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

### Nottingham City MRI Centre

Nottingham City Hospital, Gate 1, Hucknall Road, Nottingham, NG5 1PB  
Tel: 01159628090  
Date of Inspection: 25 February 2014  
Date of Publication: March 2014

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

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<td>Assessing and monitoring the quality of service provision</td>
<td>✓</td>
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<tr>
<td>Details about this location</td>
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<tr>
<td><strong>Registered Provider</strong></td>
<td>InHealth Limited</td>
</tr>
<tr>
<td><strong>Registered Manager</strong></td>
<td>Mrs. Claire Louise Galloway</td>
</tr>
<tr>
<td><strong>Overview of the service</strong></td>
<td>Nottingham City MRI Centre is based on the City Hospital campus in Nottingham. The centre undertakes magnetic resonance imaging (MRI) scans which are used as a diagnostic tool for a range of diseases and disorders. They are commissioned by the Nottingham University Hospitals NHS trust, and the majority of their scanning is done on NHS patients at the request of consultants.</td>
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<td><strong>Type of service</strong></td>
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Summary of this inspection

Why we carried out this inspection

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

This was an announced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 25 February 2014, observed how people were being cared for and talked with people who use the service. We talked with staff.

What people told us and what we found

Prior to our visit we reviewed all the information we had received from the provider. During the visit we spoke with three patients and asked them for their views. We also spoke with two administration officers, two radiologists and the registered manager, known as the imaging services manager. We also looked at some of the records held in the service. We observed the support patients received from staff and carried out a brief tour of the clinic.

We found patients were provided with the information they needed so they knew what to expect when they underwent the MRI scan. A patient told us, "I was sent information about the scan and what it would entail. I didn't feel I needed anymore. There was a contact number if I wanted to ask any more questions." Another patient told us, "I signed a form today to say I had everything explained to me. I was sent the form last week."

We found people received the treatment they required in an appropriate way during their visit to the service. A patient told us, "I was given information throughout the scan. I was told to expect a cold feeling and the length of time. It broke it up into chunks of time, which were easier to manage." Another patient told us, "I was asked (afterwards) how it was. I was told I had done it the right way which was reassuring."

We found the unit was kept clean and hygienic but was in need of some redecoration. One patient told us, "If I am honest it feels a bit shabby." The patient also said, "The overall I had to put on was clean, all the ties were there, and the changing room was clean." Another patient said, "I felt it was clean but tired." The manager said the current economic climate meant there was not funding available for decoration at present.

We found there were sufficient staff to meet people's needs and the provider assessed and monitored the quality of the service. We saw the following comments had been written on the patient questionnaires. "The staff explained everything very well", "I felt considered and cared for" and "As a prosthetic leg wearer they took all my needs into account."

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

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<th>Consent to care and treatment</th>
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<tr>
<td>Before people are given any examination, care, treatment or support, they should be asked if they agree to it</td>
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Our judgement

The provider was meeting this standard.

Before patients received any treatment this was fully explained to them. Where patients did not have the capacity to consent, the provider was implementing a system to comply with legal requirements.

Reasons for our judgement

We found the provider had effective systems to involve patients in planning their treatment and obtaining their consent for this to be provided. An administration officer showed us the information they sent out to patients when they booked their appointment to inform them about the MRI scan. A patient told us, "I was sent information about the scan and what it would entail. I didn't feel I needed anymore. There was a contact number if I wanted to ask any more questions." Another patient told us, "I signed a form today to say I had everything explained to me. I was sent the form last week."

Patients were asked to sign to give their consent for their scan records to be uploaded onto the electronic records system to comply with data protection legislation. A radiographer signed a declaration to confirm they had reviewed and confirmed all the information with the patient. An administration officer told us patients also signed a separate consent form if they required an injection.

An administration officer told us if a patient did not have the capacity to answer the safety questionnaire themselves the consultant or doctor who requested the MRI scan was expected to complete this on the patients' behalf.

