

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

Southampton NHS Treatment Centre

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Terrace, Southampton, SO14 0YG

Tel: 03332001820

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

Care and welfare of people who use services	✓	Met this standard
Cooperating with other providers	✓	Met this standard
Management of medicines	✓	Met this standard
Requirements relating to workers	✓	Met this standard
Complaints	✓	Met this standard

Details about this location

Registered Provider	Partnership Health Group Limited
Registered Manager	Ms. Paula Friend
Overview of the service	Southampton NHS Treatment Centre is based at the Royal South Hants Hospital in Southampton. It is run by Care UK, an independent company that provides services to NHS patients. They provide consultant-led investigations and assessments for health problems which may need surgery. Surgery is provided in outpatient, day case or inpatient departments depending on clinical needs.
Type of service	Acute services with overnight beds
Regulated activities	Diagnostic and screening procedures Surgical procedures Termination of pregnancies Treatment of disease, disorder or injury

Contents

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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 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 14 November 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 reviewed information given to us by the provider.

What people told us and what we found

At the time of our inspection Southampton NHS Treatment Centre was no longer proving the regulated activity termination of pregnancies. The registered manager told us they would be removing this from their registration in the near future.

We spoke with five patients and two relatives following their outpatient's appointment at the treatment centre. Patients were complementary about the health professionals they saw. One relative told us they were "very impressed with the speed and efficiency of the service their partner had received, from appointment to admission to the day unit".

One patient had been to see the consultant at the appointment and was just waiting to receive the letter of confirmation of surgery date. They said "I can't believe how quickly I got an appointment. I could choose the date to come in and it was available. I thought I would have to wait four or five weeks, but it's only two". Another patient told us they did not feel rushed "the consultant explained everything to me in terms I could understand and I was able to ask questions without being made to feel rushed".

Patients experienced care, treatment and support that met their needs and protected their rights. Their health, safety and welfare was protected when more than one provider was involved in their care and treatment, or when they moved between different services.

Patients were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines. The provider had effective recruitment and selection processes, and appropriate checks were undertaken before staff began work.

Comments and complaints patients made were responded to. One patient in the outpatients department had already used the service in the past, they told us, "I couldn't fault the care I received, and the staff were wonderful."

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

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.

Patients experienced care, treatment and support that met their needs and protected their rights. Care and treatment was planned and delivered in a way that was intended to ensure patient's safety and welfare.

Reasons for our judgement

For this outcome we concentrated on the outpatient process to establish how the provider assessed patients' needs, planned their care and ensured their safety and welfare. The clinical services manager and administrative manager described the pre-assessment process and pathway which was a key stage in planning patient's care. The pre-assessment process included a detailed review of patient's medical history and included risk assessing patient's suitability for surgery and ensuring all potential risks were carefully considered and/or reduced.

Once the pre-assessment process was complete, a clear plan of care was developed involving the patient requiring treatment. This ensured the patient was clear about their intended procedure, the process and expected outcome.

The clinical services manager described how the service was patient-centred and the planning of care was focused on providing the optimum experience for the patients who used the service. They also commented how feedback from patients was often complimentary of how well the provider centred care on the individual and made reasonable adjustments. For example, by negotiating an admission date for their surgery that fitted in with their lifestyle and work commitments.

We spoke with five patients and two relatives following their outpatient's appointment at the treatment centre. The patients were all complementary about the health professionals they saw. One relative told us they were "very impressed with the speed and efficiency of the service their partner had received, from appointment to admission to the day unit".

Patients who use the service were given appropriate information and support regarding their care or treatment. There was a patient guide available on the treatment centres website and in the hospital. This provided a range of information to patients about the centre, the treatments and services available and what to expect as a patient or a visitor to

the facility. It provided information about how patients could provide feedback about their hospital experience and what they should do if they were unhappy about any aspect of their care or treatment. One patient told us they "had no reason to complain, the treatment I have received has been excellent so far".

One patient we spoke with had been to see the consultant and was waiting to receive the letter of confirmation of surgery date. They said "I can't believe how quickly I got an appointment. I could choose the date to come in and it was available. I thought I would have to wait four or five weeks, but it's only two". We asked patient's if they felt rushed or unable to ask questions during their consultation. One patient said "Definitely not, the consultant explained everything to me in terms I could understand and I was able to ask questions without being made to feel rushed". "I feel I have been given all the information I need and have confidence in the doctor". This enabled patients to make fully informed decisions about the treatment options available to them.

