Inspection Report

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

Cartmel Old Grammar

Cartmel, Grange Over Sands, LA11 7SG

Tel: 01539536868

Date of Inspection: 03 December 2013

Date of Publication: January 2014

We inspected the following standards to check that action had been taken to meet them. This is what we found:

Care and welfare of people who use services	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Staffing	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard
Notification of other incidents	✗ Action needed

Details about this location

Registered Provider	Mary Rush Care Homes (NW) Ltd
Registered Manager	Ms. Angela Johnson
Overview of the service	Cartmel Old Grammar provides accommodation for up to 23 older people who need assistance with their personal care. The home is a large period building, which has been adapted and modernised to suit its present use. Accommodation is provided over two floors and there is a passenger lift and stair lift to help people to access rooms on the upper floor. The home has a range of equipment suitable to meet the needs of the people living there.
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

We carried out this inspection to check whether Cartmel Old Grammar had taken action to meet the following essential standards:

- Care and welfare of people who use services
- Requirements relating to workers
- Staffing
- Supporting workers
- Assessing and monitoring the quality of service provision
- Notification of other incidents

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 3 December 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members, talked with staff and talked with commissioners of services.

What people told us and what we found

People living at Cartmel Old Grammar Care Home told us that they were "Quite happy with everything" and "Very happy" with the services and support they had received.

We spent time talking to people living there and observing daily life in the home including a resident's meeting We did not receive any negative comments about the standard of personal care and individual attention people had received. People told us the food was "Usually very good".

From our observations and conversations with people living there we found they had received the support they needed and were given choices about their care and their social activities. We observed that staff encouraged people to maintain their independence and control over their lives. We saw that people were comfortable and confident with the staff on duty. We were told that the staff were, "Very kind".

The home had systems for reviewing and updating information and care plans and getting people's views on the service. There were systems in place to maintain confidentiality and keep records secure. Staff working in the home had been through a thorough recruitment process and were being supported to receive training appropriate for their role. Staff levels were adequate at the time of the visit and more staff were being recruited.

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 18 January 2014, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

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

More information about the provider

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

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

Our judgements for each standard inspected

Care and welfare of people who use services ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare

Reasons for our judgement

During our visit to Cartmel Old Grammar Care Home we observed staff as they went about their duties and interacted with the people living there. We spoke with the manager, staff and people living there and we looked at care records (this is called pathway tracking). We spoke with people living there about the support they received in the home and they told us they were able to follow their own interests and religious beliefs. People told us that they went out with their friends and families and took part in the home's organised activities as they pleased. During our observations we saw some people moving freely around the home, some with staff support. We saw staff prompting and asking people if they required help to do something or with their meal or to have a drink.

We saw that the home had a programme of activities for people to take part in within the home. We looked at the records of the activities taking place for individuals over the last two months. We could see that for a period of time earlier in the year these activities had not been taking place as planned. From looking at records and speaking to the manager and staff we found this had been at a time when staff levels were low and the staff member had been needed to make sure safe staff levels were maintained for the people living there. The activities records indicated that the activities programme had been re-established.

People at the resident's meeting told us about tea dances held locally they had attended, a Halloween supper and bonfire party the home had put on. Some people had been baking and making sweets and there had been musical entertainment, quizzes and religious services on a regular basis. Other people had been out shopping and a range of seasonal entertainments had been arranged for over the Christmas period.

People's individual records indicated attention was paid to making sure that people were supported to give consent or be supported in their best interests about things that affected their welfare and support choices. For example we could see in records and asking people that they had been asked about having their photograph taken for care records. We saw

that general consent for care and treatment had been sought and, where possible, people had signed their own care plans to indicate their agreement. There was information on where powers of attorney applied if support was needed to make decisions in someone's best interest. It was not clear in the care plans if this authority was for financial or care and welfare decisions. The provider may want to note that.

We saw that people were being given choices about their care and lives in the home in a way they could easily understand. Where people needed additional time to be able to express their views and wishes we saw staff gave them the time they needed to do this. The staff in the home took the time to talk with people as they went about their duties. We saw many positive interactions between the staff on duty and people who used this service. These positive interactions supported individuals' wellbeing.

We saw that people's future preferences about care had been discussed with them where appropriate as part of preparing for their future care, should their condition change. We looked at the records the service held about people who lived there and at five in detail. We were told "I have no complaints" and also "I like my room, it's very nice here".

