comprises of a main building with 34 bedrooms with en-suite facilities and 24 self-contained cottages. The home is situated in Polegate village and is 5 miles away from Eastbourne town.</p> <p>The service is owned by the Quakers, it is a registered charity and managed by a board of appointed Trustees.</p> |
| 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'.

| | Page |
|--|------|
| Summary of this inspection: | |
| Why we carried out this inspection | 4 |
| How we carried out this inspection | 4 |
| What people told us and what we found | 4 |
| More information about the provider | 5 |
| Our judgements for each standard inspected: | |
| Care and welfare of people who use services | 6 |
| Meeting nutritional needs | 9 |
| Requirements relating to workers | 11 |
| Complaints | 13 |
| Records | 15 |
| About CQC Inspections | 16 |
| How we define our judgements | 17 |
| Glossary of terms we use in this report | 19 |
| Contact us | 21 |

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 16 September 2013, talked with people who use the service and talked with staff.

What people told us and what we found

During our inspection we spoke with six people who used the service. We also spoke with seven staff members; these were the registered manager, the care manager, the Trustees representative, a senior care worker, two care workers and the first chef. We also took information from other sources to help us understand the views of people who used the service, which included resident and visitor surveys.

The people we spoke with told us they were happy with the care they had received and with the staff team. One person who used the service told us, "The care is excellent. I can't express the tender loving care that they give each one of us." Another person who used the service told us, "The staff are lovely people and I have not had a moment of regret coming here."

Staff we spoke with had a good understanding of the support needs of the people who used the service. One member of staff we spoke with told us, "I think the residents are happy with the care we provide."

The people who use the service were supported to have adequate nutrition and hydration. People were given choices of food and drink to meet their diverse needs.

We saw evidence that the provider had an effective recruitment and selection procedure in place to ensure that staff were qualified to do their job.

The service had a system in place to effectively deal with comments and complaints.

We also saw that care plans, staff records and other records relevant to the management of the home were accurate, fit for purpose and held securely.

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

The people we spoke with who used the service told us that they had experienced care, treatment and support that met their needs and protected their rights.

One person who used the service told us, "The care is wonderful. I find everything is no trouble and the staff are always there for me. They are marvellous. I'm not used to being waited on as much as I am here. They look after me so well." Another person told us, "This place has been the salvation of all my problems. I found living on my own impossible and my health had deteriorated. I came here and it is remarkable. The carers without exception are polite, enormously helpful and very patient. I am extremely well looked after."

We saw in the main dining room two large notice boards with the names and photographs of every Trustee and member of staff that worked at Bernhard Baron Cottage Homes. This demonstrated that the service provided the people who used the service with the names and job titles of the people who provided their care.

During our inspection we observed how staff talked to people and supported people in a professional manner. One person who used the service told us, "It's a marvellous place. The care is so good. They help with the smallest things. You can't fault it. The staff are charming and helpful and my friends who come and visit don't believe how good it is. An extraordinary place."

The senior care worker told us, "You can't fault the care here, it's very good. The residents are very grateful for the care we provide. We always push for personal choice. It's their choice what they want to do and we respect that. We treat people according to their specific needs but I do think that we need to provide more specialised care to our residents who have dementia. As people's needs increase we need to increase our knowledge of dementia care to maintain our standards of care to everyone. The management team are very supportive and I have raised this issue with them." A care worker told us, "I love the place. I have worked here for over fourteen years and when I started most of the residents were mobile and able. Now they need more care and some

have dementia and other mental health issues. I think we need more training in dementia so that we can provide the best care possible. We provide good personalised care and we always do our best for the residents." Another care worker told us, "I think the care in general is good and we maintain a high standard. We are finding that some of the residents need to have more time as their needs have changed. I have raised this issue with the managers who are very supportive and I hope we can improve things." The registered manager told us, "We are aware that the needs of some of our residents are increasing. We hope to nominate a senior care worker as a lead on dementia although we are still deciding what their responsibilities would be. All our staff have completed basic dementia care awareness although we do need to make sure that staff have sufficient refresher training in dementia and mental health to enable them to carry out their roles effectively. We also provided dementia awareness training to the residents recently and we got some very positive feedback from the event." This demonstrated that the provider maintained and promoted the wellbeing of people who used the service by taking account of their needs.

