

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

## Hylton House

34 The Ridgway, Sutton, SM2 5JU

Tel: 02086612663

Date of Inspection: 18 October 2013

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November 2013

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

<b>Consent to care and treatment</b>	✓	Met this standard
<b>Care and welfare of people who use services</b>	✓	Met this standard
<b>Management of medicines</b>	✓	Met this standard
<b>Safety, availability and suitability of equipment</b>	✓	Met this standard
<b>Requirements relating to workers</b>	✓	Met this standard
<b>Staffing</b>	✓	Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓	Met this standard

## Details about this location

Registered Provider	Ms Sarah Storey
Registered Manager	Mrs. Jenny Knight
Overview of the service	Hylton House provides personal care, support and accommodation for a maximum of six younger adults who have learning disabilities, physical disabilities and/or sensory impairment. The service provides 24-hour care and support and accommodation is provided over three floors. There is a lift and the home is suitably designed for people who use wheelchairs.
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'.*

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## Summary of this inspection

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### Why we carried out this inspection

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

This was an unannounced inspection.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 18 October 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with staff and reviewed information given to us by the provider.

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### What people told us and what we found

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Due to their complex needs, the five people living at Hylton House were unable to share direct views about their care. We therefore used observations and looked at care records to help us understand their experiences. We met with the registered manager and four members of staff.

People living in the home had learning and physical disabilities, sensory needs and could not communicate verbally. During our visit we saw positive interactions between staff and people who use the service. The staff showed understanding and insight into people's different needs and knew how to respond to individual communication styles and body language of people using the service. We saw that people were relaxed and comfortable around the staff.

People using the service had personalised care plans that were regularly reviewed to make sure they got appropriate care and support. Where people did not have mental capacity to consent, care was provided in their best interests. A wide range of health and social care professionals were involved in people's care. Others close to them, such as their family members, were also involved in decisions about their care.

People had the right specialist equipment to promote their independence and meet their assessed needs. Arrangements were in place to check that equipment was safe for people to use.

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

There were safe and effective staff recruitment processes in place. This meant people were protected from the risk of being cared for by unsuitable staff. There were enough staff on duty to provide the level of care and support each person needed. People were supported by staff who knew them well and understood their needs.

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

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### **More information about the provider**

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

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

## Our judgements for each standard inspected

### Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

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### Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

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

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### Reasons for our judgement

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. We observed staff sought people's consent before carrying out any care or support. Although people using the service were unable to communicate verbally; we saw that staff were attentive and gave people time to try and express their needs. Staff responded patiently so that they could interpret what the person was communicating. People also had a communication passport, supplemented by photographs that gave detailed information about how people expressed themselves. The passports helped staff to interpret each person's body language and sounds.

Where people did not have the capacity to consent, the provider acted in accordance with legal requirements. Records confirmed that assessments of people's capacity to make decisions and consent to their care and support had been carried out. As people could not make decisions for themselves, family members or representatives had been involved. We saw that there were systems in place to review these assessments when appropriate and necessary.

We looked at two people's records where this process had been used. We saw that a separate assessment had been completed for each decision. These assessments looked at the person's ability to make the decision, the benefits and risks of the proposed treatment, how quickly a decision was needed and who else needed to be involved in the decision making process. Decisions had only been made on a person's behalf within a multiagency framework that also involved family members. This showed that the service involved the appropriate parties to make sure people's best interests were served.

The Deprivation of Liberty Safeguards were only used when it was considered to be in the person's best interest. The manager told us they had not needed to make any applications

to restrict anyone's liberty but systems were in place to do so if needed. Staff we spoke with knew who to involve if people could not make decisions for themselves. Staff had undertaken training on understanding the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards. The manager told us that there were plans for all staff to complete further training in this area within the next six months through a local authority run course.

**People should get safe and appropriate care that meets their needs and supports their rights**

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**Our judgement**

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The provider was meeting this standard.

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

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**Reasons for our judgement**

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The people we met were not able to tell us directly about their care experiences. We therefore used observations, looked at people's care records and spoke with some of the staff.

Although people living at Hylton House had no verbal communication, staff supported and encouraged people to be as fully involved as possible and respond in their own way. The staff we spoke with showed us they had a detailed knowledge of people's needs and knew how to provide care and support for them. Staff were able to identify with the gestures and reactions that people gave and what these were likely to mean. We observed staff treating people with respect and saw people were comfortable and relaxed in their company.