There were assessments in place regarding relevant activities of daily living and assessments from other agencies such as the dietician and speech and language therapist. These assessments and supporting information made it clear about what people's needs and preferences were and what they needed help with or wanted to do themselves. One person living there told us, "They (staff) encourage me to stay active and do what I can. I want to stay as independent as I can".

We found that all the people who lived at the home had an individual plan of care and a support plan in place. These contained assessments of individual needs and of risks that needed to be managed, such as nutrition, skin care, mobility, falls and moving and handling and the use of bedrails. The risks were being assessed using recognised clinical tools and the action needed to manage the risks for individuals was recorded. The information we looked at about the people using the service was written in an individual and positive way.

We saw from the sample of care plans we looked at that the management plans of care, treatments and support were subject to evaluation, review and alteration when needs had changed. Staff told us that a lot of work had gone into improving the care plans and recording of care provided. One staff member told us, "The care plans have dramatically improved. We do a lot better monitoring of care now".

We saw from records that where people had lost weight there was a clear dietary plan to support them. We saw that where a risk had been identified from weight loss that advice had been sought from the GP and dietician. We saw that food and fluid diaries had been used and completed correctly with amounts taken. All weights were done regularly and if needed weekly to monitor.

We looked at skin and pressure sore risk assessments and the actions taken to minimise skin damage. One person needed to be hoisted due to their immobility and there was a support plan and instructions on equipment for staff on this. We saw that two hourly turns were being done to relieve pressure in addition to using a pressure relieving mattress. Records and speaking with staff indicated that they had been doing this and recording the time and what had been done. Talking to staff they understood that they needed to keep clear records about this and hand over to the next shift.

Requirements relating to workers ✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

We looked at the records the service held about some care staff. This included the last three staff who had started work within the home. We saw that no new care staff had been employed until the checks required by law had been completed. Staff we spoke with confirmed that security checks and references had been done before they started work.

There were completed application forms on file, interview records and employment histories on file and we could see that pre-employment fitness questionnaires were used to help make sure staff were suited to the work. We saw that the records of interviews and questions were detailed.

All new care staff had to obtain a disclosure from the Disclosure and Barring Service to check that they were not barred from working in a health or social care service. We could see that references had been requested from people's previous employers and that these had been followed up for prospective staff.

We saw that thorough procedures were used when employing new staff to ensure they were suitable to work with the people living in in the home. Each of the newly recruited member of staff had completed an induction programme and this was recorded. Induction covered basic competencies and staff were assessed and 'signed off' by senior staff who had observed their work.

Recent care staff that we spoke with told us that they had received induction training when they started work there and felt supported by the management team. The staff we spoke with told us that they received supervision from the new manager. Staff confirmed that they had access to training relevant to their roles and were supported by the manager to attend and to develop within the organisation.

Staffing ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

We checked the work rotas and number of staff on duty on the day of our visit. The rotas showed who was on duty, when and in what capacity they had worked. The registered manager worked from Monday to Friday and was supported by the deputy manager and senior carers. The manager told us, and the staff confirmed, that if needed the manager would work as part of the care team". Staff told us that they appreciated this.

We could see from records and talking to the manager and staff that there had been a period of time earlier this year when staffing levels had been low and unstable. This had improved but rotas were still only being done a week in advance because of difficulties with shift planning in the long term. Some staff had been working some long hours covering shifts. The manager was aware that this was not sustainable or desirable for safety and consistent care. The manager had recruited additional permanent and bank staff and had introduced incentives to help retain staff.

Staff confirmed to us that the pressure to work long hours to make sure there was safe staffing levels had decreased. We were told, "We have had some new starters and its better now…. they have settled in well". We were also told, "Staffing levels have been bad at times but it's got better" and "I'm not doing a lot of extra shifts now". Staff told us that "Quite a few staff left early on, but we are going in a new direction now and things have improved considerably".

When we visited the home there were 16 people living there and we found a senior carer and two care assistants on duty on the morning and the afternoon shift. The previous day there had been three carers and staff said that had been "very good". The manager was actively recruiting and increasing staff numbers on shifts as they got more staff. The manager told us, and the rotas indicated that there were two staff on overnight.