An activity co-ordinator was employed at Bernhard Baron Cottage Homes. We saw a list of activities which took place daily and ranged from croquet, exercise and singing to pet visits, bible study and holiday outings. One of the people who used the service told us, "Every month we get a list of activities that we can take part in. It is very varied. In the summer we also have outings and visits to places of interest. This week there is a trip to the De La Warr Pavillion in Bexhill and next week there is a trip to The Royal Pavillion in Brighton. I take part in a lot of the indoor activities and attend the Sunday morning service in the TV lounge. We are encouraged to take part in activities that interest us." Another person told us, "There is always something to do. There is a programme of summer outings and last week we went to the Rye farmer's market which was very enjoyable." We saw that a resident activity survey had been completed in May 2013 which described which activities had been most enjoyed by the people who used the service and also some suggestions for alternative activities. This indicated that the service promoted people's wellbeing by taking their social needs into account.

We viewed the care plans of five people who used the service. The care plans contained admission information and an assessment form to ensure that the service could meet the needs of the individual. The care plans we looked at provided appropriate and adequate information to staff on how to support people in line with their needs and wishes. We saw that the service assessed people's needs and that individuals and their relatives were involved with the assessment process. We saw that up-to-date record sheets were used for the monitoring of general health, daily living abilities, medication, mobility, weight charts, nutrition and fluids. We saw that visits from the doctor and other medical professionals were appropriately recorded. This demonstrated that the service was planning and delivering care to meet individual needs.

The care plans we viewed had risk assessments that related to specific and identified risks to people's safety, and contained details of actions to be taken by staff to minimise these identified risks. We were told by the registered manager that care plans were reviewed and updated monthly or when people's needs changed. The service ensured that staff remained informed of the most current care needs of people who used the service. The registered manager told us, "We review care plans monthly but in addition to this we complete bi-monthly management visits to each of the residents to obtain any issues, concerns or suggestions to help us ensure that they receive the best care we can provide." The Trustees representative told us, "We have eleven Trustees and each month one of them will complete a Trustee visit report which will involve interviewing staff and residents and inspecting the premises and paperwork. This report is written up and all of the

managers consider the recommendations contained in the report. If there are issues which need addressing these will be implemented." This demonstrated that through the planning of care, the service had ensured the welfare and safety of people who used the service.

The senior care worker and the care workers told us that they were trained in first aid and basic life support. We saw training certificates in employee files that confirmed this. One of the care workers told us, "I did my first aid training this year so I know how to deal with an emergency." All the staff that we spoke with told us that they were able to recognise when a person who used the service would require emergency treatment and the necessary procedures to respond to their needs. This demonstrated that the service had made suitable plans in the case of an emergency.

Food and drink should meet people's individual dietary needs

Our judgement

The provider was meeting this standard.

People were protected from the risks of inadequate nutrition and dehydration.

Reasons for our judgement

People were supported to be able to eat and drink sufficient amounts to meet their needs.

Bernhard Baron Cottage Homes employed a first chef, second chef and two commis chefs to prepare and cook meals from fresh ingredients. The first chef told us, "The menus are planned over four weeks. We get fresh meat and vegetables from local suppliers and the only frozen vegetables we purchase are peas and green beans because the residents prefer them. We bake our own bread and cakes and most things are made from scratch including soups. The board in the dining room displays the whole week's menu choice which is a starter, main and dessert. There is also an alternative menu board where residents can decide to opt for an alternative choice. If anyone doesn't like the main or alternative menu, I will offer an omelette, salad, jacket potato or sandwiches of their choice. We try to always make sure that there is something different." This demonstrated that the staff involved in food preparation produced food to help facilitate a healthy, balanced diet.

The service had maintained the highest Food Hygiene rating from the Foods Standard Agency in September 2013. This rating encourages services to improve hygiene standards and aims to reduce the incidence of foodborne illness. This demonstrated that the food and drink was handled, stored, prepared and delivered in a way that meets the Food Safety Act 1990.

