Inspection Report

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

The Friendly Inn

Gloucester Way, Chelmsley Wood, Birmingham,
B37 5PE

Date of Inspection: 23 October 2013

Date of Publication: November 2013

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

Care and welfare of people who use services	✖ Action needed
Meeting nutritional needs	✔ Met this standard
Safety and suitability of premises	✔ Met this standard
Safety, availability and suitability of equipment	✔ Met this standard
Staffing	✖ Action needed
Records	✖ Action needed

Details about this location

Registered Provider	Michael Goss
Registered Manager	Mrs. Caroline Knight
Overview of the service	The location provides accommodation and personal care for 30 older people, including up to ten people with dementia care needs.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

Contents

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

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 23 October 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service and talked with staff.

What people told us and what we found

We carried out a routine inspection at The Friendly Inn Care Home on 23 October 2013. We looked how people were being cared for at each stage of their treatment and care and how this was recorded. We looked at the environment and equipment available to people who used the service. We looked at staffing levels and we spoke to people who used the service and we spoke to staff.

We observed staff interacting with people with kindness. They demonstrated through one to one discussions with us that they knew the care needs of the people they were looking after.

We found the environment clean and comfortable. One person who used the service told us," Staff are nice here, its ok I suppose."
We reviewed the care of four people with varying levels of need and found most of their needs were being met.

We saw people's bedrooms and the general home environment was safe and most people were supported with appropriate equipment.

During the inspection on 23 October 2013 we noted there was not enough staff to meet the needs of people who used the service. We visited again on 29 October 2013 and saw that action had been taken to address this.

We examined records and found some discrepancies. For example some care plans, risk assessment tools and daily food diaries were not completed and updated appropriately to support people's needs.

We noted appropriate referrals were made to outside specialists on behalf of people who lived there.

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

What we have told the provider to do

We have asked the provider to send us a report by 30 November 2013, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

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

More information about the provider

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

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

Our judgements for each standard inspected

Care and welfare of people who use services ✖ Action needed

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

Our judgement

The provider was not meeting this standard.

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

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

Reasons for our judgement

On arrival at the Friendly Inn Care Home some people were sitting having breakfast at the dining table and some were still asleep in bed. The staff member cooking breakfast stated, "If anyone wants to sleep longer they have breakfast when they get up". We saw some people enjoying cereals and others enjoying a cooked breakfast.
During our visit we spoke with three people who used the service. One told us," Staff are nice here, its ok I suppose." Another person told us, "It can get boring sometimes but people are kind."

We observed staff interacting with people with kindness in an unhurried way. We saw during the morning there were seventeen people sitting in the lounge area. The television was on loud and we saw two people watching it. Other people were either asleep or staring into space. Four people sat in a separate part of the lounge there was no television or radio on and no activities taking place. A staff member told us, "There is nothing to do in here for them they just sit here." We saw very little staff interaction with people throughout the morning.

The manager explained they were hoping to have a television installed soon to give people something to do in the separate lounge area. The service had employed an activity coordinator. On the morning of our inspection the activity coordinator was asked to assist with care and therefore unable to focus on activities.

We reviewed the care notes of four people who lived at the home. We noted one person was assessed as high risk of pressure ulcer development. We saw this person had not moved out of their chair from 9:30am until 2pm. They were not sitting on a pressure relieving cushion. We noted they had a pressure ulcer in July 2013 which had healed. Staff told us, "We haven't got X up out of the chair because we haven't had chance to do it." This meant the person was placed at risk of further skin damage as staff had not taken

appropriate action to reposition them or provide adequate pressure relief.

We saw another person who was assessed at high risk of falls had sustained three falls at the home in the three weeks prior to our visit. Staff explained, "X will often try and walk without their walking frame and X is very unsteady on their feet." We asked the manager what actions had been taken to reduce the risk of the person falling again.

The manager explained all 29 people had hourly checks. We saw recorded evidence to support this. We were told staff were aware X was at high risk of falls and would monitor their movements. Staff explained the service had not increased their hourly checks to more frequent checks. They told us they did not have any additional systems in place such as bed or chair sensor alarms to alert staff should X attempt to move unsupervised. We noted during mid- morning and mid- afternoon staff were not always present in the lounge area and available to monitor people. This meant we could not be sure that people who were identified as being high risk of falls were sufficiently protected by the service to reduce the risk of further falls.

