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

Brighton & Hove City Council - Brighton and Hove Home Care

Beech Cottage, Warren Road, Woodingdean, Brighton, BN2 6DA

Date of Inspection: 21 January 2014

Tel: 01273295950

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

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<tr>
<td>Care and welfare of people who use services</td>
<td>✓</td>
</tr>
<tr>
<td>Management of medicines</td>
<td>✓</td>
</tr>
<tr>
<td>Requirements relating to workers</td>
<td>✓</td>
</tr>
<tr>
<td>Assessing and monitoring the quality of service provision</td>
<td>✓</td>
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## Details about this location

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<td>Mrs. Kim Philpott</td>
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<tr>
<td>Overview of the service</td>
<td>The Brighton and Hove Home Care service is registered to provide personal care. Care is provided to adults, but predominantly to people over 60 years of age. Care is mainly provided to enable people who require short term support to help regain their independence. Although some long term care is provided to people with more complex care needs.</td>
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Summary of this inspection

Why we carried out this inspection

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

This was an announced 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 21 January 2014, checked how people were cared for at each stage of their treatment and care 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

We looked at supporting care documentation and staff documentation. We spoke with the registered manager who is referred to as manager in the report, an operations manager, two care support managers/duty officers, three care workers, two administrative staff and twenty people who used the service or their carer.

This told us that people were able to express their views and were involved in making decisions about their care and treatment. People told us they felt they were well cared for by staff who understood their care needs. Comments received included, "They are really good girls, I couldn't wish for anything better I am very happy. As I'm not well they look after me and would do anything for me to help me. We have a real good laugh together and I tease and torment them a bit, they know me well and know we're all joking together, it's great. It's so important to have a laugh," "All going very well, they're all lovely ...thank you very much," and "I'm very happy, they do things as I like and they are there for me. They let me do things and encourage me so I can get better and do things for myself. I think they are very competent at what they do."

Appropriate arrangements were in place in relation to obtaining, storing, administering handling and recording medicines.

Robust recruitment practices had been followed. Appropriate identity and security checks had been completed as part of the recruitment process.

The records needed for the management of the service had been maintained and were accurate and complete.

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

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

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.

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 were told by staff, people who used the service and the carers we spoke with that people who used the service and their representatives were supported where possible to be involved in creating and reviewing their care and support plans.

The manager told us that they had completed training in the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). All the staff we spoke with had been made aware of their responsibilities in relation to obtaining consent from people regarding their care and treatment. They told us that they only provided support to people who had given their consent for them to do so. They told us that if a person refused support, then they had respected their wishes, documented this within the person's daily records and referred this back to their manager. All the people who used the service we spoke with told us that where possible they and their relative had been consulted about the care to be provided. Staff told us they were aware of who to contact to initiate a best interest assessment should this be required. This demonstrated that where people did not have the capacity to consent, staff knew how to act in accordance with legal requirements.

We looked at a sample of staff training records, which evidenced that care staff had received training in the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). All the care staff we spoke with confirmed they had received training or were due to receive training in these topics and all were able to tell us their responsibilities with regard to this legislation.
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

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

During our inspection visit we looked at six care plans which had been drawn up from an initial assessment or review. Staff in the service had received information on people's care needs to assist them in the assessment and drawing up of the care and support plan. The amount of initial information received had varied. We discussed this with the manager who told us they were in the process of taking over the management of another service. Work had already commenced to ensure that all the required initial information was received, that was sufficient in detail to inform staff in the service of the care to be provided. One person who used the service commented, "The office staff are very approachable and always pleasant. *** (the manager) came to visit me to check things out and originally there was a meeting at the hospital to plan my care and although I wasn't involved as such, it was all explained to me and someone talked me through it all."

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. There were individual risk assessments, which had in all cases been fully completed, and included an environmental check before the service had started. The manager told us that where a moving and handling risk assessment had been required an appropriately trained assessor had undertaken this task. The two care support managers we spoke with told us they were trained moving and handling risk assessors and they undertook any initial assessments where moving and handling issues had been highlighted. They and the care workers we spoke with told us they were up-to-date with their moving and handling training. We looked at a sample of the staff training records which confirmed this. We also looked at the system in place to highlight when staff needed an update in their training.

We spoke with the manager who told us that they monitored the reviews that had been completed. The two care support managers who had completed the reviews of the care and support plans confirmed this. They told us that they received a monthly list of people whose care needed to be reviewed and their reviews within the geographical area in which they worked were up to date. We saw evidence on the six care plans we looked at that a regular review of the care had been undertaken and from feedback we received from
people who used the service or their carer. The three care workers spoken with demonstrated a good level of knowledge of the needs of the people who used the service. They told us that people's care plans had been detailed, and they had read these. They told us these had been regularly reviewed and updated as required. Where care workers had worked in supported living accommodation they told us that they had received a detailed handover between staff shifts. They had also completed records of care provided at the end of each visit or shift worked. This had ensured the care workers continued to be updated, they were aware of people’s care needs and people had been supported consistently and safely.