They all told us how excellent the care was and had no complaints about the service they received. They said they were surprised at how quick they came into the hospital for their operation after having their initial appointment. Patients said "the staff were kind, caring and supportive and the experience had been as relaxed as possible under the circumstances". One patient in the outpatients department had already used the service in the past, they told us, "I couldn't fault the care I received, and the staff here are wonderful."

Patient's care and treatment reflected relevant research and guidance. We discussed with the clinical services manager any changes implemented since our last inspection. The provider had developed an enhanced recovery programme, using new (multi-modal) anaesthetic techniques to manage postoperative pain. This enabled patients to be mobilised to an increasing level on the day of their procedure. They told us normally patients mobilised the day after surgery. New evidence showed that risks could be reduced even further if patients stand upright for just a short time on the day of surgery (day 0), if their condition was stable. This new care pathway, together with the shared learning experience, would be introduced into the treatment centre performing joint replacement procedures this year. Their aim was to target 50% of appropriate patients undergoing hip and knee replacement surgery to be mobilised on the same day as their surgery. This would then be measured via their clinical audit programme and report every month on the audit findings.

There were arrangements in place to deal with foreseeable emergencies. Staff told us and showed us the arrangements in place to deal with medical emergencies. The treatment centre had emergency equipment available in all their clinical areas. This included oxygen, emergency resuscitation and emergency medication. We found there were regular checks in place that ensured the equipment was in working order and expiry dates were monitored. This meant staff would know what actions to take should patients require urgent treatment in an emergency situation.

People should get safe and coordinated care when they move between different services

Our judgement

The provider was meeting this standard.

Patients health, safety and welfare was protected when more than one provider was involved in their care and treatment, or when they moved between different services. This was because the provider worked in co-operation with others.

Reasons for our judgement

Patient's health, safety and welfare was protected when more than one provider was involved in their care and treatment, or when they moved between different services. This was because the provider worked in co-operation with others. The treatment centre was located within The Royal South Hants Hospital, based in the city centre. We were told that there was close co-operation between the main acute hospital and the provider. Staff told us that on rare occasions, patients may be transferred to the main acute hospital if an emergency occurred. There was a transfer policy in place which described the arrangements for patients who, due to complications, were not fit for discharge home and required emergency treatment or monitoring in a centre with appropriate facilities. A transfer form was completed to ensure that the receiving hospital had all of the necessary information about the patient's condition. There was a service level agreement with NHS ambulance service and crew to transport patients between centres.

NHS patients were referred to the treatment centre by their GPs, dentists or optometrists either by direct referral or the NHS Choose and Book system. We were told by the administrative manager that patients could expect an appointment within two weeks of their referral. We spoke with three patients who had attended their appointment the day of our inspection. They all confirmed they had an appointment within two weeks of being referred by their GP. One person said "I was really surprised at how quickly I received a call to confirm my appointment". They went on to say "I have had all my tests and now I am just waiting for my letter confirming the date for my operation". "I can't believe how quick it's been. My appointment was on time and an hour later I have a date for my operation". "I would certainly recommend this centre to my friends and family".

The centre appreciated that having many different appointments could be disruptive to patients, especially for those patients who worked. So the centred aimed to carry out as many of the required diagnostic tests as possible during the patients initial visit. Following the outcome of the appointment and tests if it was decided that surgery was the right option all the information required by the patient was provided. An appointment for admission and supporting information was provided before the patient left the hospital.

There was information provided to local GPs about the services available at the treatment centre and this included advice about admission criteria. Because the treatment centre had limited facilities to deal with critical emergencies, there were strict criteria which ensured that patients referred to the treatment centre were medically fit. Nursing staff told us that when patients underwent their pre-operative assessment, they may on occasions contact patients' GPs to request or confirm information about a patient's medical history. This meant the consultant would only accept patients for treatment if they met the clinic's strict admission criteria. They told us they may also refer patients back to their GP before treatment could be agreed. For example, if a patient's blood pressure was high, they may request this was monitored over a number of weeks before planning surgery. This ensured the patient was fit for surgery and reduced the risk of complications occurring.