This person remained sitting in their chair from 9:30am until 2pm. They were assessed as having a high risk of pressure damage to their skin. They were not sitting on a pressure cushion. We examined their notes and saw they had the start of a pressure ulcer to their heel which District Nurses had been monitoring. Staff had placed a pressure cushion under their bare feet. However this also prevented the person from standing up independently as they had no hard surface to place their feet on. Staff explained this was a spare cushion which had been used for the person's feet but had not been supplied by the District Nurses for this specific purpose.

We reviewed the notes of another person who had been diagnosed with mental health problems. Their care plan stated X had suicidal thoughts. We saw the person had received regular visits by the community psychiatric nurse and had been assessed by a mental health doctor. This meant the service had made appropriate referrals to external specialists to support the person's needs. We spoke to staff who demonstrated they knew the needs of the person well and stated," X' behaviour is unpredictable, she needs to be watched ". We looked at the 'Mood care plan' which stated, "X has suicidal thoughts and needs to be watched closely." Documents showed the person had previously been found by staff in a high risk situation which required immediate intervention.

During the course of this inspection we observed staff were not always present to monitor the person's movements. This meant we could not be sure that staff were sufficiently monitoring people protecting them against risk of harm to themselves.

Meeting nutritional needs ✓ Met this standard

Food and drink should meet people's individual dietary needs

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

During this inspection we observed people enjoying cereal and a cooked breakfast. We also observed people eating lunch. This was served in the dining room, the lounge, or a person's bedroom depending on their choice. There were two choices for lunch. For main course, people had the choice of chicken or liver, and for dessert people had scones and cream. Both meals looked and smelled appetising. We observed people enjoying their meals and noted there was very little waste.

We saw people were offered drinks at each meal, mid- morning and mid-afternoon. We noted people who sat in the lounge did not have drinks readily accessible to drink when they wanted to. This meant people were reliant on staff to provide drinks for them. We saw people who mobilised and walked into the dining room were offered a drink.

We were told by staff three people needed assistance or encouragement to eat. We saw staff assisting people at their pace, sitting at their level and engaging in quiet conversation Staff explained, " X sometimes needs help but it depends on the day, sometimes X just needs a bit of prompting, so we let X do what they can."

We examined people's weight charts and noted the majority of weights were stable. We saw four people had lost weight. One person had lost 8.6kgs of weight during a six month period. We noted the person had been referred to their GP to request a dietetic assessment. We examined their food diary which recorded what the person had eaten each day. We saw over a ten day period there were five days when the diary had not been completed fully. Therefore it was unclear what the person had been offered and refused, or eaten. Another person was supported by a food and fluid diary. However there were several gaps where staff had not updated the chart.
The provider may like to note that food and fluid diaries for people nutritionally at risk should be completed accurately to enable staff to identify problems early and take appropriate action.

We saw a white board displayed in the kitchen. We were told this indicated people's bedroom numbers and was ticked to highlight who had received their meals. We were told this system had been introduced to prevent people from being missed out as this had happed in the past when people had meals in their bedrooms. We noted there was no date on the board and were told the board had not been updated on the day of the inspection. This meant the system put in place by the service to ensure people did not miss their

meals had not been followed.

Safety and suitability of premises ✓ Met this standard

People should be cared for in safe and accessible surroundings that support their health and welfare

Our judgement

The provider was meeting this standard.

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

Reasons for our judgement

We looked at the environment on both floors of the home. We saw that flooring and walls were clean and in a good state of repair. The temperature of the home was a comfortable level and the lighting in all communal areas such as the dining room, lounge and toilets was good.

We looked at the layout of several bedrooms of varying sizes and found them to be tidy and clutter free. We saw bedroom furniture was in good condition and rooms looked comfortable and inviting.

We saw on the day of the inspection seventeen people were sitting in one lounge and majority of people had walking frames positioned in front of them. The environment appeared cramped and floor space was limited. The lack of floor space meant there was an increased risk of accident or injury to people when they mobilised through the lounge.