People were complimentary about the food and told us that there were choices of food to meet most tastes. They said that when they wanted something specific, it was usually provided. One person who used the service told us "The food is fantastic. I'm a semi vegetarian so only eat chicken, fish and vegetables. There is a wide choice. If you don't like any of the alternatives they will do an omelette or jacket potato. I think there is too much to eat and drink and I have to watch my weight!" The chair of the Resident's Forum told us, "On the whole the food is excellent. The forum is a useful conduit between the residents and the management. We hold a meeting every month with the managers and the chef and a lot of the meeting is about food but it is difficult to please everyone. The chef is very responsive to any issues or concerns raised. It's like a trade union but we never have any disputes." Another person we spoke with told us "There is always something on the menu that I enjoy. Occasionally I have the alternative and the portions are very generous. We can also invite our friends to join us for lunch in the main building if they want to."

The first chef told us, "We cater for a range of dietary requirements. We have two residents who are diabetic, two residents who are vegetarians and two residents who have their food pureed. We puree everything separately so that it looks nicer on the plate. We have a meeting with elected residents and if there are any food issues, we discuss them and sort it out." This demonstrated that the service was meeting the diverse dietary needs of the people who used the service.

We saw that staff supported the people who used the service during lunchtime with sensitivity and respect for their dignity and ability. This was maintained when staff spoke to them or helped them into an appropriate position to eat and drink safely. There were two care workers who served the food in addition to the kitchen staff and two care workers who sat with people who used the service to support them while they were eating. The registered manager told us, "The residents in the cottages are encouraged to take their lunch with residents in the main building as it creates a sense of community. Some residents may elect to have their lunch early as they may have appointments and some may decide to take lunch on a tray in their room if they prefer to eat alone." This demonstrated that the people who used the service were enabled to eat their food and drink as independently as possible.

We looked at some of the comments from a resident's monthly meal planning discussion which were generally positive. One comment stated 'I enjoy the food and there is such a choice' and another comment stated 'the meals are lovely'. We also saw the meal and food suggestions questionnaire which will be issued to all the people who used the service in September 2013. The questionnaire requested meat and vegetable preferences and any other comments in relation to the food provided.

We looked at individual care plans and saw that assessments had been carried out to determine each person's needs and preferences relating to eating and drinking. The assessment also requested any cultural or religious choices regarding food. This demonstrated that the service was able to take account of any religious or cultural dietary requirements.

People who used the service were weighed regularly and any significant change to their weight was acted upon. Where necessary, referrals had been made to the community dietician or general practitioner. Nutritional and hydration risk assessments were reviewed on a monthly basis. One of the care workers told us, "If someone was refusing to eat or drink, I would try to encourage them. If this continued we would inform the senior care worker, talk to the managers and contact a GP. We would ensure that it was all written up in the care plans. Everything has to be recorded." This demonstrated that the provider had ensured that staff could identify if a person who used the service was at risk of poor nutrition or dehydration.

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

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

We saw that all staff at Bernhard Baron Cottage Homes were appropriately qualified and able to do their job.

All of the staff that we spoke with and observed were polite and understood the needs of the people who used the service. Staff treated people with dignity and respect and maintained their privacy in relation to their care and treatment. One person who used the service told us, "The staff are excellent. There is always a loving smile, care and attention. Nothing is too much trouble." Another person told us, "The management have a good method of selecting people. It's a lovely family atmosphere." This showed us that the staff were knowledgeable of the individual needs and preferences of the people who used the service.

We saw a 'selection and recruitment of staff policy' which outlined a clear and transparent process to recruit new members of staff. The registered manager described the process to us and a member of staff confirmed that they had been through the process. The registered manager told us, "We ask candidates to complete an application form which includes a medical questionnaire. We interview candidates and then a decision is made to proceed to the next stage. We then request two references, one of which must be their last employer. We then carry out enhanced Disclosure and Barring Service (DBS) checks on all staff regardless of their job role. Once these checks are completed the individual is provided with a contract of employment. New staff have to complete the Skills for Care common induction standards and our own in-house induction. We have a probation period of six months to ensure that staff are competent to carry out their role." This demonstrated that the provider had an effective recruitment and selection procedure in place.

We looked at the employment records of six members of staff. The files contained application forms, example interview questions, references and contracts of employment. They also contained job responsibilities for each of the roles and a list of the specific and general duties for that role. This demonstrated that staff were made aware of their responsibilities in order to carry out their role.

We also saw that enhanced Disclosure and Barring Service (DBS) checks had been completed for all staff. A Disclosure and Barring Service check is an employer's check on staff suitability for working with children and vulnerable adults. This demonstrated that the

provider had carried out the relevant checks on the suitability of staff before they started work.

