

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

## Medlock Vale Medical Practice

58 Ashton Road, Droylsden, Manchester, M43  
7BW

Tel: 01613701610

Date of Inspection: 06 January 2014

Date of Publication: January  
2014

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

**Respecting and involving people who use services** ✓ Met this standard

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

**Safeguarding people who use services from abuse** ✓ Met this standard

**Cleanliness and infection control** ✗ Action needed

**Requirements relating to workers** ✗ Action needed

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

**Complaints** ✓ Met this standard

## Details about this location

Registered Provider	Medlock Vale Medical Practice
Registered Manager	Dr. Andrew Cox
Overview of the service	<p>Medlock Vale Medical Centre has six GPs. It is located in Droylsden, Manchester. It is in a purpose built building which has access for wheelchair users. It is open from Monday to Friday. The practice shares premises with another GP practice but has separate staff and consultation rooms. The practice treats patients of all ages and provides a range of medical services. There is limited parking nearby but good public transport links.</p>
Type of services	<p>Doctors consultation service Doctors treatment service</p>
Regulated activities	<p>Diagnostic and screening procedures Family planning Maternity and midwifery services Treatment of disease, disorder or injury</p>

## 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'.*

	Page
<b>Summary of this inspection:</b>	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
What we have told the provider to do	4
More information about the provider	5
<b>Our judgements for each standard inspected:</b>	
Respecting and involving people who use services	6
Care and welfare of people who use services	8
Safeguarding people who use services from abuse	10
Cleanliness and infection control	11
Requirements relating to workers	13
Assessing and monitoring the quality of service provision	14
Complaints	15
<b>Information primarily for the provider:</b>	
Action we have told the provider to take	16
<b>About CQC Inspections</b>	18
<b>How we define our judgements</b>	19
<b>Glossary of terms we use in this report</b>	21
<b>Contact us</b>	23

## 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 6 January 2014, talked with people who use the service and talked with staff.

---

### What people told us and what we found

---

Generally people told us they were happy with the service they received although most people raised concerns about the appointment waiting times and the poor attitude of some of the reception staff who were described as 'rude' and 'abrupt'. Similar comments were made on the NHS Choices website. One person told us, "The doctors are great. I get time to tell them about my problem and they always take time to explain things." Another person told us, "The doctors are great, things get sorted quite quickly. Sometimes there are delays with repeat prescriptions."

A range of leaflets and posters were displayed which meant people who used the service were provided with appropriate information about the care, treatment and support choices available.

All staff were trained in cardiopulmonary resuscitation and a record of this training was in place. The service had appropriate equipment to support people in the event of a medical emergency.

The premises were generally clean and tidy. Although the practice had an infection control lead, no formal infection control audits had taken place.

Staff were trained on child protection and safeguarding vulnerable adults and a whistle blowing policy was in place. This ensures people were safeguarded from abuse and harm and safeguarding referrals were managed correctly.

The provider did not operate effective recruitment procedures and perform appropriate checks to ensure that staff were suitable and safe to undertake their role.

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 14 February 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](http://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

**Respecting and involving people who use services** ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

---

### Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected. People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

---

### Reasons for our judgement

We spoke with eight people about whether the staff in the surgery maintained their privacy and dignity. They told us they were always seen in private and the doctor or nurse explained their treatments well. One person told us, "The doctors and nursing staff are all superb." Another person told us, "The doctors are great. I get time to tell them about my problem and they always take time to explain things."

A number of people commented on the poor attitude of the reception staff. People described some reception staff as 'abrupt' and 'rude'. One person said, "Some are good, some are bad, I would give them about five out of ten." This issue was also raised on the NHS Choices website. The practice manager was aware of the comments made on the NHS Choices website and was looking at ways of improving the situation. At the time of our inspection there were no proposed actions in place to deal with this.

People's diversity, values and human rights were protected. All the consulting rooms were based on the ground floor and were accessible for people with mobility needs. There was a low part of the desk at the main reception for wheelchair users. The people who used the service said they found no difficulties in accessing the surgery. Two of the people we spoke with told us they had mobility difficulties and found the surgery easy to access.

Information about the people who used the service was stored securely. Most information was no on-line and password protected. This ensured people's confidentiality.

The practice information pack was not available. This included information about the services provided, staff delivering the service and opening times etc. We were informed by the practice manager that this was currently being updated and would be available next month.

We looked around the practice and found that there were a range of patient information leaflets and posters displayed in the waiting area. The leaflets/posters gave information

about the different services available both from the practice and from other services. There was also an "information for carers" board which provided carers with useful contacts to support people who were caring for a friend or family member. The practice manager told us they had access to an interpretation service for people whose first language was not English and appointments would be scheduled towards the end of surgery to allow more time to accommodate any additional needs.

Each examination room had blinds at the window and curtains that could be pulled around the examination couch to ensure people's privacy. We also found the service offered a chaperone service. Information regarding the chaperone service was not visibly displayed but we were told that the doctors would always offer the service to patients prior to any intimate examinations.

**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**

---

We spoke with eight people about whether they were happy with the service they received. Generally the people we spoke with said they were happy with the care they received from the doctors and clinical staff. All of the people we spoke with described the nursing staff as 'very good'. One person said, "I really can't fault the staff, they are very good." Another person told us, "The doctors are great, things get sorted quite quickly. Sometimes there are delays with repeat prescriptions."