We read the provider's consent policy and saw this included reference to the use of a proxy consent form when a patient did not have the capacity to consent to any treatment themselves. We found this form was not in use at this service and the use of it, if the need arose, had not been discussed. We discussed this with the manager who sent an email to us after the inspection informing us of the steps they were taking to implement the use of the proxy consent form if it was needed in future. The manager confirmed in the email that they had, "Ensured that all my staff are aware of the proxy consent form and it's use for patients who lack the capacity to consent."
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.

Treatment was planned and delivered in a way that was intended to ensure patients’ safety and welfare.

Reasons for our judgement

Patients' needs were assessed and treatment was planned and delivered in line with their individual plan. An administration officer described how they received a referral and then allocated this to a consultant to protocol so that an appropriate appointment could be made. Where the patient was not referred as an in-patient from the hospital an information pack was sent to them at their home address prior to their appointment. This provided the patient the opportunity to prepare for their scan and ask any questions prior to their visit.

A patient told us, "I think the information I was sent was fine. It was good to know I could park outside the unit, which was really helpful. As was the map telling me where to go." An administration officer told us they always highlighted the information about the parking so patients did not miss this.

The radiographer told us patients could contact the unit staff prior to their appointment if they wanted to discuss or clarify any issue. They said administration workers on the front desk were able to deal with patients' common and low level of concern questions, and if needed they could speak directly to a radiographer. A patient told us, "I was given a useful explanation about the role of the radiographer. It was also good to know (in advance) that it was just the scan and I wouldn't be given any answers today." The radiographer told us it was made clear to patients they would be told the results of the MRI scan in a separate appointment with their consultant or doctor and not at the MRI scan appointment.

An administration officer told us if a patient needed an urgent appointment they contacted them over the telephone to ask them the questions but still sent them the information pack. The administration officer said they had to ask the questions to make sure it was safe for the patient to come in, and they did not waste their time. A patient told us they had phoned up two days previously and was given this appointment. They said they had been asked the patient safety questions over the phone, but had not yet received the letter.

Another administration officer told us if the MRI scan required was not routine they ensured it was allocated to the radiographer who was skilled in that area. The administration officer told us they aimed to turn round a referral into an appointment within two weeks and took into account the urgency level for the MRI scan.
A radiographer told us they usually expected to see between 20 to 28 patients each day. Each weekday morning and afternoon sessions were broken down into specific areas of treatment. This was so an appropriate consultant was available for advice if needed. There were also routine appointments made and slots held for the use of the stroke team who may require prompt appointments to assess a patient who had a stroke to identify any issues that could prevent the patient deteriorating further.

The manager told us they were flexible to patients' needs and considered these when making appointments. This included such issues as whether the patient had transport needs or if they required an interpreter.

Patients were asked to confirm they were able to attend for their appointment. An administration officer told us they followed up on any non-confirmed appointments to check the patient had received the letter and were able to attend. The administration officer told us patients were asked to arrive prior to their appointment time so any preparatory work could be carried out. They said the length of time varied depending upon the type of MRI scan and what preparation was needed prior to the scanning.

A patient who was staying on a hospital ward told us they had been referred a couple of days previously and this appointment had been made. We spoke with the patient at the end of their appointment and they told us everything had happened as it had been explained to them.

We saw a radiographer checking a patient's paperwork before they commenced the scan. The radiographer told us, "We always make sure we have the correct paperwork, if the patient doesn't bring the safety questionnaire with them we give them a replacement."

A patient told us, "The tick list made me aware of the conditions and what I might need to talk about." The patient told us there had been one piece on the form they had not known about so they had not ticked it. The patient said this had been explained to them when they went through to have the MRI scan and that it had been explained, "Really well."

We found patients' needs were responded to. The radiographer said they told patients how long the MRI scan would take and then broke this into sections during the actual scan. They said patients liked to know there was someone there.

