

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

## Gregory Court

Noel Street, Hyson Green, Nottingham, NG7 6AJ

Tel: 01159790750

Date of Inspection: 09 December 2013

Date of Publication: January 2014

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>	✘	Action needed
<b>Requirements relating to workers</b>	✔	Met this standard
<b>Supporting workers</b>	✘	Action needed

## Details about this location

Registered Provider	Disabilities Trust
Registered Managers	Mrs. Katie Elizabeth Deedes Ms. Gaynor Smart-McCann
Overview of the service	Gregory Court offers accommodation for persons who require personal care for up to 10 adults.
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 9 December 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 people who use the service and talked with staff.

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### What people told us and what we found

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On the day of inspection there were nine people who lived in the service. We spoke with three people who lived in the service. One person said, "The care I get is fantastic. If I need it they get a doctor straight away." Another person said, "I'm happy, I've got jobs. I look after the chickens." We found that people's care and treatment was not always planned and delivered in line with their individual care plan.

We asked people who lived in the service if they received assistance with their medication if they needed it. One person said, "I get my tablets, they're locked in the shower room." We found that people were not always protected against the risks associated with medicines because the provider did not have appropriate arrangements in place to manage medicines.

One person who lived in the service said, "I was part of the interviews for [manager] and the [deputy]." We found people were cared for, or supported by, suitably qualified, skilled and experienced staff.

We asked people who lived in the service if the staff appeared to be well trained. One person said, "Yes the staff seem well trained. They support me the way I want." Another person said, "The permanent staff are well on. The regular staff are ok." We found that people were not always cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

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

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### What we have told the provider to do

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We have asked the provider to send us a report by 29 January 2014, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

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

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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

### 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

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### Our judgement

The provider was not meeting this standard.

Care and treatment was not always planned and delivered in a way that was intended to ensure people's safety and welfare.

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

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### Reasons for our judgement

We spoke with three people who lived in the service. One person said, "The care I get is fantastic. If I need it they get a doctor straight away." Another person said, "I'm happy, I've got jobs. I look after the chickens." People told us they went out in the community whenever they wanted to. One person said, "I go out every day, I go on the tram, I go to meet my sister." We observed a chair based exercise class taking place.

We saw that staff communicated with people according to their needs, giving time for the person to respond or using sign language. We found that people's care and treatment was not always planned and delivered in line with their individual care plan.

We looked at the care plans of two people who lived in the service. Within one care plan we found that the person was at risk of developing a pressure ulcer. We saw from their care plan that they had a pressure ulcer which had been recorded on 15th November 2013 and that the district nurse (DN) had recommended two hourly turns while the person was on bed rest. Staff we spoke with told us they turned the person every two hours and made a note in the daily records that they had done this. We did not find any current turn charts in place which could detail the frequency of the person changing position. This meant that the provider could not be reassured that the person was having their needs met around pressure area care.

We saw that the person's care plan stated that the Malnutritional Universal Screening Tool (MUST) should be completed and that the person's weight should be recorded on a monthly basis. The MUST enables staff to monitor the risk of the person experiencing malnutrition. We saw that during 2013 the MUST had only been completed correctly on one occasion. This meant that staff were not fully aware of the person's risk of malnutrition and any action they may need to take as a result of this.

We saw that this person was losing weight but there was no evidence that any action had been taken to consider the reasons for it. This meant that the provider was not providing or monitoring care according to the person's identified needs. We informed the registered manager of our concerns and they told us they would refer this person to their GP.

We saw from the care plan that this person had a suprapubic catheter in place. It detailed what the DN would be responsible for and what the staff needed to be aware of. However the person's care plan stated that staff should monitor the person's urine output. We did not find any current records in place to monitor this. We spoke with staff who told us when they would need to report concerns about the catheter to the DN, but they did not tell us about the need to monitor the person's urine output. This meant that there was a risk that the person's catheter could become blocked and the staff would not be able to respond to this in a timely manner.

