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

<table>
<thead>
<tr>
<th>Standard</th>
<th>Met this standard</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consent to care and treatment</td>
<td>✓</td>
</tr>
<tr>
<td>Meeting nutritional needs</td>
<td>✓</td>
</tr>
<tr>
<td>Cleanliness and infection control</td>
<td>✓</td>
</tr>
<tr>
<td>Staffing</td>
<td>✓</td>
</tr>
<tr>
<td>Complaints</td>
<td>✓</td>
</tr>
</tbody>
</table>
## Details about this location

<table>
<thead>
<tr>
<th>Registered Provider</th>
<th>St Catherine's Hospice</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registered Manager</td>
<td>Mrs. Georgina Starnes</td>
</tr>
<tr>
<td>Overview of the service</td>
<td>St Catherine’s Hospice is a charity which provides end of life care and support to people living within its catchment area. It provides 18 in-patient beds, a day hospice and a community service. A range of other services are also provided including occupational therapy, physiotherapy, counselling, spiritual care and a nursing service to help people with lymphoedema (fluid retention and tissue swelling). The service also runs another day hospice from its site in Caterham.</td>
</tr>
<tr>
<td>Type of service</td>
<td>Hospice services</td>
</tr>
<tr>
<td>Regulated activities</td>
<td>Diagnostic and screening procedures</td>
</tr>
<tr>
<td></td>
<td>Personal care</td>
</tr>
<tr>
<td></td>
<td>Transport services, triage and medical advice provided remotely</td>
</tr>
<tr>
<td></td>
<td>Treatment of disease, disorder or injury</td>
</tr>
</tbody>
</table>
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'.

<table>
<thead>
<tr>
<th>Summary of this inspection:</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Why we carried out this inspection</td>
<td>4</td>
</tr>
<tr>
<td>How we carried out this inspection</td>
<td>4</td>
</tr>
<tr>
<td>What people told us and what we found</td>
<td>4</td>
</tr>
<tr>
<td>More information about the provider</td>
<td>5</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Our judgements for each standard inspected:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Consent to care and treatment</td>
<td>6</td>
</tr>
<tr>
<td>Meeting nutritional needs</td>
<td>8</td>
</tr>
<tr>
<td>Cleanliness and infection control</td>
<td>10</td>
</tr>
<tr>
<td>Staffing</td>
<td>12</td>
</tr>
<tr>
<td>Complaints</td>
<td>14</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>About CQC Inspections</th>
<th>15</th>
</tr>
</thead>
<tbody>
<tr>
<td>How we define our judgements</td>
<td>16</td>
</tr>
<tr>
<td>Glossary of terms we use in this report</td>
<td>18</td>
</tr>
<tr>
<td>Contact us</td>
<td>20</td>
</tr>
</tbody>
</table>
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 25 February 2014, 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.

We completed a tour of the building.

What people told us and what we found

We found patients were provided with information and were asked for their consent prior to care and treatment. Comments from staff and patients included, "I talk to patients about the options, risks and benefits and make sure there is time to ask questions", "The policy and procedure gives guidance to staff and we document consent in notes" and "I had some medication changes and they talked these through with me, discussed side effects and the options available so I could decide."

We found patients nutritional needs were assessed and planned. Menus provided choice and alternatives to ensure nutritional needs were met. Comments from patients included, "There are alternatives at mealtimes and they are always prepared to do something else."

We found the service was clean and tidy and there were systems in place to prevent the spread of infections.

We found there were sufficient staff on duty to care for patients. The staff had access to clinical supervision, support, training, development opportunities and annual appraisal to ensure they had the required skills and knowledge for their roles. Comments from patients regarding the staff team included, "Their one objective is to look after us; it's wonderful here and I really value the service" and "The nurses and doctors are absolutely super; they always have a smile."

We found the service had a complaints process and patients spoken with told us they felt able to complain if necessary.