We observed a radiographer prepare a patient for their MRI scan. They discussed the patient safety form to ensure this had been correctly completed. The radiographer also explained to the patient how long the scan would be and informed them that it was very noisy. The patient was also told they would have a buzzer in their hand and if they wanted to stop the scan to press this. The patient told us they felt everything had been explained to them clearly.

A patient told us, "I was given information throughout the scan. I was told to expect a cold feeling and the length of time. It broke it up into chunks of time, which were easier to manage." Another patient told us, "I was asked (afterwards) how it was. I was told I had done it the right way which was reassuring."

The radiographer told us they saw changes in patients when they discussed things with them and they were able to ask any questions they had that were making them anxious. A patient told us, "I spoke about my fear of claustrophobia. They explained to me about the mirror that I would be able to see giving a sense of openness. He (the radiographer) was right. It was a good use of language."
We did note there was restricted space to hold discussions with patients and we saw one discussion was interrupted to allow another patient to access the changing rooms. A radiographer said it would be better to have a designated space to hold discussions with patients.

We saw patients were treated with respect. An administration officer told us they tried to keep patients informed if they were running behind time. We saw staff involved in conversations with patients which included light hearted exchanges. A patient said to a radiographer as they were about to have their MRI scan, "Don't forget me" to which the radiographer replied to give the patient reassurance, "Don't worry I am not going for lunch yet!" An administration officer asked an immobile patient who was waiting for their appointment if they wanted a magazine to read.

A patient told us, "Staff were reassuring and comforting." Another patient said they had found the staff respectful and considerate and that they had felt, "Confident in the staff."

There were facilities to play music to patients undergoing some MRI scans. The radiographer told us they informed patients which of the scans they could and could not listen to music during. There was a list of music available at the unit and patients could also bring a CD or MP3 player of their choice in music with them. A patient told us, "There was an excellent selection of new magazines (in the waiting room) they keep them updated."
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 and they were treated in a clean and hygienic environment.

Reasons for our judgement

Part of the cleaning of the unit was carried out by the cleaning department of the City hospital. There was a cleaning schedule for this and there were audits carried out to ensure the cleaning had been done to the required standard.

Other cleaning was carried out by the staff from the service. The service was deep cleaned each week and there were rotas for daily and weekly cleaning. We noted that these referred to the room to be cleaned rather than identify the cleaning tasks that should be undertaken. There was a tick list displayed to show when a room or area had been cleaned, but this did not describe what cleaning was required to be carried out. We discussed this with the manager who following the inspection sent us detailed cleaning schedules for each room listing the daily and weekly cleaning tasks to be carried out.

The provider may find it useful to note we saw the service was clean but was in need of decoration. A patient told us, "If I am honest it feels a bit shabby, that was what went through my mind. It hit me in the pre scan area, I thought the waiting room was good." The patient also said, "The overall (I had to put on) was clean, all the ties were there, and the changing room was clean." Another patient told us, "I felt it was clean but tired." The provider’s head of operations informed us after the inspection that, "The importance of decoration is understood and the scanner upgrade programme planned for late 2014 includes redecoration."

Staff told us they had received training on infection control. A radiographer who was the lead for infection control in the unit showed us the arrangements for the disposal of any clinical waste. The infection control lead said if there were any high risk of infection patients they followed the same procedures as would be followed on one of the hospital wards. Any patient who had an infection was seen at the end of the day so the room and equipment could be deep cleaned after their appointment.

The infection control lead described the procedures they followed to prepare the scanner for the next patient. We observed the cleaning of the scan room between patients. The scanner was wiped with a disinfectant wipe and a fresh roll of paper liner was laid out on the scanner table.
Staffing

There should be enough members of staff to keep people safe and meet their health and welfare needs

Met this standard

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

There were four full time radiographers employed, one of whom was the registered manager, who covered the working week. There were two radiographers on duty each shift during the week and one at the weekends. There was an overlap each day. The manager told us all radiographers were permanent staff and they did not use any agency or temporary ones. An administration officer said they felt all team members had the skills they needed to carry out their duties.