GPs were kept informed about their patients' treatment. A discharge summary was generated by the consultant following treatment and sent to the GP within 24 hours. Patients who required on-going care and treatment, for example, wound care, would be treated by the centre as an outpatient. Patients also had their own discharge summary which they could give to their GP practice.

Patients attending Southampton NHS Treatment Centre had access to the centres own radiology department and to physiotherapy services. These formed part of the patient pathway which ensured continuity of care and a seamless service for the patient. One patient told us they appreciated the convenience of having all of these services at one location and being able to visit the centre once without numerous appointments.

If patients required treatment or tests that were no longer available on the NHS, for example cosmetic treatment of varicose veins. Patients could have the option and choose a self-pay method. Patients benefited from prompt medical care at a time that was right for them. Referral was through the patients GP to the treatment centre and the referral triaged in the same way as an NHS referral.

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.

Patients were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines. Staff were trained and knowledgeable about the importance of medication and there were robust systems in place to check and monitor standards of medicines management.

Reasons for our judgement

As part of our inspection we spent time in the treatment centre's pharmacy. Medication for patients as an outpatient and inpatient were dispensed from the services own pharmacy. The department employed their own pharmacist and pharmacy technician. We found medicines were stored safely. All controlled drugs were stored in locked cabinets within the main office of the department which could only be accessed by authorised staff. Keys to cabinets were stored in a metal safe. The controlled drugs were stored in an appropriate steel cabinet which complied with the requirements of the 'Misuse of Drugs (Safe Custody) Regulations 1973'.

There were appropriate arrangements in place in relation to the obtaining and storing of medicines. We saw that appropriate storage facilities for all types of medication were available. This included the availability of a medication fridge for medicines that needed to be kept at cooler temperatures. We saw that daily checks of the fridge temperatures were maintained which showed the fridge was keeping medication at the correct temperature. Medicines were kept in a room that was accessible via a keypad and was fitted with air conditioning to ensure medication was kept at a constant appropriate temperature. This meant medication used in the treatment centre were stored as per the manufacturer's instructions and stored at optimal temperature at all times.

Appropriate arrangements were in place in relation to obtaining medicines. There was electronic records system in place to ensure incoming and outgoing medicines were tracked and all medicines stored were within their expiry date. Records included a separate controlled drugs register, which is a legal requirement.

Medicines were disposed of appropriately. We checked the records for controlled drugs and medicines that were to be destroyed against medicines held and all corresponded. The pharmacist described the procedure to us about how these medicines were destroyed and witnessed by the services medical director on a weekly basis. The department had appropriate containers for the safe destruction of medicines and controlled drugs that adhered to relevant legislation.

Medicines were prescribed and given to patients appropriately. Medicines were prescribed by consultants at patients' initial consultation. This followed an assessment of medical history, which included recording all current medications and any known allergies. Prescribed medicines were then dispensed at the provider's own pharmacy. They were labelled with the patient's name and date of surgery, checked and stored in date order. In addition, there was a small stock of frequently used medicines which were prescribed and dispensed on the day of surgery. These included painkillers, antibiotics and anti-clotting medicines.

The pharmacist explained to us how they attended the inpatient ward round each morning with the medical and nursing staff. They would check the patient's medication administration record (MARs) sheet and raise any concerns or errors to clinical staff at the time. These would then be rectified as required. Any tablets that patients were required to take home with them were prescribed at this meeting. We observed the day of our inspection the pharmacy technician check a patient's tablets to take home with the pharmacist. These were then given to the patient after a clear explanation to the patient of what and when to take the medication.

From discussion with the pharmacist and pharmacy technician, we found medication systems were monitored and audited on a regular basis. A six monthly audit was conducted of controlled drugs (CDs) and standards expected when managing CDs in the treatment centre. These audits were documented and supported what we saw the day of our inspection. The last full audit was conducted in April 2013 with the next audit due in December 2013. We saw that the treatment centre scored 84.7% full compliance with Care UK standards for controlled drugs. An action plan summary document was completed with a review date of December 2013. The provider had an effective system to regularly assess and monitor the standards and quality of medicines management that patients received.

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.

Patients were cared for, or supported by, suitably qualified, skilled and experienced staff. The provider had effective recruitment and selection processes, and appropriate checks were undertaken before staff began work.

Reasons for our judgement

There were effective recruitment and selection processes in place. During the inspection we spoke with the clinical services manager and one of the unit managers. They described to us the recruitment and processes in place that ensured staff employed by the provider were suitable and of good character.