You can see our judgements on the front page of this report.
More information about the provider

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

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

Consent to care and treatment  ✔  Met this standard

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

Our judgement

The provider was meeting this standard.

Before patients received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. Where patients did not have the capacity to provide consent, the provider acted in accordance with legal requirements.

Reasons for our judgement

We found the service had a consent policy and procedure. The information within the policy and procedure took account of current legislation and guidance such as Department of Health and General Medical Council guidance, The Mental Capacity Act 2005 (MCA) and the MCA code of practice.

We spoke with a consultant and two senior staff nurses regarding how consent was obtained from patients prior to the delivery of care and treatment. We found that before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. Staff were clear about when and where consent was recorded. Both the consultant and nursing staff told us some procedures would require written consent. However, they also sought verbal consent during day to day care and treatment. Staff told us the issue of consent to care and treatment was discussed at the assessment stage. Comments included, "I talk to patients about the options, risks and benefits and make sure there is time to ask questions", "The policy and procedure gives guidance to staff and we document consent in notes", "The doctors will discuss plans and pain relief with patients so they can make choices" and "We ask patients about consent and give choices all the time, for example when we catheterise patients or take blood from them, we check if it's alright."

Staff described how some patients had made advanced decisions regarding their care and treatment. These were documented in care plans and all staff made aware of the details. Also documented were decisions about whether the person wished to be resuscitated in the event of a cardiac arrest. One nurse said, "We can't just assume, because of their condition, that patients don't want to be resuscitated; we always have to check it out." Ward rounds were completed and staff told us important decisions were kept under review, as patients could change their minds. We were told one patient made a decision to withdraw from treatment. A multidisciplinary meeting was held to discuss the decision and the patient's choice was respected.
Patients spoken with confirmed the doctors and nurses asked their permission before providing any treatment. Comments included, "I had some medication changes and they talked these through with me, discussed side effects and the options available so I could decide."

We found where patients did not have the capacity to consent, the provider acted in accordance with legal requirements. Staff described how a best interest meeting was held for one patient when their capacity to make an important decision was in doubt.

Patients were provided with an information pack on admission to St Catherine's inpatient unit or when they received hospice at home care. It described the principles underpinning care. One of these principles stated information would not be shared with friends or family without the consent of the patient. It also provided information about advance care planning and giving informed consent. This helped to guide patients on ensuring their wishes were respected.
Meeting nutritional needs

Food and drink should meet people’s individual dietary needs

Our judgement

The provider was meeting this standard.

Patients were protected from the risks of inadequate nutrition and dehydration.

Reasons for our judgement

During the inspection we spoke with the front of house manager regarding menus and how catering services met patients' nutritional needs. We also looked at care plans for two patients and spoke to patients about the meals provided to them. We found people were supported to be able to eat and drink sufficient amounts to meet their needs and they were provided with a choice of suitable and nutritious food and drink.

We saw menus were set over a four week period and were adjusted to take account of the change in seasons. The menus provided choices and alternatives for each meal and a range of drinks were available throughout the day. There was a vegetarian option at each meal and we were told cultural or religious diets could be catered for. We saw there was a range of food supplements available for patients as required.

Patients spoken with in the inpatient unit and the day service were complimentary about the meals provided. Comments included, "There are alternatives at mealtimes and they are always prepared to do something else", "I have trouble swallowing so I like the soups. They come and sit by my bed and ask me what I want", "I asked the staff to peel an apple for me and when they did, I realised it was a plum; they will do anything for you", "I love the drinks trolley that comes round in the evening; it has everything on it, spirits and wine. I enjoy a glass of red wine or two from it" and "I can't eat much but what I have tasted so far has been good and there are choices; you can have soups and ice creams during the night if you want."

Staff told us it was important to ensure patients maintained their nutritional intake and confirmed catering staff would provide an alternative for them if they were unable to eat the choices on the daily menus.

