Inspection Report

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

St Bernards Residential Care Home Limited

76 St Bernards Road, Olton, Solihull, B92 7BP

Tel: 01217080177

Date of Inspection: 22 January 2014

Date of Publication: February 2014

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
Management of medicines	✗ Action needed
Staffing	✓ Met this standard
Complaints	✓ Met this standard

Details about this location

Registered Provider	St Bernards Residential Care Home Limited
Registered Manager	Miss Charley Jessica Liversidge-Nichols
Overview of the service	St Bernards Residential Care Home provides accommodation and personal care for 39 older people from Solihull and the surrounding area.
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 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 22 January 2014, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members and talked with staff.

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

At the time of our visit St Bernards Residential Care Home was providing accommodation and care for 37 people. We spoke with five people and four visiting relatives about their experience of the service. People we spoke with were all very satisfied with the care they received and spoke highly of the staff. They told us:

"It is a very homely and caring atmosphere."

"Excellent. I think the carers are absolutely first class. They are always caring."

Comments about staff included:

"Super – they can't do enough for you."

"Tremendously helpful."

"Lovely, very caring, very nice."

Staff demonstrated a good understanding of people's needs and their individual likes and dislikes. We saw staff interacted with people in a kindly and reassuring manner. There were sufficient numbers of suitably qualified staff on duty to meet the needs of people. A visiting relative told us, "The owner has got a good quantity and quality of staff. There is always a lot of staff."

We saw people were provided with a range of suitable and nutritious food and regularly offered drinks through the day. There was a relaxed atmosphere at lunch time and people were not rushed.

We checked how the service managed the administration of medicine. We found some improvements were required to ensure people's safety.

People we spoke with told us that if they had to complain they would talk to senior staff. We saw any complaints had been dealt with appropriately.

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

What we have told the provider to do

We have asked the provider to send us a report by 13 March 2014, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

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

We spoke with five people and four visitors to find out their views of the service. Responses included:

"It is a very homely and caring atmosphere."

"Excellent. I think the carers are absolutely first class. They are always caring."

"Everyone seems to know the residents and their names."

"The care is generally good but there are issues sometimes."

One visiting relative told us they had seen eight or nine homes and said, "This one stood head and shoulders above the others".

People we spoke with told us they were informed about what they could expect before they moved to St Bernards. They said they were very much involved in planning their care. One family member told us they had been involved in discussing their relative's care needs and planning for the move to the home. They were aware of their relative's care plan.

We looked at the care records for three people and saw they contained detailed information about people's individual needs. We saw support plans in place for both people's physical and mental health needs. They provided staff with the information required to make sure people's needs were met in a way they preferred. Support plans were reviewed regularly to ensure they remained appropriate to people's needs.

We saw the use of risk assessment tools for falls, nutrition and pressure sores. Care plans were then developed to minimise any identified risk. The provider may find it useful to note we saw one person's nutritional risk assessment had not been accurately completed to identify some weight loss and changes to the person's skin. It is important that all risk

assessments are completed accurately so risks can be identified and managed safely.

Records in people's care plans demonstrated that staff responded to changes in people's health and made appropriate referrals to other healthcare professionals. These included the optician, GP, podiatrist, district nurses and Marie Curie nurses.

During our visit we observed staff being vigilant to people's needs. One person became upset and we saw two staff comforting them in a sensitive and kind manner. Another member of staff saw one person was feeling cold and immediately brought them a blanket. One person became confused because some furniture had been moved to accommodate an activity. Several staff approached them to offer reassurance and an explanation as to why it was different.

A duty manager explained that people being cared for in bed received hourly checks. The member of staff making the checks pressed a button in the person's bedroom which recorded the check on a computer in the office. This ensured that any missed checks could be promptly identified and action taken.

People we spoke with said staff were always at hand when they needed them. We spoke to one person in their room. They told us they had a pendant and also a buzzer close to their bed with which they could alert staff. They told us, "Staff are expected to be here within ten minutes, and they are, if not sooner." Another person we spoke with in their room said, "They (staff) are never far away. Anyway they keep popping in to see if you need anything."