There was an on call system for staff to get support or ask advice from a more senior member of staff if needed during the night. We saw that the manager had introduced a tool to help calculate staffing needs that reflected dependency levels. As the number of people living in the home increased this could help with shift planning.

We asked people if staff were available if needed during the night. People we spoke with

said the night staff came when they rang for them. People living there told us that staff were "kind" and "helpful" and also "I think the staff are very good with me". People we spoke with who lived there spoke well of the staff and the attention they received from them. We were told, "There is always someone about if you want them". People we spoke with said that they felt "safe" and also "well looked after".

The home had a part time activities coordinator working over five days to support people with leisure activities. We could see that there was an established programme of activities for people to take part in during the day. On the day we visited the hairdresser was in the home. We saw several people were having their hair done.

There was domestic staff working long hours covering the week to take care of the housekeeping and we could see the home was clean. The manager confirmed that a second domestic had been recruited to work and this should reduce the long hours being worked by the domestic staff.

There was a maintenance person employed to help maintain the home who was working in the home when we visited. The kitchen was appropriately staffed across the seven days.

Staff we spoke with told us that they enjoyed their work and "I can spend more time with people now". We were also told that "There is more stability now" and "The management is approachable… they're decent employers".

Supporting workers ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

We spoke with manager and staff about the training being provided for staff so that they could carry out their roles safely and effectively. We asked the registered manager about the staff training programme and how this was being planned and implemented. The manager provided us with access to their training matrix and the records on this for examination. This recorded what training had been done, when and what was being arranged for staff. The manager had already arranged for training to be provided for those staff identified as needing it. The training had been confirmed and included medication training, updates on basic food hygiene and also dementia awareness.

We could see from the records that an increased level of training had recently been provided for staff. Staff we spoke with confirmed they had received training as planned and had done written tests upon it to check their understanding. We saw these test records and these included health and safety, safeguarding, mental capacity and dignity in care. Staff we spoke with were able to tell us what they would do if they suspected abuse or poor practice.

We saw that the manager had been providing some supervision for staff and monitoring performance. The manager was aware that staff supervision had got behind over a period of time and was addressing this. We saw that the manager had also looked at aspects of staff performance. Where concerns had been identified about performance we could see that support was being given to help staff if improvement was needed. The manager was being supported by the provider's operations manager to address competency issues where appropriate.

Staff we talked with confirmed they had received supervision both formally and informally in the workplace and felt they could talk with the manager at any time about practice and training issues. Staff responses to our questions and records held on file indicated that they were being supported to undertake training and additional qualifications and skills to help them in their work.

The manager and staff told us that district nursing service had provided a staff member with training so they could support a person living there to give their own insulin. This

allowed the person to help keep their independence in this matter. However this had not been formally recorded as a task delegated and supported by the district nurse. We discussed the importance of recording the competence of the person assisting with the insulin and making sure the district nurse had reviewed that competence to carry out the task. The manager confirmed this would be done.The provider may want to note for procedural guidance and future reference.

The operations manager for the organisation was visiting two days a week to undertake further training with staff. We saw evidence that outside training agencies and distance learning were also providing training for staff including moving and handling and infection control. We saw that moving and handling training was organised for the following week for staff. This was to provide updates for some and more detailed training for newer staff who had only received basic moving and handling instruction during induction.

We saw that fire warden training was taking place for designated staff the following week with an outside agency. Fire awareness training had also been done and staff had recently done fire safety training. The service had designated First Aiders who had received training.

We looked to see what training new staff had been given. One person told us that when they had started work there some time ago their induction had been "disjointed" but that "Now there is four weeks induction and you have to have competencies signed off". We looked at the induction records of the three newest staff and found that staff had been given an induction when they started. This had included a range of basic competencies such as bathing and bed bathing, using a bath hoist, oral and mouth care and hearing aid care. This was being followed by more detailed training. We saw the records of these basic competencies having been confirmed by senior carers who had signed the induction record.

We saw that one member of staff who was moving to work on night duty had worked through all the basic care competencies again to make sure they were prepared before starting new duties. This also included more frequent fire awareness training.

Assessing and monitoring the quality of service provision ✓ Met this standard

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 people received.