We saw that care plans were not always regularly reviewed. This meant there was a risk that staff would not always have the most up to date information about a person's needs. For example, we saw medication records that showed a person's warfarin had been discontinued however the warfarin care plan in their care file had not been updated to reflect this. We saw there was a risk assessment November 2013 for the use of bed rails for one person. We observed that these were in place. However their care plan for going to bed had not been reviewed since June 2013 and did not include advice to staff on how and when to use the bed rails. This meant there was a risk that staff may not have the most up to date information about the person's needs and how to meet them.

The manager told us that French doors had been fitted to people's flats recently and this meant people would now be able to leave the service in the event of a fire in bed if they needed to. We looked at the Personal Emergency Evacuation Plans (PEEPs) of three people using the service. PEEPs are plans which detail how people will leave the building in the event of an emergency and what support they will require to do this. The manager explained they were in the process of changing over documentation and that they had not yet completed this transition.

We looked at the plans for three people and found that the new form was in place for one of the people and had been completed in May 2013 with a note added that the person now had French doors in their room. We found that for one person details had not been updated to include that they would now be able to leave the building in bed if necessary. Two of the plans did not contain sufficient amount of detail for staff about how to assist the people if they were not in bed. For example one document stated, 'Stand aid one staff, hoist two staff'. This meant that there was a risk that staff did not have sufficient information to be able to evacuate people from the building safely and quickly in the case of 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 not meeting this standard.

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

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

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## Reasons for our judgement

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We spoke with three people who lived in the service. One person said, "I get my tablets, they're locked in the shower room." Another person said, "I get my tablets and the staff put my cream on." The third person told us that they administered their medication independently which included ordering and collecting their tablets.

We spoke with a staff member who said, "The medication procedure is alright, we know what we are doing. Some staff don't pick up on medication issues and leave it to the person who orders them [the medication]."

We spoke with three staff who told us that they had received medication training recently. We saw from training certificates and the training matrix that this was the case. An annual competency assessment formed part of the medication policy. During our inspection, we looked at three staff files and found two staff were still undergoing medication training and had not been signed off on their medication competency assessments. The provider forwarded a completed copy of one of these forms for one staff member the day after our inspection.

We looked at the medicine stored in the flats of two people living in the service. We found that these were stored securely in a locked cupboard for both people. In one person's flat we found that the cupboard and fridge temperature were being monitored on a daily basis and that these were always within acceptable limits. We also found that the fridge in one person's flat was lockable.

In the other person's flat, we found that the temperature recorded for the cupboard where medication was stored was above the acceptable limit of 25°C on four occasions during November and December 2013. A member of staff told us that if the temperature in the cupboard becomes too high, the medicine should be taken to the main medication cupboard. However they had found that the temperature had been recorded as above 25°C on the previous day and the medication was still there in the morning. Most drugs are licensed for storage at a temperature up to 25°C because, at higher temperatures, there is

a risk that their efficacy will be adversely affected (Royal Society of Medicines).

We saw that there were no recordings of when medication had been removed from a position where the temperature was too high. This meant that the provider could not always be reassured that medicine was being stored safely.

The member of staff took the medicines to the main medicine cupboard to be stored. The cupboard contained a medication trolley where the medicine removed from the person's room were to be stored. The temperature of the cupboard was monitored on a daily basis and was within acceptable limits. However we found that there was a thermometer available in the trolley, but these temperatures were not monitored. On the day of inspection the temperature of the trolley and the cupboard was different. This meant that the provider could not always be reassured that medicine was being stored safely. At the time of the inspection, the temperature of the trolley was within acceptable limits.

We looked at the Medicines Administration Records (MAR) for four people who lived in the service and saw that they included a photograph of each person. The MAR charts provide a record of the medication taken or not taken by a person. We found that for the tablets which were being given on a regular basis, for example every morning, there were no discrepancies with the recordings made by staff. This meant that people were receiving their medication in line with the prescription from their doctor.