The clinical services manager had recently undertaken a recruitment drive due to the expansion of the service. They were clear about the processes for employing new staff, whether it was administrative, nursing or medical staff. All potential employees completed an application form sent to them from the organisations Human Resource (HR) department. Following a shortlisting process applicants were invited to attend a formal interview. The provider had between two and three patients on the interview panel depending on the seniority of the post being applied for. We saw three examples of interview notes taken by interviewers with their comments. The records seen showed all those interviewed were asked the same questions and scored accordingly. There were also records of whether the interviewers thought the person would fit in with the appropriate team. The interview panel followed a fair process for all candidates in order to establish potential new employee's suitability, skill-set and character.

Appropriate checks were undertaken before staff began work. Other requirements included the receipt of two satisfactory references from previous employers and a suitable Disclosure and Barring Service (DBS) check or Criminal Record Bureau (CRB) check. The enhanced DBS check was required for all healthcare related jobs and checks whether patients have any spent and unspent convictions, cautions, reprimands and/or final warnings. In addition can check information held by the police that may be considered relevant for the post being applied for. All staff working for the service had their DBS check updated every three years. Records of these checks were seen on the check list within the staff member's personal files.

For posts that required a registration with a professional body, such as with doctors and nurses, the provider also checked professional registration status and any information which may impact on the decision to employ someone or not.

Staff who were no longer fit to work in health or social care were referred to the appropriate bodies. The Medical Director for the treatment centre described to us a situation whereby a previous specialist had been suspended from duty pending investigation. They described the checks performed and use of the General Medical Council (GMC) website to check the doctor's status.

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

Comments and complaints patients made were responded to. Patients had their comments and complaints listened to and acted on, without the fear that they would be discriminated against for making a complaint.

Reasons for our judgement

Patients were made aware of the complaints system. The treatment centre had a clear and concise formal complaints policy. Throughout the treatment centre there were posters containing details of how patients could complain or make comments or suggestions on their experience as a patient. The service and staff took proactive steps to ensure patients were supported to make comments or raise complaints, and both staff and manager told us they would support patients to make a formal complaint if that was what they wanted. Patients using the service were given access to the complaints process, which would enable them also to complain directly to the organisation or local NHS commissioners if they wanted. The service took active steps to find out whether patients had any complaints by asking patients specifically about any issues they had in monitoring visits, through comment cards, patient satisfaction or patient forums.

The treatment centre had recently launched a new device which enabled them to gather feedback more quickly, enabling them to respond more quickly and easily to comments made. They had also introduced "family and friends test" in response to recommendations made by the Nursing Care Quality forum (2012). As part of the patient satisfaction survey questions all patients were asked "How likely would you be to recommend this service to a friend or family member?" In all areas of the treatment centre the percentages of patients surveyed were above 90%. Complaints, constructive criticism and suggestions were viewed as valuable aids to monitor and develop better standards of care.

Patients had their comments and complaints listened to and acted on, without the fear that they would be discriminated against for making a complaint. All four members of staff we spoke with said they believed the service was open to criticism and complaint, and patients would feel comfortable and happy speaking up if they wanted to make a complaint. The five patients using the service said they would be comfortable making a complaint. They said they would speak directly with either office staff or the registered manager if they had any complaints or issues, and they were confident they would be dealt with.

We asked for and received a summary of complaints patients had made and the provider's response. The treatment centre kept a log of all the complaints they received. We were

shown the log and the detailed records kept of the individual complaint and how it was responded to. There were details of the dates responses were sent and the outcome of the complaint. The clinical services manager told us that if issues were raised by patients, these were dealt with at the time they were raised. They said that whatever requests were made or issues raised, they aimed "to put it right as soon as possible". We were shown the services most recent complaints audit for the period covering February 2013 to July 2013. Audits were performed every six months. The service scored 83.3% full compliance. They had identified two areas for improvement, acknowledging a formal complaint within three working days and the letter being sent out.

The treatment centre followed Department of Health (DoH) guidance in responding to complaints. Their aim was to be open, honest and learn from complaints received to improve the service provided to patients.

All Care UK services use the Datix system to manage risks, incidents and accidents. We were informed that another module had been added to manage complaints. The integrated system would enhance the information they received, and will be vital for Service Directors and quality improvement staff for monitoring trend data by location.

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.

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