

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

## Springfields Nursing Home

Rectory Road, Copford Green, Colchester, CO6  
1DH

Tel: 01206211065

Date of Inspection: 15 July 2013

Date of Publication:  
September 2013

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

<b>Care and welfare of people who use services</b>	✘	Action needed
<b>Management of medicines</b>	✔	Met this standard
<b>Staffing</b>	✔	Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✘	Action needed
<b>Notification of other incidents</b>	✘	Action needed
<b>Records</b>	✘	Action needed

## Details about this location

Registered Provider	Springfields
Registered Manager	Mrs. Samantha Hursey
Overview of the service	Springfields Nursing Home provides nursing, respite, convalescent and end of life care to up to 36 people in the Copford, Colchester area. At the time of our inspection there were 33 people living in the service.
Type of service	Care home service with nursing
Regulated activities	Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury

## Contents

*When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.*

	Page
<hr/>	
<b>Summary of this inspection:</b>	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
What we have told the provider to do	5
More information about the provider	5
<hr/>	
<b>Our judgements for each standard inspected:</b>	
Care and welfare of people who use services	6
Management of medicines	8
Staffing	9
Assessing and monitoring the quality of service provision	10
Notification of other incidents	12
Records	13
<hr/>	
<b>Information primarily for the provider:</b>	
Action we have told the provider to take	15
<hr/>	
<b>About CQC Inspections</b>	17
<hr/>	
<b>How we define our judgements</b>	18
<hr/>	
<b>Glossary of terms we use in this report</b>	20
<hr/>	
<b>Contact us</b>	22

## 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 15 July 2013, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members, talked with staff and were accompanied by a specialist advisor.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

---

### What people told us and what we found

---

During the inspection we followed up on non-compliance with care and welfare of people who use the services which was identified at an inspection November 2012. We found that the required improvements in providing care that was safer to people had not been made. We found that although the care had improved there were still some shortfalls which meant the people were not always as safe as they could be. We found that the service had an effective management system in place for the administration of medication, with people receiving their medicines safely.

We viewed the staffing levels at the service and observed the staffing levels of both Nurses and support staff during our inspection. We found there to a sufficient number of staff available on duty to meet the needs of people who used the service.

The service had not been submitting statutory notifications to the Care Quality Commission as required by the Health and Social Act of 2008. This meant we were unable to monitor how the service was managing significant events.

We found that the service had not regularly assessed and monitored the quality of the service in order to identify concerns and improve. We found this effected areas such as staffing and care and welfare.

Daily record keeping of people's care were not maintained to a standard that detailed the level of care that had been provided for each person. However we found that the maintenance records for the service were fit for purpose.

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 16 October 2013, 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](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

### Care and welfare of people who use services

✘ Action needed

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

---

### Our judgement

The provider was not meeting this standard.

People experienced care, treatment and support that had not been fully assessed to meet their needs and protected their rights.

We have judged that this has a minor 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 examined the care plans of eight people and saw that people's needs were assessed before they were admitted to the service. The manager assessed people's needs to ensure the service would be able to meet the person's care needs. People were able to visit the service and select their room accommodation if there was more than one vacancy. Once the assessment information had been gathered a care plan of how the service would support the person to meet their needs was written. This meant the care and treatment was assessed at the time prior to joining the service and recorded in the care plan.

The care plans contained information about the person, providing good examples of how people who used the service wished to be cared for including clothing, positioning, likes and dislikes. There was a detailed care plan of how the service would meet the needs of a person with dysphagia, which gave examples of how communication could be improved. This meant that care plans were formulated to meet a person's individual needs.

We asked the registered manager for any records relating to people who had developed pressure ulcers recently. We examined the record of one person and found that the care provided was successfully delivered and the wound was healed. At the time of our inspection there was no one accommodated at the service with a pressure ulcer. We asked the manager for information on how the service managed pressure ulcers and found the guidance to be relevant and the care plan viewed demonstrated that this guidance had been followed. A nurse told us about the use of specialised mattresses, airbeds and in house training for staff on tissue viability, which had been disseminated by the manager to staff. The manager told us they kept their knowledge up to date with yearly training. Two members of staff explained to us that their manager was their main source of information around dressings and would ask their advice. We found turning charts were available and staff gave a good understanding of when and how they would be used. This meant that the staff had knowledge of how to provide care to people who had existing pressure ulcers.