People's needs were assessed and care was planned and delivered in line with their individual care plan. We looked at two people's care records during our visit. Care plans were very detailed and captured all areas of the person's life. They contained clear guidance on the areas of support people required such as how to communicate effectively, people's morning and evening routines, details of any health conditions and how people would like personal care provided. People's care needs, choices and preferences were recorded and written in a person centred way such as "things I like to do "and "how I communicate". There were also guidelines and specific plans in respect of individual needs such as mobility, eating and drinking and epilepsy.

Records showed that people had opportunities to experience a variety of activities and events that met their social and physical needs and interests. These included college, hydrotherapy sessions, sport ability, aromatherapy, meals out and trips to places of interest. We were told that an activities co-ordinator visited the home three mornings a week and staff had been trained to use 'creative interaction therapy' to meet people's sensory needs. Activities included drama therapy and music sessions.

Records told us that people's care plans were regularly checked and updated where necessary. Review meetings were held at least every six months to make sure the service was still meeting people's needs. These reviews involved care managers, family and other representatives such as healthcare professionals to ensure people's best interests were

represented. Each person had a designated member of staff who acted as a key worker. The key worker wrote monthly reports about the person's daily experiences, activities, health and well-being and any other significant issues. This helped staff to monitor that the planned care and support was meeting people's needs.

Care and treatment was planned and delivered in a way that ensured people's safety and welfare. Records showed that staff had followed the advice and guidance provided by visiting health and social care professionals. For example, each person had a specific support plan for eating and drinking following involvement from the Dysphagia team. (Dysphagia is the medical term for swallowing difficulties) This helped staff understand how to support the person's physical needs and preferences and manage any risks. The plan gave detailed guidance on how each person should be supported and the type of eating aids or equipment that must be used. It included pictures and photographs and was also available as a place mat on the dining table for staff to refer to. Where support was required with personal physical care, guidance was available on how specific tasks should be undertaken.

All appointments with health and social care professionals were recorded and staff had made timely referrals for health and social care support when they identified concerns about people's wellbeing. Each person had a health action plan which had been kept up to date and reviewed regularly where people's needs had changed. This showed that people received the support that they required with their health and social care needs.

Records showed that the risks people may experience had been assessed. Risk plans were current, detailed and regularly reviewed. The information was personalised and covered risks that staff needed to be aware of to help keep people safe. Examples we saw included personal care, eating and drinking, mobility, accessing the home / wider community and using the home's vehicle. There were specific risk plans associated with people's healthcare needs such as epilepsy, skin care, nutrition and hydration.

There were arrangements in place to deal with foreseeable emergencies. People had personalised evacuation plans to follow in the event of a fire. They also had a 'hospital passport' which contained essential information about them should they need to be admitted to hospital in an emergency.

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

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## **Our judgement**

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The provider was meeting this standard.

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

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## **Reasons for our judgement**

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Medicines were kept safely. The home used a monitored dosage system with medication delivered by a local pharmacist once a month. Medication was kept in a locked cabinet which included a separate facility for storing controlled drugs. At the time of our inspection we were told that one person using the service was prescribed controlled medicines. We saw that there was a separate record book which two staff signed after administration. We noted that the medication cabinet was cramped and left little space for additional storage. As people using the service were prescribed large quantities of medicines, the provider may wish to note that the arrangements for storing medicines could be improved.

Medicines were prescribed and given to people appropriately. The provider had an up to date procedure for the safe management of medication, which provided guidance and support to staff when undertaking their responsibilities. We saw that all staff had completed a refresher course in the safe handling of medicines in August 2013 and training was repeated yearly. The manager also carried out regular observations of each staff member's practical competency. Staff had also received training on epilepsy which included attending an additional course on how to administer rectal diazepam.

The home's policy required a minimum of two staff to administer medication which minimised the risk of error. There was a signature list for those staff authorised to administer medication. Staff completed Medicine Administration Record (MAR) charts for each person. These charts had been prepared by a local pharmacy that delivered all medicines to the home. We saw records were completed in the right way and there were no gaps in signatures for administration. The records we checked were fully completed and showed that people received their medicines as prescribed.