Staff explained this was because a morning training session was taking place in the second lounge and people living in the home were therefore not able to use it. This meant their choice was restricted and their needs in terms of space and activities were not being met. The provider may wish to note that facilities for staff training should not compromise the safety, choice and wellbeing of people living in the home.

Safety, availability and suitability of equipment ✓ Met this standard

People should be safe from harm from unsafe or unsuitable equipment

Our judgement

The provider was meeting this standard.

People were protected from unsafe or unsuitable equipment

Reasons for our judgement

We observed the majority of people who used the service walked with walking frames or walking sticks. We saw staff encouraging people to use them when mobilising.

We saw there was an adequate supply of chairs and individual tables for people to sit and have their drinks and meals on. We were told three people required a hoist to move. We inspected the hoist and noted it to be clean and in good working order. We were told by staff, the service had one hoist and should it break down they had no back up. The manager explained the company who serviced the hoist were reliable and would arrive on site within the hour in the event of the hoist failure.

We inspected four hoist slings of varying sizes and saw them to be clean, damage free and the manufacturer instructions were clearly visible. We saw the weight scales were clean and in good working order. We noted all the equipment inspected was within the recommended service time frame.

We saw two people who were assessed as being at high risk of pressure ulcer development were not supported with pressure reliving cushions to sit on This meant they were placed at risk of skin damage. We have required the registered provider and manager to take action in respect of individual people as part of our review of care and welfare earlier in this report. The provider may like to note the service should ensure people at risk of pressure ulcer development are supported with appropriate pressure relieving equipment.

Staffing ✖ Action needed

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

Our judgement

The provider was not meeting this standard.

There were not enough qualified, skilled and experienced staff to meet people's needs at all times.

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

Reasons for our judgement

On the day of our inspection staff training was taking place in the second lounge. Some staff had been invited to attend on their day off and some staff were on duty but had been relieved of their duties to attend.

We were told by the manager the usual staffing levels were: One senior care worker and three care workers for the morning shift. One senior care worker along with two care workers for the late shift, and two care workers worked the night shift. In addition the service had employed an activity coordinator who worked four days per week. The service also employed a cook and a housekeeper.
We were told the manager's and deputy managers hours were in addition to these.

On the morning of the inspection we saw staffing levels had reduced from four staff and one activity organiser caring for 29 people to two staff. We were told by the manager this was because staff were attending a morning training session. We saw that this staffing level did not safely meet the needs of people living at the home.

We observed the senior carer had been asked to replace the cook in the kitchen. The activity organiser had been asked to replace a care worker. The staff member asked to cook lunch had not received up to date food hygiene training.

We saw people had been asked to sit in the main lounge as the second lounge was used for staff training.

We noted two people who were at risk of pressure ulcer development had not been assisted to move for nearly five hours. Staff explained " We haven't got them up out of the chair because we haven't had chance to do it.

We were told by staff, "Some days are better than others for staffing levels, this morning is dreadful because of the training and the weekend was pretty bad we couldn't give X a wash until late evening, as we just didn't have enough staff to see to everyone ".

Another staff member explained "Whenever there is training we always end up taking people off the floor, as we can't have any extra staff brought in. "

A further staff member stated " We've asked to split the training days up so we can leave some staff on the floor to look after the residents, but we are told its too expensive to run two training sessions. "

During this inspection we found mandatory training had been well attended and was offered in subjects such as moving and handling, safeguarding vulnerable adults, health and safety, and fire safety. The service was also providing some training in specialised subjects to meet the needs of people who used the service. For example, dementia awareness, challenging behaviour and nutrition. We noted the majority of training was delivered face to face with a trainer. The manager explained staff learned better and remembered more when they were able to ask questions from a trainer.

On the day of the inspection we requested a four week copy of the staff rota. The rota showed four care workers on duty from 7am to 2pm and one activity coordinator. The rota for the day of our inspection did not accurately reflect the number of staff actually available to support people. We could not be sure the staff rota accurately reflected how many people were delivering care.

The manager informed us that if staff required help they would come and ask the deputy or the manager. However, we did not see either deputy or the manager providing direct care during our visit. Whilst we were aware several staff were in the building receiving training, we did not see any staff called out of training to assist with care.