We found the Waterlow scores were not correctly documented, or completed in a regular timely manner. (Waterlow is a risk assessment tool designed to identify a level of risk to people's skin integrity which could lead to the development of a pressure sore.) For example we found in one case that the Waterlow care plan had not been reviewed or scored from 24th June 2013 until 5th July 2013. This person had previously been admitted with a Grade 4 pressure ulcer. In another care plan we saw that the person was assessed as being high risk but the care plan did not reflect this or to support the high-risk score. We found during this time that no air mattress or turning charts had been in place for these people identified as at risk. This meant that people identified as at risk were not adequately protected from developing a pressure ulcer.

We found that no risk falls training had been offered to staff. We could also find no evidence of risk falls assessments having been completed on admission or reviewed. General risk assessments were recorded on admission but not then reviewed or a level of risk measured and later documented. We saw that people who had been admitted and identified as having a history of falls had not been assessed and there was no risk assessment or record in the care plan. We found some risk assessments did not include the use of bed rails; and there was no written documentation that bed rails had been discussed with the person or their families. This meant that people at risk of falls were not protected from the risk of harm because the service had not appropriately assessed the risks of falls within their care needs.

Malnutrition screening tool (MUST) scores were not documented on a regular basis. 'MUST' was designed for use in all care settings. It supports services to identify people who could be at risk of malnutrition. People who used the service are weighed monthly regardless of their MUST score. We viewed the weight records for four people and found that their weight was checked and this was documented. We found that where people had lost weight the nutritional score did not reflect the actions taken by staff. We spoke with four members of staff who informed us that they weighed patients but did not always relate this to the nutritional risk assessment. We identified one person who had a significant weight loss which had been documented and the risk assessment stated that the service user should be weighed weekly. However we saw in their records that they had not been weighed from 22nd April until the 5th of July 2013. A referral to the dietician was made and patient had been seen by the GP, which was clearly documented, but the service had not provided this person with care in accordance with their care plan and risk assessment.

We spoke with three staff and they told the qualified nurses were supportive to them and they regularly spoke about the care they provided and took the advice and direction of the qualified staff. The staff attended a handover meeting between the shift change-overs where information was exchanged about the well-being of each person. Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

The provider may find it useful to note that we did not see any emergency care plans in place which could be used should the person need to be admitted to hospital urgently.

During this inspection we used the Short Observational Framework (SOFI). SOFI is a specific way of observing care to help us understand the experiences of people who may not have been able to talk with us. We completed a SOFI at lunchtime, we found the staff engaged with people about the choice of meals and if they wished to have a second helping.

**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**

---

We spoke with the manager and one of the nurses and they explained to us the arrangements which were in place in relation to obtaining medicine for each person that used the service. Two staff worked together to order the medication and make arrangements with the pharmacy to ensure that two qualified nurses were on duty when the medication was delivered. This was so that the staff could work together and make sure the correct medication had been delivered to the service.

We saw the arrangements that were in place for the recording of medication once it had been given to the person for who it was prescribed. We observed medication that was dispensed appropriately to people at lunchtime which included the medication for people that were diabetic. This meant that the service was ordering and administering medication safely.

We saw that the medication was stored safely and securely in locked cabinets within an office. The manager explained to us how some medicines were kept safely and administered with regard to when two staff would work together. As well as the medication chart the two staff would sign a separate medication book to record the medication had been dispensed to the correct person. This was to ensure the correct medication was administered to the right person and an accurate stock of the medication was recorded after each time it was administered. This meant that medicines were safely administered.

The manager explained to us the procedure in place with regard to the safe return and disposals of medications that were not required. We saw how this was recorded. This meant that medicines were disposed of appropriately.

The provider may find it useful to note that although the staff explained to us what they would do in the event of medication particularly controlled drugs being missing there was no written procedure in place.