Reasons for our judgement

We spoke with people who used the service but they made no specific comments relating to this outcome. When we visited the home we found there was a system being used to assess and monitor the quality of the services and records about the care and support people living at the home received. We saw that information about the safety and quality of the service was being gathered from different and relevant sources and that this was being recorded and stored securely. The service had procedural guidance for staff to follow on maintaining confidentiality and data protection.

We asked the manager how falls and adverse events in the home were analysed and used to inform practice. We looked at how the service had managed falls in the home and looked at the falls reports and analysis for the last two months. This analysis had looked at the times and places where people had fallen to help identify themes. For one person who had experienced a high number of falls a diary had been kept and analysed. The high risks times had been identified as periods following the administration of medications that had sedating side effects. A medication review was undertaken with the person's GP and changes made to the medication regime. The person had not fallen since the new plan had been implemented and this had helped improve their wellbeing.

We found that there had been recent improvements in the control measures in place for assessing the risk of falls and their monitoring. This included check lists for equipment being used to make sure it was working correctly and had been switched on. We saw additional monitoring being done through handover checks from each shift to make sure anything staff needed to know about changes during a shift was handed over.

The manager had been doing some regular checks or 'audits. This was being carried out with care plans to help make sure they were accurate and up to date. The sample of care plans being audited each month was a small one and may not be fully representative of all those in use. The provider may want to note that.

Infection control and environmental audits had also taken place. We saw recommendations from these were being carried out in the home with redecoration and

refurbishment. A recent health and safety audit had highlighted that people needed personal evacuation planes in case of fire or emergency. This was being done for all the people living there. It also highlighted the need for some staff to have moving and handling training. Staff had either received this or were booked onto training for this.

The care staff told us they had regular meetings with the manager and senior staff and where they were able to discuss their practice and raise any concerns. They said they felt well supported by the manager of the home and said their views about the service were listened to. We also saw records of the regular monitoring visits made to the home by the provider.

We spent time attending a 'resident's meeting' that was taking place. There were 11 people attending the meeting and one relative and all had been given agendas. The meeting was lively and people gave their views openly and made comments for management to consider. We heard people discuss the food. Some people had asked at the last meeting if they could have cheese and biscuits after meals and a cold meat platter at tea to make the sandwiches how they liked. These things had been tried and one person told us "It has worked out well". A suggestion was made to hold a whist drive and the activities coordinator was going to arrange for that.

We saw the summaries of the surveys carried out at the start of the year with the people living there and the comments were largely positive. A survey had been carried out with outside agencies coming into contact with the home and the results had been positive. The next survey was due in January 2014 and would be sent out by the provider from their head office.

We looked at a sample of the care plans and care records of some of the people living at Cartmel Old Grammar. We found that people's personal records were up to date and a reflection of their needs. We saw that all personal records about people living there were held securely. Staff training and personnel records were also held securely in the main office.

Notification of other incidents ✖ Action needed

The service must tell us about important events that affect people's wellbeing, health and safety

Our judgement

The provider was not meeting this standard.

The provider was not meeting this standard. Important events that affected the health, welfare and safety of people were not reported to the Care Quality Commission so that, where needed, action could be taken.

We have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

We spoke with people who used this service but their feedback did not relate to this outcome. Providers of services registered with the Care Quality Commission are required by law to notify us of important events which affect the health or welfare of people who use services. We use this information as part of our ongoing monitoring of services and to check that the provider has taken appropriate action in response to important events.

At our inspection we found there had been three incidents which should have been reported to us but which we were not notified about. This meant we were not able to check that the provider had taken appropriate action in response to the incidents. Following our inspection the manager sent the required notifications to us.

The provider should note that failure to make the required notifications in the future may lead to us taking further action under our enforcement procedures. This could include issuing a warning notice or a fixed penalty notice.

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 18 CQC (Registration) Regulations 2009** **Notification of other incidents**
	How the regulation was not being met: Important events that affected the health, welfare and safety of people were not reported to the Care Quality Commission so that, where needed, action could be taken. Regulation 18 (1).

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 18 January 2014.

CQC should be informed when compliance actions are complete.

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

About CQC inspections

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

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

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

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

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

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

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

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

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

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

How we define our judgements

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

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

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

How we define our judgements (continued)

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

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

Phone:	03000 616161
Email:	enquiries@cqc.org.uk
Write to us at:	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA
Website:	www.cqc.org.uk