The people who used the service and carers we spoke with told us where possible they had been fully involved in the planning of their or their relative's care. They told us they had felt listened to in the drawing up of the care plan. They confirmed they had been visited to review the care and to check they had been satisfied with the care provided. Comments received included, "A lady who organises it all is coming tomorrow to review the arrangement's with us," "Yes I've had reviews and been involved in all chats about me and the rapport is very good," "I can't remember being involved in any planning but someone did come out last week to check how it all was," "Yes I've had reviews and been involved in all chats about me and the rapport is very good," and "Yes we have regular reviews of the care plan and we are involved in all this. We can have direct access to head office it's marvellous. They have excellent back up and are very cooperative."

The majority of people told us there was good continuity of care workers provider to undertake their or their relative's care, the care workers usually arrived at the agreed time, were not rushed and completed all the tasks as detailed in their care plan. Comments received included, "I'm more than happy, yes on time, yes I know them, wonderful all of them," "Yes they are on time and I see regular carers that I know," "I don't get any rotas and not always sure who's coming but they are all good," "They can't do enough for me. I see two regular carers that come on time and they are always polite, happy, and respectful of me, they are really lovely," "Yes its regulars and they just do whatever needs doing at the time. Yes they tend to be more or less on time," "There is constancy of carers and they are very gentle and talk you through things, I never feel that they are rushing me."

However, one person did comment, "I do get all different people coming and it does bother me. It would be much better if I could get to know them and we could get to know one another. I can't remember any of their names and no I don't get a rota to so it is confusing." Another person commented where their regular care worker had not been able to attend the call,"The main carers though are wonderful, punctual, and clean, know what they are doing. They have hearts of gold. There are about 15/16 people that come and we don't have a rota but we do now know them and them us" Yes I have the same regular carers and they are excellent, very competent. It only is difficult when they are short staffed and someone comes who's unfamiliar with my procedure. This means they might send an agency worker and I wish they would check out these agency workers first because they don't always know what to do."

People had received the support they required. They had been given choices and asked how their care should be delivered. One person commented, "I only have female carers, I was asked about this. They are good at what they do and I do feel very safe with them, it's just a lack of relationship really and I don't think they really know me properly." Another told us "I do see familiar faces and I was asked about male and female carers, which I don't mind about." Their privacy and dignity had been considered when personal care had been provided, and the staff had treated people with respect. One person commented, "I'm very happy, they do things as I like and they are there for me. They let me do things and encourage me so I can get better and do things for myself. I think they are very competent
at what they do."

The service undertook a quality assurance questionnaire in 2013 with people who used the service. Ninety-six percent of the people who responded stated that their care workers always treated them with respect and dignity. Seventy-two percent stated they were very happy with the way care workers had encouraged and supported them and 21% were quite happy.

All the people we spoke with told us they had been happy with the care provided and had felt safe. Comments received included, "I can talk to them and yes they are good at their job. They are always polite, respectful and kind and I'm happy to have them in my home and feel safe with them around me," I do feel safe with them and they do what they should do," "I feel very safe and confident with them. I've been a nurse myself and I know what good care should be like, I know what to look for," "I feel very safe and confident with them. I've been a nurse myself and I know what good care should be like, I know what to look for," and "I've never had any need to ring the office and I feel absolutely safe with them."

Care workers told us procedures were in place to deal with emergencies. For example there was an on-call system that they could access for any support and guidance they needed. Where the care workers had sought support they told us the system worked well. They demonstrated an awareness of the organisation's emergency procedures they had been expected to follow. The care workers we spoke with told us they had completed first aid training. We looked at a sample of the training records which confirmed this. This demonstrated there were arrangements in place to deal with foreseeable emergencies.
Management of medicines  

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

Our judgement

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.

Reasons for our judgement

Medicines were handled appropriately.

Policies and procedures were in place in relation to obtaining, storing, administering handling and recording medicines. We saw that the policy and procedure had been reviewed in 2013 to incorporate the latest guidance available, and to ensure the correct policies and procedures were followed.

We looked at the care and support plans for people who required support with their medication. We saw they provided details of how each person had been supported with their medication. Records showed that care workers had either prompted or administered medication. Records included a description of the medication to be administered, when and how it should be taken and the storage arrangements to be in place. People we spoke with that had received assistance with their medication told us that their medication needs had been met by the care workers. When asked if care workers arrived at the time they needed to administer medication the comments received included, "Yes on time pretty much. I've only had them for two weeks but I am getting to know them. When they've creamed my legs they always make me a cup of tea and chat to me," "They do come at regular times and the timing is good," "They are on time and I'm quite happy with them. I've only just started with them so I don't know them properly yet but early signs look good," "Yes they are always on time so I get my medication when I should. Sometimes I know them and sometimes I don't but they all seem very good," and "They do come at regular times and the timing is good." This meant medicines were given to people appropriately.