**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**

---

We spoke with three people who used the service and three relatives. They all told us there were enough staff on duty at all times, call bells were answered quickly. We looked at the rota which told us about the number of staff and their role on duty for the day of our inspection. We saw that there were two qualified nurses on duty for the morning shift and usually seven care staff. There were seven staff on duty during the day with at least one being a qualified nurse. This was supported by the registered manager who was also a registered nurse. We saw that the service had employed a person to organise and provide activities for three occasions during the week. Some of the activities were on a one to one basis while most would be organised group activities. We saw there was also a rota for catering staff and cleaning staff and this allowed the care staff to concentrate fully upon care needs. This meant that there were enough qualified, skilled and experienced staff on duty to meet people's needs.

The overall staffing levels were sufficient to meet the needs of people who used the service on the day of our inspection visit. The duty rota was clear and prepared well in advance which aided the arrangement of annual leave and covering of shifts. We were told that new staff members were given a 3-week induction period involving their mandatory training as well as shadowing regular staff. We discussed with the provider that there were arrangements in place for assessing and provision of alternatives gloves other than latex for staff. This meant that new staff were trained appropriately with regard to mandatory training and suitable equipment was available to them.

The manager explained that they had an established stable mature staffing team and vacancies were rare, with no current vacancies. We could see no use of agency staff recently and a recent staff absence from long-term sickness was covered by extra shifts and overtime of the current staffing establishment. The manager explained that many staff worked part-time so are able to support in covering sickness without the need for agency. This arrangement meant there was continuity of care for the people who used the service.

The manager and provider explained that staff were not shared between the Nursing and Residential home which was also on-site. During our inspection visit we found the call bells were answered in a timely manner, there appeared to be no delays in medication administration or in assisting service users with their meals. This meant there were enough staff on duty to provide the care and support required by people who used the service.

## Assessing and monitoring the quality of service provision

✘ Action needed

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 not meeting this standard.

The provider did not have an effective system to regularly assess and monitor the quality of service that people receive.

We have judged that this has a minor 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 reviewed the incident book and found Incidents were written but there was no evidence that these had been investigated or that an action plan was in place. The manager explained that issues and concerns are often verbally handed over and dealt with and resolved at the time but not documented. This meant that although issues may have been internally resolved they had not been reported as required to the care quality commission

We saw that three incidents relating to the same person who used the service had been recorded but these were not documented in the person's care plan or daily notes. We could find no evidence that incidents were reviewed and action plans or lessons learnt were discussed with the whole team. This meant that people who used the service could not be confident that important events that affect their welfare, health and safety are reported to the care quality commission so that, where needed, action can be taken.

We looked at four staff files and found very little information about staff supervision and when the last staff appraisal had occurred and been recorded with their manager. We spoke with three staff and although they felt supported while at work and the management staff were open and supportive at the time. They could not recall any regular supervision or appraisal. We discovered by this lack of supervision that staff were not able to explain any deficits or developments they wished to pursue in their training to support them to provide care and support to people who used the service. We could find no evidence of planned training for the year ahead and there was no training analysis which would inform the management of training completed and to be planned. This meant that staff records and other records relevant to the management of the services were either not in place, accurate or fit for purpose.

In two of the records we examined we found that two scores had been incorrectly calculated using the nutritional recording system of the service but the people had been referred to the appropriate dietician and high calorie diet had been commenced. For one

person we found that they had sustained a weight loss which had been documented. The MUST score recommended that a food chart be commenced, however this had not been commenced or documented. This meant that people who used the service were not protected from the risk of weight loss because care plans and risk assessments were not always being followed or adhered to.

**The service must tell us about important events that affect people's wellbeing, health and safety**

---

## **Our judgement**

---

The provider was not meeting this standard.

The registered person was not providing notifications to the care quality commission as required.

We have told the provider to take action. Please see the 'Action' section within this report.

---

## **Reasons for our judgement**

---

The provider had failed to notify the Care Quality Commission (CQC) about injuries or harm sustained by one or more people who used the service. These incidents should have been reported to CQC.