We asked the manager to review the staff rota and provide us with an accurate copy the following day. We were aware the service had another training day planned on 29 October 2013 and wanted assurance the service would have sufficient staff on duty to meet the needs of the people using the service. The revised staff rota was not sent within the agreed time frame. We visited the home again on 29 October 2013 at the time of the training session.

During this visit we saw there were enough staff on duty. We examined the staff rota and saw there were four staff delivering care. We noted one person was absent, however the deputy manager had stepped in to ensure staffing levels were at a safe level and people's care and welfare had not been compromised. We saw the service had taken on board the concerns from our first visit. We remain concerned these were only addressed as a consequence of the inspection and not as a result of a comprehensive plan to maintain staffing levels at all times.

Records ✖ Action needed

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

Our judgement

The provider was not meeting this standard.

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

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

Reasons for our judgement

We saw care folders were stored on the shelf in the main office. Each folder included the person's room number rather than name on the spine of the folder. Staff explained this system protected the person's identity. We examined four sets of notes which revealed care plans were individualised and in some cases reflected the needs of the person using the service. We saw risk assessments were completed and most of them had been updated appropriately.

However, we noted some risk assessments and care plans had not been updated at regular intervals. For example, food diary charts for people who had lost weight were partially completed. Care plans did not always contain current information to guide staff how to provide care and treatment for people with mental health problems.

Staff told us care plans and risk assessments were updated monthly or sooner to record the current condition of a person. However, we saw one person's falls risk assessment had not been completed for September and October and a skin assessment chart had not been updated for August and September. Care plans for dementia and medication for the same person had not been updated for August and September. This meant we were unsure whether records accurately reflected the person's current condition.

We examined the notes of another person who had lost weight and this was recorded appropriately in their monthly weight chart. We saw the person had been placed on a food and fluid diary to allow staff to monitor their intake more closely. However, we noted many of their daily diaries had been completed to include breakfast and lunch, however five out of ten charts were not completed for afternoon and evening. In addition, we noted a three further people had lost weight. Two people had not been placed on food and fluid diaries to record their nutritional intake.

One person had been placed on a food diary however, the diaries for several days were incomplete. Due to lack of information staff could not be sure what the person had consumed in a full 24 hour period for several days. This meant we could not be sure staff

would take appropriate action to reduce the risk of further weight loss.

We examined another person's notes which contained appropriate updated assessments conducted by external mental health professionals. We saw a care plan detailing a person's mental health needs. We spoke to staff who stated,
" Sometimes X just needs a cuddle, X can get very anxious without much warning, if we sit and talk to X and hold X's hand this can calm X down and be very reassuring. " However, this was not recorded in their care plan. This meant there was insufficient information available to guide staff how to meet the needs of the person.

This section is primarily information for the provider

Action we have told the provider to take

Compliance actions

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	**Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010** **Care and welfare of people who use services**
	How the regulation was not being met: The service did not protect people against the risk of receiving care or treatment that was appropriate or safe. People at risk of pressure damage, falls and self harm were not cared for or supervised appropriately. Regulation 9 1 (b) (i) (ii)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	**Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010** **Staffing**
	How the regulation was not being met: The service had not ensured there was sufficient numbers of staff to safeguard the health, safety and wellbeing of people who used the service. Concerns were only addressed as a consequence of the inspection and not as a result of a comprehensive plan to maintain staffing levels at all times. Regulation 22.
Regulated activity	Regulation
Accommodation for persons who require	**Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010**

This section is primarily information for the provider

nursing or personal care	**Records**
	How the regulation was not being met: People were not protected against the risk of unsafe or inappropriate care and treatment arising from the lack of proper information about them. Risk assessments, care plans, food diaries were not updated appropriately. Care plans did not always reflect the needs of the person using the service. Staff rotas were not accurate. Regulation 20. 1. (a) (b) (ii)

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 30 November 2013.

CQC should be informed when compliance actions are complete.

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

About CQC inspections

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

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

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

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

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

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

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

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

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

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

How we define our judgements

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

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

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

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

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

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

Regulated activity

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

Glossary of terms we use in this report (continued)

(Registered) Provider

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

Regulations

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

Responsive inspection

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

Routine inspection

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

Themed inspection

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

Contact us

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