Each person had a care plan for the administration of their medication. The plan explained what people's prescribed medicines were for, how they were to be administered and were written in a person centred way. For example one person's profile stated, "please give me one tablet at a time, on the spoon, with my cereal." Where people needed medication 'as required' or only in certain circumstances there were individual protocols for administration. All of the protocols we looked at were in place for people who did not have the capacity to agree to, or understand the purpose of the medication. The protocols had been agreed

and signed in their best interest by healthcare professionals such as the person's GP. People were prescribed a supplementary food and drink thickener for their dysphagia needs. Care plans included clear instructions on the amount of drinks required and when to administer them.

Appropriate arrangements were in place in relation to the recording of medicine. Medicines were handled and disposed of appropriately. Staff showed us how they recorded medicines received, administered and disposed of. A record was kept of any medicines that were no longer required and these were stored securely until collected by the pharmacist. The supplying pharmacist had carried out a recent audit in July 2013 and made no recommendations.

There was a system for checking all prescribed medication and records for the running balance of medication and any remaining stock. We saw that a member of staff undertook monthly medication audits to identify and resolve any medication discrepancies promptly. This meant that the records could be audited by the provider to determine whether people received their medicines as prescribed. We found that action had been taken if medication errors were made which including direct observation of the staff administering medication and additional medication training.

**People should be safe from harm from unsafe or unsuitable equipment**

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**Our judgement**

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The provider was meeting this standard.

People were protected from unsafe or unsuitable equipment.

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**Reasons for our judgement**

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There was enough equipment to promote the independence and comfort of people who use the service. We saw that the home made sure people had the equipment they required for meeting their needs and promoting their independence. There were ceiling hoists, individual slings and adapted wheelchairs and beds for each person. In the lounge beanbags were available for people to relax and spend time out of their wheelchairs. People were provided with sensory objects of reference and sensory equipment such as textured mats and lighting for therapeutic purposes.

Care plans clearly stated what support people required for their physical needs and these were reviewed appropriately. We noted an Occupational Therapy assessment was completed for one person due to a change in their mobility needs. Another person had experienced discomfort in their wheelchair and adjustments were made to their support pads and safety belt.

People had spacious bedrooms that were designed and furnished to meet their individual needs and preferences. Other specialist equipment had been purchased to meet the individual needs of people who use the service. One person had an air conditioning fan in their room due to their preference for a cool environment. Another person had pressure relieving equipment which included a mattress and cushions for their wheelchair.

The en-suite facilities were fitted with appropriate aids and adaptations to meet people's physical needs such as low rise baths. One person had a shower trolley in their bathroom. The facilities were spacious and provided easy access for wheelchairs.

People were protected from unsafe or unsuitable equipment. We looked at some of the servicing and routine maintenance records for the home. These were up to date and clearly organised in folders for staff to work with. Records evidenced that equipment was regularly checked and safe for people to use. This included maintenance checks on wheelchair safety, the lift, hoists and adapted baths. Visual checks were carried out on moving and handling equipment such as slings. Other records included appropriate maintenance contracts concerning fire, gas and electrical safety and for servicing equipment such as the lift and electrical appliances. This meant that people were protected from specific risks associated with the building.

Fire exits were clear, fire alarms and equipment had all been tested accordingly. There was an up to date fire risk assessment for the home and we saw that practice evacuation drills were regularly held involving both people using the service and staff. Each person had a specific risk plan on how staff should support them to leave the building in the event of a fire.

We found that checks on the home's internal and external environment were undertaken on a monthly basis and systems were in place to report any issues of concern. The care provider employed a handyman to undertake essential repairs and maintenance where necessary.

## Requirements relating to workers

✓ Met this standard

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

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### Our judgement

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The provider was meeting this standard.

People were protected from unsuitable staff because the provider had effective recruitment and selection processes in place.

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### Reasons for our judgement

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Appropriate checks were undertaken before staff began work and there were effective recruitment and selection processes in place. We discussed the recruitment process with the registered manager and looked at files for three members of staff. Each staff file was clearly indexed and a record was available to show that the necessary identity and recruitment checks had been completed. These included two references, a proof of identity, health declaration and a check on eligibility to work in the UK. The employee's full work history had been explored with a written explanation for any gaps in their previous employment.

We saw that checks had been carried out on all staff through the Criminal Records Bureau (CRB) (that has recently been replaced by the Disclosure and Barring Service). The provider's policy required checks to be carried out every three years. This showed that information about staff working in the service was collected and recorded in accordance with legal requirements.