We spoke with the registered manager in February 2013 regarding an incident where a person had fallen and sustained a serious injury. We spoke with the manager about the management of pressure ulcers, the manager described how they would refer to tissue viability but did not feel that a referral to CQC was necessary if service users were admitted from hospital with a pressure sore. This demonstrated the manager did not have a clear understanding of when incidents should be reported to CQC.

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

---

## Our judgement

---

The provider was not meeting this standard.

People were not protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were not maintained.

We have judged that this has a minor 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 examined eight care plans which had been typed and signed by the manager but had not been signed by the person who used the service or by their relative or families. We spoke with four people who used the service. They each stated that they had not been aware of being involved in the writing of their care plan and could not recall it had been discussed with them. We were unable to find evidence that people and their families or members of staff had been involved in reviewing their care plans. This people who used the service were not fully involved or knowledgeable of their care plan.

We found one care plan had not been reviewed since August 2012. We could find no policy or procedure with regard to how care was to be reviewed and recorded on a regularly basis. We could little evidence that the care plans were updating through the process of a regular review of care. We noted that the manager sighed on a monthly basis in some care plans they had been reviewed. However we could not find evidence that any resulting changes had been made to the care plans. We could find no audit trail of how this was information was provided to the entire team. This meant that care was not regularly reviewed did not always accurately reflect the care to be provided.

There was no dependency score or indeed an assessment of care need that had been carried out to identify the persons needs accurately. As this information had not been recorded for each individual person living at the service we did not know how. The service decided upon the number of staff required to be on duty at anyone time to provide the assessed and planned care to people. We found there was an inconsistency with record keeping with regard to risk assessments, waterlow scores, malnutrition screening tool. We found one person's care plan had not been recorded as reviewed since October 2012 while another since November 2012. This meant that people's personal records including medical records were not accurately maintained and hence were not fit for purpose.

We did find that records for fire alarms, water temperature recording, emergency lighting smoke detectors and lifts certificates were in place. This meant that records other than

those directly related to the care of people who used the service were kept securely and could be located promptly when needed.

**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 activities	Regulation
Accommodation for persons who require nursing or personal care	<b>Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010</b> <b>Care and welfare of people who use services</b>
Diagnostic and screening procedures	<b>How the regulation was not being met:</b> Regulation 9 (1) (a) the carrying out of an assessment of the needs of the person.
Treatment of disease, disorder or injury	Regulation 9 (1) (b) the planning and delivery of care and, where appropriate, treatment in such as to -  (i) meet the service user's individual needs,  (ii) ensure the welfare and safety of the service user.
Regulated activities	Regulation
Accommodation for persons who require nursing or personal care	<b>Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010</b> <b>Assessing and monitoring the quality of service provision</b>
Diagnostic and screening procedures	<b>How the regulation was not being met:</b> Regulation (10) (1) (b) The registered person must identify, assess and manage risks relating to the health, welfare and safety of people who use services and others who may be at risk from the carrying on of the regulated activity.
Treatment of disease, disorder or injury	

**This section is primarily information for the provider**

Regulated activities	Regulation
Accommodation for persons who require nursing or personal care	<b>Regulation 18 CQC (Registration) Regulations 2009</b> <b>Notification of other incidents</b>
Diagnostic and screening procedures	<b>How the regulation was not being met:</b> Regulation 18 (1) - (5) with particular reference to:-
Treatment of disease, disorder or injury	(2) (ii) inform the Care Quality Commission of changes to the structure of a person's body
Regulated activities	Regulation
Accommodation for persons who require nursing or personal care	<b>Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010</b> <b>Records</b>
Diagnostic and screening procedures	<b>How the regulation was not being met:</b> Regulation 20 (1) (a) (b) (ii)
Treatment of disease, disorder or injury	(a) an accurate record in respect of each person who uses the service shall include appropriate information and documents in relation to the care and treatment provided to each person.  (b) (ii) The management of the regulated activity.

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 16 October 2013.

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@ccq.org.uk](mailto:enquiries@ccq.org.uk)

---

---

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

---

---

Website: [www.cqc.org.uk](http://www.cqc.org.uk)

---

---

Copyright Copyright © (2011) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.

---