All the people we saw were well groomed and neatly dressed. A hairdresser was at the home on the day of our visit and many people enjoyed having their hair done. One visiting relative told us, "I was pleased to see her with her beads on. She is always in fresh clothes."

We saw there was a social diary produced each month which helped keep people informed about was happening in the home. Social activities that took place included yoga, quiz evenings, baking, art groups, church services and exercise classes. The home had a large garden and the duty manager explained there were raised flower beds so people could grow their own plants. The home's minibus provided the opportunity for trips out to pubs, garden centres and country drives. On the day of our visit people enjoyed listening to a piano recital in the morning. In the afternoon there was an Edwardian tea with staff dressed up in costume.

The home was clean, well decorated and spacious. People could choose to sit in various lounges and conservatories around the home. Chairs and seating was arranged so people could sit in small or larger groups. One relative told us they were always made welcome. They said, "They give us the conservatory to give us a bit of privacy."

Meeting nutritional needs ✓ Met this standard

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

Most people said the food in the home was very good. One person said, "Every meal isn't universally good, but you can't expect it to be." Another person told us, "It's varied. Everybody can't like everything all the time."

A visitor to St Bernards was having lunch with their relative. They told us they lived over an hour's drive away. They said, "The food is very good. If we turn up at teatime they will make a sandwich for us. A nice meal like this one makes our journey worthwhile." Another visitor told us, "The food is good and wholesome at lunch time. The home-made soups and things are delicious." One visitor said, "I think it is very tasty and well balanced. I like the changing rotas of food. It seems to be a good choice of food."

We saw menus were pre-planned to ensure people received a balanced diet. We looked at a sample of menus and saw they provided people with a range of suitable and nutritious food. Breakfast was a selection of cereals, porridge or a cooked breakfast. People had a choice of menu for both lunch and tea-times with a vegetarian option. On the day of our visit there was a choice at lunch time between grilled cod fillet served with mash potato, vegetables and a white wine gravy or cheese and red onion omelette. For pudding people could have fresh banana split or fruit. People we spoke with told us staff knew their individual tastes and preferences. If they did not like anything on the menu, something else was made for them. One person told us of an occasion when they returned to the home at 3.00pm following a hospital appointment. They told us, "A warm shepherd's pie was in front of me within thirty minutes."

We observed people having lunch. Whilst most people ate in the dining room, some people chose to eat in the lounge or their bedrooms. We saw the tables in the dining rooms were laid with tablecloths, napkins and salt and pepper. There was a relaxed atmosphere and people were not rushed. The environment encouraged a pleasant dining experience for people. We saw small jugs of different flavoured squashes and water on each table. This enabled people who had limited strength to maintain their independence and pour their own drinks. Staff ensured the jugs were kept filled up. We saw food was nicely presented and people had good portion sizes. One person we spoke with told us the lunch was, "Very nice".

A visitor we spoke with expressed concerns that, "People who need assisted feeding need

more help". The manager explained they had identified this as a concern. As a result they had introduced a new system to enable staff to provide more assistance. A member of staff we spoke with explained that kitchen staff now served the meals and the care staff were free to assist people where necessary. They told us the new system had been in place for two weeks.

In the lounge area we observed two people who required assistance to eat. Care workers sat with each of them and talked with them throughout. The care workers took a relaxed pace and responded to people's body movements to identify whether they wanted any more food. One person was reluctant to eat. They were offered an alternative which they clearly preferred. We also observed staff encouraging three other people sitting in the lounge to eat their meals.

One visitor told us their relative had not been eating so well because of difficulties cutting their food. They told us, "They have started chopping her food in the kitchen because she was embarrassed she couldn't manage." They went on to say, "She has stabilised to a healthy weight."

During our visit we spoke with the chef. They told us they were aware of people's special dietary needs as they were recorded in the kitchen. The chef demonstrated a good awareness of which people were diabetic and required a modified diet to manage their condition. They told us that when people had a pureed diet, each food item was pureed separately so people could continue to enjoy individual food tastes.

We looked at three people's care plans. We saw a nutritional assessment had been completed as part of their care planning which identified anybody who was at risk of malnutrition. Records showed people were weighed regularly. The chef confirmed they were informed of any people who were losing weight. Where necessary, meals were fortified with butter and cream to add calories. Advice had been sought from health professionals when necessary.