Patient records were held electronically and the ones seen indicated patients' nutritional needs were discussed at the assessment stage. These included appetite, mouth care, weight and any special dietary requirements. The assessments provided information for the development of care plans to guide staff in how to support the patient. The care plans were generic templates, which were personalised with information specific to individual patients. For example, one patient received the majority of their nutrition through a tube directly into their stomach and the care plan indicated they were able to manage this independently. Staff recorded patients' nutritional intake on a daily basis and there was a system for catering staff to check what had been eaten. If it was noted patients had left
significant amounts of food, the manager said this was followed up to check if the reasons were connected to food preparation or presentation.

The front of house manager told us catering staff provided services on site between 7am and 7pm. There were four cooks and all had completed or were progressing through a national vocational qualification (NVQ) in supervisory management and food preparation. They had also completed other training courses such as food hygiene, nutrition and textured meals. Catering staff received written information about patients' dietary needs and preferences. The form included likes and dislikes, portion size, allergies, what texture was required, such as pureed, and whether a special diet was needed, such as a diabetic diet. This ensured catering staff had up to date, important information about patients' needs.
Cleanliness and infection control  ✔ Met this standard

People should be cared for in a clean environment and protected from the risk of infection

Our judgement

The provider was meeting this standard.

Patients were protected from the risk of infection because appropriate guidance had been followed. Patients were cared for in a clean, hygienic environment.

Reasons for our judgement

We completed a tour of the two wards on the inpatient unit, communal areas and the day hospice service. We found all areas to be clean and tidy. We found there were effective systems in place to reduce the risk and spread of infection.

The service had a designated lead for infection prevention and control (IPC) and had developed a formal link with the IPC team at the Surrey and Sussex Healthcare Trust. Part of the support from the trust was advice from consultant microbiologists to medical staff at the service. We saw that an IPC group had been set up as part of clinical governance. The purpose of the group was to ensure the IPC systems adhered to policies and procedures in order to minimise the risk of infection to patients, visitors and staff. We saw IPC was discussed at various meetings and was checked during visits from trustees. This showed us IPC systems and practices were constantly scrutinised and kept under review.

The service had a range of policies and procedures on IPC which made reference to specific legislation and guidance. These included hand hygiene, cleaning regimes, prevention and management of infections and wound care. We read the procedure for the handling and disposal of clinical and non-clinical waste. We found the procedure provided guidance to staff on how to work safely. The service also had departmental guidelines for IPC.

We found there was routine screening of patients on admission, when this was felt appropriate, so that staff were aware of any infections and to enable these to be treated. The service had individual side rooms where patients could be nursed separately as required. The manager told us that measures were put in place when they were informed of IPC concerns in the local community. For example, during a particularly virulent strain of Norovirus in the local community in December 2012 a protocol for compulsory hand washing by any visitor to the service was implemented until the all clear in March 2013. This helped to prevent an outbreak of the virus in the service.

All staff had received training in IPC at relevant levels according to their role. Comments from staff included, "We use a light box (an ultra violet light system which shows areas missed during hand washing) to address hand hygiene techniques" and "We have annual infection control training."
We found audits were carried out to ensure IPC practices were adhered to by staff. The list of audits included topics such as regular hand hygiene, antibiotic prescribing, management of sharps and adherence to IPC cleaning procedures. We saw the results of an environmental audit carried out on both wards. This included an inspection of patient bed areas, sluice rooms, treatments rooms, equipment and how products were stored. It also commented on the use of personal protective equipment such as gloves and aprons and how daily cleaning schedules were completed and checked. The audit identified any areas for improvement and provided a total compliance score. We saw the results of a hand hygiene audit completed on 15 January 2014, which identified staff had good hand hygiene practices. The audits showed the service monitored IPC systems and gave timescales for completion of any recommendations.

There was a system in place to rotate stock and record the expiry date of products used in the service such as clinical items, general medicines, emergency equipment, nutritional supplements and privacy curtains. This helped to minimise the risk of products being used after their expiry date.