We found that some of the instruction on the MAR charts could be confusing to staff. For example it stated to administer the medication 'when required' and/or 'as directed' with no supporting information to staff. We saw that this was not in line with the provider's medication policy and procedure. The manager said that they had recently changed the pharmacist the service was using and that this was one of the issues they were addressing. They aimed to get clearer information recorded. This meant that the provider could not always be sure that people were receiving medication as prescribed by their doctor.

We found some inconsistencies in the completion of the MAR charts. For example one person was prescribed Movicol twice daily. For part of the month staff had recorded R, which meant that the person had refused to take the medication. For the rest of the month the staff had put a strike (diagonal line) through each box on the MAR chart. There was no explanation as to why this had been used. This meant that the provider was not always clear as to the reasons the person's prescribed medication had not been given.

We saw there were two documents related to the administration of creams. However neither consistently documented the administration of creams. For example one person was prescribed hydrocortisone cream to be applied twice daily. The person was hospitalised earlier this year as a result of the condition for which the cream was part of the preventative treatment. We found that the MAR chart had been signed once a day for only half of the days in the month. This meant that the provider could not be reassured that the person was always receiving their medication as prescribed by their GP.

At the time of the inspection the home was not administering any controlled drugs.

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

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**Reasons for our judgement**

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We spoke with one person who lived in the service who said, "I was part of the interviews for [manager] and the [deputy]."

We spoke with a member of staff who had started work recently with the service. They said, "I did have to have a DBS check in place and two references before I started."

We observed positive interactions between staff and people using the service. There was a relaxed atmosphere and we saw that people using the service were comfortable talking to managers and support staff.

We saw that the service had a recruitment and selection procedure in place. The provider may find it useful to note that this refers to pre-employment Criminal Record Bureau checks and not the updated Disclosure and Barring Service checks. The policy also refers to equality legislation which is not current. The Equality Act 2010 replaces previous anti-discrimination laws with a single Act. It sets out the different ways in which it is unlawful to treat someone.

We looked at the recruitment records of two members of staff who were new to the service. Appropriate checks were undertaken before staff began work. Records showed that Disclosure and Barring Service checks (DBS) had been completed prior to staff starting work in the service. The manager told us that it was company policy to renew DBS checks on existing staff annually. We looked at the file of a long standing member of staff and found that the DBS check had been completed within the last 12 months. This meant the provider had taken steps to ensure staff were safe to work with vulnerable adults.

The Disclosure and Barring Service (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups, including children. It replaces the Criminal Records Bureau (CRB) and Independent Safeguarding Authority (ISA).

There were effective recruitment and selection processes in place. We saw that a history of the person's employment was in place and there were two references from previous

employers. We saw there were no gaps in their employment history. This meant the provider could be reassured about the staff members experience and background.

We found a photograph of each member of staff was available and copies of documentation such as passports, bank accounts and P45s were on file. This meant the provider had taken steps to gain proof of identity of the staff member.

**Staff should be properly trained and supervised, and have the chance to develop and improve their skills**

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## Our judgement

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The provider was not meeting this standard.

People were not always cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

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.

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## Reasons for our judgement

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We spoke with three people who lived in the service. One person said, "Yes the staff seem well trained. They support me the way I want." Another person said, "The permanent staff are well on. The regular staff are ok." This person told us that when agency staff were on duty they did not feel so safe as when the permanent staff were working. They could not remember how frequently the agency staff were working or when the last time had been.

We spoke with the manager about this and they told us that in April and May 2013 the service was using agency staff. They had tried to ensure that these staff were as consistent as possible. The manager told us that since then they had recruited to support worker vacancies and increased the numbers of bank staff by four. They told us that this had limited the amount of agency staff and they had used one agency member of staff in the last month. This meant the service had taken steps to ensure that people who lived there experienced consistent staffing.