We observed people were regularly offered drinks through the day. One visitor told us, "I have noticed wherever you go there are jugs of blackcurrant and orange juice." We saw there were plenty of overlap and side tables in the communal areas. This meant that when people were given drinks they were put on tables in easy reach of them. One person we spoke with told us that if they could not sleep and rang for tea at 2am it was always brought to them.

Management of medicines ✖ Action needed

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

Our judgement

The provider was not meeting this standard.

People were not protected against the risks associated with medicines because the provider did not always have appropriate arrangements in place to manage medicines.

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

Reasons for our judgement

We looked at how medicines were stored and how they were being managed for three people who lived in the home. We saw there was an individual medicine trolley for the storage of medicines for each of the three floors in the home. These were stored in an area off one of the corridors which could be locked and secured.

We looked at the temperature monitoring records for the medication storage area. Records identified the temperature regularly exceeded the temperature at which medicines should be safely stored. If temperatures exceed the recommended guidelines it can impact on their effectiveness and could put people's health at risk.

The medication administration folder had a section for each person in the home. We saw there was a photograph of the person on the front of their section in the records. This reduced the chances of medication being administered to the wrong person. There was also information about any allergies people had.

Medication was clearly labelled. The date of opening had been recorded on those medicines that had shortened expiry dates once opened. This was to ensure staff did not use the medication beyond the stated expiry timescales.

Most medication was dispensed from a monitored dosage system (MDS) in blister packs. This is where medicines for each day are kept in a separate pocket on a card and are pushed out as required. We saw that staff signed people's medicine administration records (MAR) to evidence when they had given people their medicine. If medicine was not given, a code was entered on the MAR which recorded the reason why the medicine had not been given. We identified two medicines that staff had not signed to confirm they had administered although the medicine was not in the blister pack. There were no other gaps on the MAR charts we looked at.

Some medicines were administered directly from packets and boxes. Staff were not always recording how many tablets had been administered where the dosage could be

variable. For example mild pain relief medication. It was therefore difficult to accurately audit this medication to confirm whether it had been administered to people as required.

Topical medicines are those that are applied directly to the skin, usually in the form of creams. We looked at the topical medication records for people to ensure creams were being applied by care staff as directed. For one person we saw they were to have two different creams applied to their skin twice daily as they were at high risk of developing pressure ulcers. Looking at their records we saw gaps of up to four days where staff had not signed to confirm they had applied the creams. This meant we could not be sure topical medications were being applied as directed to prevent skin problems or skin breakdown.

One person had been prescribed medication on an "as required" basis for agitation. There was no protocol in place to inform staff what the symptoms of agitation were, any de-escalation techniques to minimise the need for medication or when the medication should be administered. This meant we could not be sure that "as required" medication was being given consistently or safely.

We saw other people were prescribed medication on an as required basis for pain relief. The service had started to introduce protocols to support staff in identifying when this pain relief should be administered. These were not yet in place for every person who was prescribed such medication.

Some people who lived in the home were prescribed controlled drugs. We looked at the storage, administration and recording of controlled medications. This was all accurately and safely done according to correct procedures.

One person self-administered their medication. Records showed there had been a full capacity assessment signed by the doctor and the person prior to them self-administering medicines. Compliance checks were undertaken to ensure they were taking their medicines as prescribed.

Only staff who had completed medication training were allowed to administer medicines. We saw medication audits were completed weekly and used to identify any issues in the competency of staff to administer medicines. Where an issue had been identified, the staff member concerned had undergone further training and observations by the manager before being judged competent to administer medicines again. Records showed that where medication errors had occurred, a full investigation had been completed and actions taken to reduce the risk of an error occurring again.

Staffing ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

People we spoke with were all very satisfied with the care they received and spoke highly of the staff. Comments about staff included, "Super – they can't do enough for you", "Tremendously helpful" and "Lovely, very caring, very nice". One person said, "I have nothing negative to say about any of them." Another said, "Nothing is too much trouble for them." A visiting relative told us, "The owner has got a good quantity and quality of staff. There is always a lot of staff."