Records showed that new employees completed a comprehensive induction programme. This was confirmed by a member of staff we spoke with. We were told that all new staff were subject to a six month probationary period. We noted that new employees were given the opportunity to work shadowing shifts with an experienced member of staff. As part of the induction, the manager also carried out observational checks on how staff interacted with people using the service and how they supported people with their personal care and physical needs such as eating and drinking. This helped the manager to identify any training or development needs during the staff member's induction.

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

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## Our judgement

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The provider was meeting this standard.

There were enough staff with the right skills at the service to meet people's needs.

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## Reasons for our judgement

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There were enough qualified, skilled and experienced staff to meet people's needs. We looked at the staff rotas which confirmed that suitable staffing arrangements were in place. There was a minimum of two staff on duty in the morning, three in the afternoon/evening with one waking and one 'sleep in' staff during the night. The manager and deputy generally worked between 9.00am and 5.00pm and told us they were available to support people using the service. Rotas were accurate and showed that these staffing levels were consistently maintained. We noted that staffing levels were flexible and planned according to people's assessed needs and preferences. On the day of our inspection, there was an additional member of staff to support one person with their hydrotherapy session.

Most of the staff team had worked at Hylton House for several years which meant that people experienced consistent care. There had been minimal staff turnover in the last twelve months and we were told that there were no vacancies at the time of our inspection. The home rarely used agency staff and unexpected absences such as sickness and emergencies were covered by existing staff or bank staff. The manager told us they had recently recruited four part time members of staff for the bank system.

Staff participated in regular training to ensure that their skills and knowledge were relevant and up to date. We were shown details of the training staff had completed which included training that was specific for meeting people's needs. Examples included training on dysphagia, colostomy care, nutrition and hydration and using hoists. This showed that people were being supported by suitably trained and qualified staff. We observed staff using their skills, such as appropriate moving and handling techniques and various communication methods, throughout our visit.

There were systems in place to assess the competency of the staff and to make sure they had the skills to perform their duties. We saw that staff had monthly supervision and that observational checks of their practice were carried out by the manager.

## 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

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### Our judgement

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The provider was meeting this standard.

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

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people using the service and others.

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### Reasons for our judgement

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Due to their needs, the people using this service did not have the capacity to share their views regarding their care. We gathered evidence of people's experiences of the service by reviewing care records, surveys, audit reports for the home and speaking to members of staff.

We saw that people using the service, their relatives, the staff and other professionals were given satisfaction surveys once a year. The most recent questionnaires were completed in June 2013 and people who responded gave positive feedback. We saw that dialogue with parents and representatives was actively encouraged and they were asked for their views about Hylton House. People's families were involved in social events such as parties and birthday celebrations. The provider had sent out a newsletter in July 2013 which gave relatives and representatives information about activities people had taken part in, individual achievements, staff updates and plans for the future.

There were a range of quality checks in place to ensure that people were safe and appropriate care was being provided. Staff had designated responsibilities to help audit and monitor service provision. These routine checks were undertaken weekly or monthly and looked at areas such as the environment, food safety, care plans, medication and fire safety.

The provider took account of complaints and comments to improve the service. Following our last inspection in February 2013, we made some suggested improvements for the provider to consider. We saw that the manager had implemented an action plan to address these recommendations. Examples included arranging for refresher training for staff on infection control, issuing staff with surveys and reviewing people's person centred care plans.

We saw that monthly unannounced visits were being undertaken by the registered

provider. These reports always considered the experiences and outcomes for people using the service as well as any actions taken to improve where needed.

This demonstrated that the service was taking steps to monitor the quality of care and make improvements where required.

There was evidence that learning from incidents / investigations took place and appropriate changes were implemented. The service kept appropriate records of all accidents and incidents and these were regularly audited by the manager. As required by law, our records showed that the service had kept us promptly informed of any reportable events.

## About CQC inspections

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

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

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

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

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

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

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

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

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

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

## How we define our judgements

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

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

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

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

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

## How we define our judgements (continued)

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

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

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

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

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

## Glossary of terms we use in this report

### Essential standard

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

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

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

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

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

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

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

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

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

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

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

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

### Regulated activity

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

## Glossary of terms we use in this report (continued)

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### **(Registered) Provider**

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

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### **Regulations**

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

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### **Responsive inspection**

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

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### **Routine inspection**

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

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### **Themed inspection**

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

## Contact us

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