We spoke with a member of staff from the housekeeping team. They described to us how they ensured soiled linen was transported through the wards and washed safely in line with the service’s policy and procedure. They also described the colour coded system used for cleaning equipment to minimise the risk of cross contamination. The laundry had appropriate equipment and stocks of cleaning materials, personal protection equipment and linen were stored safely. We looked at cleaning checklists, which identified the tasks for specific days and the signature of the member of staff who had completed them. There was also space for the supervisor to sign that tasks had been completed. We found some gaps in signatures and the manager said these would be addressed with staff.

At the end of each shift, staff uniforms were washed by laundry personnel. This ensured they were washed at the correct temperature and also prevented staff from wearing their uniforms when travelling to and from work.

We spoke with a member of the maintenance team and looked at the audits and checks they carried out. This included ensuring stored water reached a safe temperature to prevent legionella and servicing thermostatic mixing valves, connected to sinks in patient areas, to ensure hot water was of a safe temperature. An external company completed six monthly checks on water samples to rule out the presence of legionella.
**Staffing**

<table>
<thead>
<tr>
<th>Met this standard</th>
</tr>
</thead>
<tbody>
<tr>
<td>There should be enough members of staff to keep people safe and meet their health and welfare needs</td>
</tr>
</tbody>
</table>

**Our judgement**

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet patient's needs.

**Reasons for our judgement**

During the inspection we found there were enough qualified, skilled and experienced staff to meet people's needs. The service had two inpatient wards, Heaseland and Beeches, with scope for 10 beds on each but only nine on each were used. There were nine members of the ward nursing team on duty during the morning shift, six to seven in the afternoon/evening shift and four at night. The ward nursing team consisted of a ward sister, qualified nurses and nursing assistants. There was a doctor on site most of time during normal working hours and doctors were on call during evenings and weekends. The consultant for the ward completed ward rounds twice a week but was available for guidance and advice at other times.

Staff and patients spoken with all stated there was sufficient staff on duty. We were told that staffing numbers could be lower at the weekend. The manager told us this was monitored and would be adjusted as required. There was evidence to confirm this as the manager told us they had capacity to accept 18 patients but they were currently accepting a maximum of 15 to match staffing levels.

The service had ancillary staff such as administration, catering, laundry and domestic staff. This enabled nursing staff to concentrate on patients' nursing needs.

The day service provided care and support for up to fifteen patients each day. In addition there was a hospice at home service, out-patients facilities and a lymphoedema (fluid retention and swelling) clinic. These services were staffed separately to the inpatient wards.

The service had a team of therapy staff such as physiotherapists, occupational therapists and complementary therapists who completed aromatherapy and massage. In addition there was a welfare advisor, counsellors and a spiritual care team. The range of staff ensured that patients' diverse needs were met.

The service had a large contingency of volunteers who provided support in a range of areas throughout the service.

Patients spoken with on the inpatient wards and those who attended the day service were...
complimentary about the staff team. They said staff were friendly and treated them with dignity and respect. Comments included, "Their one objective is to look after us; it's wonderful here and I really value the service", "The staff are first class. Any problems will be sorted out straight away", "So many things are done for you here. I was referred by my consultant and they knew here what I needed", "The nurses and doctors are absolutely super; they always have a smile", "I am amazed at how happy they all are; nothing is too much trouble and they go above and beyond" and "In most places the primary concern is fixing you up and sending you off but here they do things or talk to you. They are concerned with emotions and the effect my condition has on loved ones. Every nurse knows my wife's name and the names of my children."

We found staff had access to clinical supervision, support, training, development opportunities and annual appraisal. This ensured the staff team had the skills and knowledge required to meet the needs of patients. Comments included, "We have backup and are supported; we have access to the counselling support team", "We have competencies which we have to complete annually", "We can complete external courses and the consultant provides us with updates", "It really is a great environment to work in", "As a team, we work well together" and "We have shift change overlap and use this for learning events."