A radiographer said there were sufficient staff to run the service safely and effectively, but this included the manager spending some of their time working as one of the radiographers. They said the periods of overlap enabled them to complete their administration duties and ensure all stocks were maintained and replaced as required.

Staff were provided with the support they needed to carry out their duties effectively. There was a consultant available should any discussion be needed regarding patients' MRI scans. A radiographer told us they had access to the consultants most of the time throughout the day if they needed it. They said they may need to discuss with the patient's consultant if an additional MRI scan was needed after seeing the results of the first one. In the event of any medical emergency the staff would call for the hospital crash team.

Staff told us they had the training and leadership they required. An administration officer told us they felt they had sufficient staff to provide an effective service. They added, "We are incredibly lucky, we have such a good team." Another administration officer said they provided each other with support and clarity when needed, and added that they felt the service was well led. An administration officer told us they had team meetings on designated service days, which were held every couple of months.

There was a trial rota in operation to take into account an increase in the service's operating times. The manager told us they were keeping this under review to ensure this led to a more effective service. An administration officer told us the changes to the rota would broaden the services they could offer.

A radiographer told us this was a well-managed service. They said all staff had been involved in preparing the new rota and aimed to ensure staff maintained a home and work life balance. An administration officer told us they thought the change of rota had been well
managed and there were sufficient staff to provide the increased level of service.
Assessing and monitoring the quality of service provision

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

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that patients received and had effective systems in place to identify, assess and manage risks to the health, safety and welfare of patients using the service and others.

Reasons for our judgement

The provider ensured the service was well led through an effective quality assurance system. The service was operational seven days a week and the opening times had recently been extended to provide an increased service. A radiographer told us their working practices were designed to bring the maximum efficiency regarding the use of the MRI scanner. They gave an example that patients were asked to arrive ten minutes prior to their appointment so they would be fully prepared to start to use the MRI scanner at their appointment time.

We saw there were auditing systems in place to ensure the service was safely run. These included health and safety and fire safety audits. These were all up to date. The provider’s head of operations told us after the inspection general maintenance was addressed continuously and redecoration of the unit was part of the planned scanner upgrade programme for late 2014.

There was a complaints system in place and we saw one complaint had been made through this. This was about the level of noise experienced when having an MRI scan. This had been responded to appropriately by the manager who had explained this was something beyond their control, but said they tried to give patients as much ear protection as possible to reduce the noise level.

The provider responded to the views of people who used the service. An administration officer said they asked patients to complete a patient satisfaction form when they had completed their treatment. These were put into a box in the waiting area and sent off each day to an independent company who analysed these. The administration officer told us the most recent feedback had been very positive and they only negative comments were things they could not change, such as the MRI scanner was too noisy.

A radiographer told us they received regular feedback from the patients’ surveys. They said as a result of comments made they had made changes to the system of holding patients valuables whilst they were using the scanner and had produced a laminated sheet of music available to listen to whilst having a scan. The radiographer said they were also
looking to obtain a couple of higher chairs as some patients had commented the ones in the waiting room were too low for them.

The manager told us they had found they did not always get sent the comments patients had made on the surveys so they now photocopied the questionnaires before they were posted so they could act upon any suggestions or comments. Patients could add their name and contact details if they wanted to be contacted about comments they had made on the survey forms. We saw the following comments had been written on the patient questionnaires. "The staff explained everything very well", "I felt considered and cared for" and "As a prosthetic leg wearer they took all my needs into account."

A patient told us, "I have got a patient feedback form already, I have started filling it in." The manager told us they had a very good return rate of patient questionnaires and the administration officers were very good at giving these out to patients.
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:

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**Regulated activity**

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