The manager told us care workers had received medication training as part of their initial training and were assessed as competent before they administered any medication. They told us that following this the care workers had an annual competency check to ensure that they remained competent to administer medication. The competency check was completed by the care support managers, one of whom confirmed they had received training to undertake this assessment and the other had not. We discussed this with the manager who told us training would be provided. Only care workers who had received medication training supported people with their medication. All the care workers we spoke with confirmed they had received medication training, and had also completed a
competency check. We looked at a sample of the staff training records which confirmed this. This information was then used to highlight when a further competency check was due to be completed. This meant that people only received support with their medication from staff who had been assessed as fit to do so.

The care workers told us that they had medication administration records in people’s homes which they had used to record medication administration. These were kept in people’s home and not available to view. The care support managers told us that medication administration records had been viewed to ensure its accuracy and completion as part of the reviews of the care provided. These records were not viewed during the inspection visit.
Requirements relating to workers

Met this standard

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

There were effective recruitment and selection processes in place and appropriate checks were undertaken before staff began work.

The provider had recruitment policies and procedures in place for their services to follow. The manager had access to these for reference and guidance. We spoke with the manager who told us that they and the operations managers were responsible for conducting the interviews of new staff. They worked with staff in the organisation who dealt with staff recruitment and who applied for and ensured all the recruitment checks were received before new staff commenced work in the service.

We looked at the employment records for one new member of staff who had been recruited to work in the service since our last inspection. The candidate had completed an application form, and been interviewed. There was a record of the interview. The manager told us that any gaps in employment history had been explored with the care worker. However, the provider may find it useful to note the documentation did not have a record that the person’s employment history had been checked for any gaps in service. We saw evidence that written references had been sought, and included a written work reference had been obtained to provide an update of their work performance. The candidate had completed a health check questionnaire to ensure their fitness for the role they were to undertake. There was a record that a criminal records check had been received to ensure that prospective staff were suitable to work with vulnerable people. The provider had a system to assess the impact of any previous convictions for the suitability of employment should this be required. They also periodically updated the staff’s criminal records checks. All these checks had been received before the staff commenced their new job in the service. New staff had been subject to the completion of a probationary period. This demonstrated that appropriate checks were undertaken before staff began work.

We spoke with one new member of staff during our inspection visit. They confirmed they had completed an application form, been interviewed and had pre-employment checks completed which included a reference from their last employer. They told us they had been asked to explain gaps in their work history. The care worker told us that they had completed an induction and commented, “It has been a really good induction.” They had then shadowed an experienced care worker as part of their induction. They also said they had a probationary period.
The provider had disciplinary and whistle-blowing policies in place. This demonstrated that the service had policy and procedures to follow for managing any poor practice identified.
Assessing and monitoring the quality of service provision

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

People who use the service, their representatives and staff were asked for their views about their care and treatment and they were acted on.

People had care and support documentation in place which identified their care needs and which included their or their representative's involvement where ever possible. All the care workers we spoke with told us this information was regularly updated and reviewed. Risk assessments had been completed and included an environmental risk assessment. This demonstrated that the provider had taken steps to make sure the environment was safe and adequately maintained.

Recording systems were in place to detail any incidents and accidents which had occurred. We viewed a sample of these records. We looked at the complaints log and compliments log, which had a record of concerns that had been raised since the last inspection. These had been used to inform the service of the care provided and any adjustments required.

Staff had a handbook with key policies and procedures for them to refer to. We were shown that the staff handbook was in the process of being reviewed and updated. Following this staff would then receive an updated copy for them to refer to.

We saw evidence that quality assurance had been completed since our last inspection through a questionnaire to provide the service with feedback on the care that had been provided. We looked at the outcome of the survey, which had been collated.

Care workers told us they were well supported. They had received regular supervision and had an annual appraisal of their work which had been used to identify any training needs that they had. Additionally there were regular weekly team meetings where the care provided, practice issues and incidents accidents or complaints received had been discussed. We looked at a sample of the minutes of meetings held which demonstrated this. For those who had not been able to attend the meeting there were minutes for them to read. Quarterly newsletters were sent to staff. We looked at a sample of the newsletters, which had been used to inform staff of changes in the service and to the organisations
policies and procedures. This demonstrated the provider had ensured that there were regular opportunities for feedback on the quality of the care provided.

The service had received a quality assurance visits from a representative of the provider. They had looked at how the service had met the essential standards of quality and safety. This detailed what providers should do to comply with the Health and Social Care Act 2008. Where any issues had been identified the manager had an action plan to follow to address these. The manager told us all actions identified had been addressed.

The manager had received regular supervision with their manager. They had completed a monthly performance report, which was sent to the provider to inform them of the service’s activities and compliance with the required standards. The feedback included the care provided, staffing levels and training, incident and accidents and complaints, and which had then been risk assessed. We looked at a copy of the last report completed. This demonstrated that the provider was regularly made aware of the issues which had affected the running of the service.
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.
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:

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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.
(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.