A human resources manager provided information about training needs analysis. This included training courses, which staff in the service were expected to complete them, the frequency of updates and how they were to be facilitated. This enabled staff to monitor their progress against employment expectations.
Complaints

Met this standard

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available. Comments and complaints patients or their relatives made were responded to appropriately.

Reasons for our judgement

We found the service had a complaints policy and procedure, which was accessible to staff. It provided guidance for staff in how to manage complaints and detailed timescales for acknowledgement of the complaint and the response following investigation. The policy and procedure provided information on how to escalate a complaint and where to obtain support when making a complaint. There was a form for staff to complete when someone raised a concern or complaint verbally with them.

There was evidence that members of the board of trustees competed monitoring visits to the service. The most recent visit was 29 January 2014 and minutes of their visit commented on their confidence that the service had a robust internal system for responding to complaints. The trustees made some suggestions about how comment cards could be made more visible for patients. This showed us there was senior management oversight of the service to monitor quality and provide suggestions for improvements.

The manager told us complaints were discussed in senior management team meetings to observe for trends. The manager said they preferred to meet people face to face to resolve any concerns or complaints. We found patient's complaints were fully investigated and resolved, where possible, to their satisfaction.

Staff confirmed they had monthly staff meetings and said they were informed about any complaints the service had received. Comments included, "We don't get many complaints, the forms are filled in and sent to the manager to deal with" and "We try to resolve things straight away for patients; we nip complaints in the bud."

Patients were made aware of the complaints system. This was provided in a format that met their needs. We found each patient admitted to the inpatient unit or who received the hospice at home service was provided with an information and welcome pack. This included information about complaints and a form to use for comments or suggestions. Patients spoken with said they felt able to complain and their comments and suggestions were listened to. One patient told us the day service support had been extended at the request of people using the service. Comments included, "If you had a complaint they would wheedle it out of you" and "I would tell someone if I had a complaint but I don't have any."
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:

<table>
<thead>
<tr>
<th>Standard Description</th>
<th>Regulation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Respecting and involving people who use services - Outcome 1</td>
<td>17</td>
</tr>
<tr>
<td>Consent to care and treatment - Outcome 2</td>
<td>18</td>
</tr>
<tr>
<td>Care and welfare of people who use services - Outcome 4</td>
<td>9</td>
</tr>
<tr>
<td>Meeting Nutritional Needs - Outcome 5</td>
<td>14</td>
</tr>
<tr>
<td>Cooperating with other providers - Outcome 6</td>
<td>24</td>
</tr>
<tr>
<td>Safeguarding people who use services from abuse - Outcome 7</td>
<td>11</td>
</tr>
<tr>
<td>Cleanliness and infection control - Outcome 8</td>
<td>12</td>
</tr>
<tr>
<td>Management of medicines - Outcome 9</td>
<td>13</td>
</tr>
<tr>
<td>Safety and suitability of premises - Outcome 10</td>
<td>15</td>
</tr>
<tr>
<td>Safety, availability and suitability of equipment - Outcome 11</td>
<td>16</td>
</tr>
<tr>
<td>Requirements relating to workers - Outcome 12</td>
<td>21</td>
</tr>
<tr>
<td>Staffing - Outcome 13</td>
<td>22</td>
</tr>
<tr>
<td>Supporting Staff - Outcome 14</td>
<td>23</td>
</tr>
<tr>
<td>Assessing and monitoring the quality of service provision - Outcome 16</td>
<td>10</td>
</tr>
<tr>
<td>Complaints - Outcome 17</td>
<td>19</td>
</tr>
<tr>
<td>Records - Outcome 21</td>
<td>20</td>
</tr>
</tbody>
</table>

**Regulated activity**

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

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

Regulations

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

Responsive inspection

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

Routine inspection

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

Themed inspection

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