We spoke with three members of staff. One staff member said, "You get lots of training. You shadow before you work on your own. There's no training I need that they don't provide." Another told us that they had worked in another service for three days in order to shadow people in a similar job role to their own. They said, "I did lots of training while I was there like moving and handling, medication and safeguarding."

We spoke with a visiting healthcare professional who told us they had visited the service on a couple of occasions. They said, "So far the staff seem to know what they're doing. I've had no complaints from the people I visit."

One member of staff we spoke with said, "I feel supported 50/50." They told us the area where they did not feel supported was with care plans and that as the system had recently changed they felt they needed more support to produce these. We spoke with the manager about this and they said they would look into the issue.

We looked at the files of two staff who started work with the service in October 2013. We

saw that they were working through a comprehensive induction workbook which had been started prior to their first day with the service. This meant that staff new to working with the service were supported in their role.

From the staff training matrix we saw that mandatory training identified by the organisation included manual handling, infection control, fire safety, medication and safeguarding. We found that four staff were overdue with their refresher training in fire safety. We observed that all other mandatory training was up to date.

We found that staff had undertaken some training specifically linked to the needs of people who lived in the service such as diabetes, nutrition, PEG feeding (Percutaneous Endoscopic Gastrostomy (PEG) this is how a person is able to eat through a tube inserted directly into their stomach) and challenging behaviour. However there was no evidence of training being available for pressure area care. The manager told us that the organisation was currently considering the provision of training around pressure area care. This meant that the provider could not always be sure that all staff were suitably trained to meet the needs of the people living in the service.

From the three staff files we viewed, we found that two members of staff started work with the service on 1st October 2013. We saw that one of these members of staff had received supervision. From the other file, which was for a long standing member of staff, we saw that they had received no supervision during 2013, but an annual appraisal had been completed. The supervision policy and procedure for the service stated that all staff should receive supervision three times a year and one appraisal annually. The manager told us that not all supervisions had been carried out due to lack of capacity at management level but that this had now been rectified by recent recruitment. We spoke with one member of staff who told us there had not been many supervisions this year as the manager had been on their own. They said, "I did have half a supervision recently but we had to leave it to go and assist a resident." This meant that the provider did not always have an opportunity to review performance and development with members of staff.

We found that that six staff meetings had been held this year. This meant the there was an opportunity to share information within the staff team.

This section is primarily information for the provider

✘ Action we have told the provider to take

## Compliance actions

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<b>Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010</b> <b>Care and welfare of people who use services</b>
	<b>How the regulation was not being met:</b> <p>The registered person must take proper steps to ensure that each service user is protected against the risks of receiving care or treatment that is inappropriate or unsafe, by means of (a) the carrying out of an assessment of the needs of the service user; and (b) the planning and delivery of care and, where appropriate, treatment in such a way as to—(ii) ensure the welfare and safety of the service user. Regulation 9 (1)(a) and (b) (ii).</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<b>Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010</b> <b>Management of medicines</b>
	<b>How the regulation was not being met:</b> <p>People were not always protected against the risks associated with medicines. Regulation 13</p>
Regulated activity	Regulation
Accommodation for persons who require	<b>Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010</b>

This section is primarily information for the provider

nursing or personal care	<b>Supporting workers</b>
	<b>How the regulation was not being met:</b> Staff were not always fully supported and the registered person must have suitable arrangements in place in order to ensure that persons employed for the purposes of carrying on the regulated activity are appropriately supported in relation to their responsibilities, to enable them to deliver care and treatment to service users safely and to an appropriate standard, including by—(a) receiving appropriate training, professional development, supervision and appraisal. Regulation 23 1(a)

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 29 January 2014.

CQC should be informed when compliance actions are complete.

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

## About CQC inspections

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

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

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

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

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

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

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

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

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

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

## How we define our judgements

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

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

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

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

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

## How we define our judgements (continued)

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

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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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