The manager told us that each day there were seven care staff on duty which included the duty manager. During the evening there were five care staff on duty including a duty manager and three waking care staff at night. Duty rotas we looked at confirmed this level of staffing. We saw the rotas were displayed, together with photographs of all the staff who worked in the home. This meant people knew which staff were going to support them each day.

We saw there were ancillary staff to carry out cooking, catering, laundry, maintenance and administration. This ensured care staff could dedicate their time to supporting people. There was a team of four people who provided activities for people on a daily basis. There was also a hostess whose role was to be a presence within the home to ensure everyone was happy and being looked after.

Staff we spoke with confirmed there were enough staff to meet people's needs. One staff member said, "I think we have plenty of staff. If we have residents who are a little more demanding we can ask for another member of staff."

On the day of our visit we saw there were sufficient staff to support people without being rushed. Staff demonstrated a good understanding of people's needs and their individual likes and dislikes. People told us staff treated them with dignity and respect. We saw warm and kindly interactions between staff and the people living in the home. We also saw good interactions between staff and staff working co-operatively with each other.

85% of the staff working within the home had National Vocational Qualifications (NVQs) in health and social care. These qualifications supported staff in working with people in a safe way.

Staff told us they received regular training to keep their skills updated. We saw training records confirming that training such as health and safety, first aid, manual handling, infection control and safeguarding were up to date. Staff had recently completed training in dementia and pressure ulcers to meet the specific needs of people who lived in the home.

Staff told us they received regular supervision. The manager explained that following feedback from staff, supervision was going to be reduced from once every three months to every four months. Records demonstrated that any staff who felt they required more regular supervision were able to request it. One member of staff described support from the manager as being, "Very good".

We saw there were regular meetings for different staff groups within the home. Duty managers, senior care workers, housekeeping and care staff all met to discuss different aspects of the care provided.

Complaints ✓ Met this standard

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

Comments and complaints people made were responded to appropriately.

Reasons for our judgement

People were provided with information about how they could make a complaint when they moved to the home. This information was retained in their bedrooms. The provider may find it useful to note there was no information displayed within the home about the complaints procedure. This meant any visitors to the home may not be aware of the process for pursuing any concerns they may have.

People we spoke with told us that if they had to complain they would talk to senior staff. One person pointed out the name of the person in charge which was displayed on a screen in the reception area of the home. Another person said they would talk to staff if they had any concerns but said "There is always a reason why some things are as they are, and they explain it."

One visitor we spoke with said although they did not know of the complaint procedures, they would talk to staff. They said, "I know them well and I speak to X a lot of the time." A member of staff said, "I have got to know a lot of the relatives and I am often on the phone to them." Another visitor told us they had no complaints, but if they had, "I would go to the carer in charge on that shift." Another visitor told us how they had raised verbal concerns about things such as lost property. They said, "Charlie (the manager) was very good and very approachable. Usually you can approach the duty manager. They are generally very open." They went on to say, "I think it would be helpful if they had relative's meetings."

We looked at the complaints file. We saw there had been two formal written complaints in the last twelve months. We saw the complaints had been taken seriously, fully investigated and dealt with appropriately. Staff had been informed in writing of the concerns and signed to confirm they had read and understood the actions taken to resolve the issues identified. The complainants had been informed in writing of the outcome of their complaints.

We saw staff meetings provided staff with an opportunity to make any comments or raise concerns about the quality of the service provided.

There was a folder where compliments received about the service were recorded. These demonstrated a satisfaction with the service provided. One person had written, "I must congratulate you on your staff – many I know have been with you a long time which reflects on the way the home is run."

This section is primarily information for the provider

Action we have told the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	**Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010** **Management of medicines**
	How the regulation was not being met: People were not protected against the risks associated with medicines because the provider did not always have appropriate arrangements in place to manage medicines. Regulation 13.

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

The provider's report should be sent to us by 13 March 2014.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

About CQC inspections

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

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

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

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

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

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

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

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

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

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

How we define our judgements

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

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

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

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

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@cqc.org.uk
Write to us at:	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA
Website:	www.cqc.org.uk