Both of the care workers that we spoke to had completed their National Vocational Qualification (NVQ) Level 2 in Health and Social Care and the senior care worker that we spoke to had completed NVQ Level 3 in Health and Social Care. This demonstrated that staff had the right skills, qualifications and experience to meet the needs of people who used the service.

Complaints

✓ Met this standard

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

Bernhard Baron Cottage Homes had an effective system in place to identify, receive, handle and respond to complaints and comments made by the people who used the service.

The registered manager told us, "We always make time to meet with the residents. It is important to deal with any issues before they escalate. Some residents don't think that we need a Resident's Forum but we keep it as a good link to identifying and addressing any issues. We encourage residents to tell the carers or ourselves if they have any problems. We have an open door policy and encourage residents to come and talk to us about anything." This demonstrated that the service encouraged and supported a culture of openness that ensured comments and complaints were listened to.

We saw that the complaints policy and procedure was one of a range of policies contained in a folder, regularly reviewed and accessible to staff. We also noticed that a complaints procedure was displayed in reception and on the main notice board. This procedure provided information on how complaints could be escalated if they had not been resolved informally by the management team and if a person who used the service, a visitor or staff were not satisfied with the service. This showed that the complaints process was available, understood and well-publicised.

We were told by the registered manager that no formal written complaints had been received by the service in the last twelve months. The service did record minor complaints of which there were four in the last twelve months. These included a noise from a boiler room, dirty cutlery and seating arrangements during tea time. All of these complaints had been investigated and resolved effectively. We looked at the complaints log which confirmed this and which demonstrated that the service had a full record of any complaints raised.

Staff told us that they were aware of the complaints process and would raise issues to the manager where necessary. The senior care worker told us, "The management are very supportive and will always try to deal with any issues or complaints immediately." One of the care workers told us, "If I had a concern I would go to the deputy care manager straight away especially if one of the residents had raised a concern with me." This demonstrated that staff were aware of the complaints process and were encouraged to bring complaints

to the attention of the service.

One of the people who used the service that we spoke with told us, "I've been here for fifteen years and I can't say anything bad about the place. I have never had to complain in all that time. I don't want to go anywhere else and I expect to spend the rest of my days here." Another person who used the service told us, "I have never had to complain. The care is amazing. I can get a cup of tea in the middle of the night if I want one. It's like living at the Ritz. It's wonderful." Another person told us, "There's no need to complain. I didn't like it at first but when you get to know everyone it's like a big family. I've made a lot of friends here. I wouldn't change anything. This demonstrated that people who used the service were able to make comments and raise complaints and this would not have a negative effect on their care.

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

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

Reasons for our judgement

Staff records and other records relevant to the management of the service were accurate and fit for purpose.

Records were stored safely and securely and were located promptly when needed. We noted that records were only accessible to those who had the right to see them. We saw that people's care had been assessed and planned with them prior to them moving to the service. The care records that we viewed were clear, factual and accurate and maintained the dignity and confidentiality of the people who used the service and had been used to plan appropriate care, treatment and support.

The care records provided the guidance that staff needed to support people safely and consistently and were accessible to care workers. The care plans and associated risk assessments seen had been updated and reviewed when needed. This demonstrated that the provider had ensured that the records of people who used the service were accurate, fit for purpose, held securely and remained confidential.

Staff personnel and recruitment files were stored securely and only management had access to these records.

We saw that resident and staff meetings had taken place regularly and that the minutes of these meetings had been recorded. An up-to-date training schedule which recorded the training needs of staff was also viewed. We saw that records relating to the management of the service had been maintained, including records of the safety checks, routine maintenance completed and daily cleaning records.

We saw policy and procedure documentation in respect of record keeping, the service's responsibilities regarding the Freedom of Information Act 2000 and the Data Protection Act 1998. The policies also gave guidance on the destruction of records and the required length of time that records needed to be stored. This demonstrated that the provider had ensured that people who used the service could be confident that their personal records for their care treatment and support, and other records relevant to the service had been properly managed.

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.

Contact us

Phone: 03000 616161

Email: enquiries@ccq.org.uk

Write to us
at: Care Quality Commission
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

Website: www.cqc.org.uk

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