When people first registered with the service they completed a health questionnaire which provided information about their past medical history, current health concerns and lifestyle choices. People's notes were requested from their previous GP and relevant information was scanned into the electronic record.

The service had electronic records in place which accurately described the contact patients had with the service and the actions taken to provide appropriate care and treatment. This included a record of patients' test results and referral letters. The system also automatically flagged when people were due reviews for medication or in relation to any long standing conditions such as diabetes or dementia. We found patients with ongoing conditions were monitored routinely by the practice nurse or nurse practitioner with any issues or concerns being flagged with one of the doctors for appropriate follow up.

All staff were trained in cardiopulmonary resuscitation and a record of this training was in place. The service had appropriate equipment to support people in the event of a medical emergency. Regular checks were made of emergency equipment to ensure it was in good order. Records showed the nursing staff regularly checked the emergency drugs and vaccinations were in date and rotated.

The appointment system allowed for urgent and routine appointments. The practice manager told us each doctor had six or seven emergency appointments per day. The practice did not operate a triage system. If an appointment wasn't available then they would either have to wait for the next available appointment or go to the nearest walk in centre.

An extended hours service was not available although telephone consultations were offered and home visits made available to patients who were housebound or too ill to attend the service. For emergencies outside normal working hours patients were referred to the local NHS emergency service, walk in centre and Out of Hours service. Most of the people we spoke with were unhappy with the appointment system. They said they had to wait a long time to get an appointment and often couldn't get to see their own doctor. A number of people told us they were unhappy with the system of only being able to discuss one issue during an appointment. This resulted in people having to make another appointment which on one occasion resulted in the person visiting the surgery twice in one day. People had also raised similar concerns on the NHS choices website. At the time of the inspection the practice was looking at ways of improving the system by introducing a triage system and recruiting more doctors.

**People should be protected from abuse and staff should respect their human rights**

---

## **Our judgement**

---

The provider was meeting this standard.

People who used the service were protected from the risk of abuse because the provider had taken reasonable steps to identify the possibility of abuse and report it appropriately.

---

## **Reasons for our judgement**

---

Training records showed staff had received training on child protection and safeguarding vulnerable adults and a whistle blowing policy was in place. The doctors had received specific training in this area to allow them to make referrals appropriately. This meant the provider had taken steps to ensure people who used the service were protected from harm.

The service had a designated safeguarding lead which ensured all allegations of abuse were managed correctly. This established link meant that advice and guidance could be easily sought as needed.

The practice had a safeguarding policy which was held electronically and was located easily by the practice manager on request. The policy contained the appropriate contact details for referring both child protection and adult safeguarding concerns. However the policy required updating with links to the most up to date regulations. The provider may wish to note that this had been highlighted by the safeguarding trainer in November 2013 and had not been completed by the time of our inspection. The practice manager was able to explain what action he would take if any concerns arose.

The electronic records system allowed the practice to set alerts for any child or adult who may potentially be at risk of abuse. This meant all clinical staff would be aware of any issues regardless of who the patient was seen by.

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

---

**Our judgement**

---

The provider was not meeting this standard.

The systems in place were ineffective to reduce the risk of the spread of infection.

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**

---

The premises were generally clean and tidy with the exception of one treatment room which was cluttered and untidy. It would have been difficult to clean the room to the expected standard (i.e. under and behind equipment) with all the excess items, old records and general clutter that was present on the day of our inspection.

We were told that all GP rooms had been recently decorated although one room was noted to have a large stain on the carpet by the door. All the rooms we viewed had foot pedal operated bins and hand wash sinks with a supply of hand wash and alcohol gel. Waste was segregated in line with requirements and each room had a wall mounted sharp bin.

We randomly sampled a number of consumables and equipment to check for expiry dates. In one of the doctor's rooms we found a swab kit that had expired in 2012, one pipette of fluorescein that had expired in December 2013 and several disposable speculums that had also expired in 2012. In the nurse's room we found alcohol wipes that had expired though these were in a cupboard under the sink and did not appear to have been in use. In the nurse practitioner's room we found three bottles of adrenaline in the medicines fridge that had expired in December 2013. These were put to one side for disposal. While there was no evidence to suggest the expired items found were being used for treatment it meant that items passed their expiry dates were being stored instead of being disposed of in a timely manner. This increased the risk of items that may not be sterile being used for treatment.

We were informed that one of the doctors was the practice's infection control lead and stock was regularly checked by the assistant practitioner, however, regular formal audits were not completed. This meant the provider did not have robust monitoring systems in place to ensure infection control procedures were being implemented correctly. The provider may wish to review the infection control procedures to ensure detailed audits are completed for the purpose of monitoring and improvement in this area of care.

A policy was in place which covered areas such hand hygiene and cleaning. The policy

included a cleaning rota. The policy did provide information on the equipment and materials to be used and the rota included the frequency but it was noted that it contained limited information. For example, for the treatment room the rota stated "mop floor, wipe over tops, clean sink". Likewise the policy did not mention anything about cleaning of carpets. Whilst it is acknowledged that carpets are a low infection risk, several stains were noted on the carpets which did not contribute well to the overall appearance of cleanliness. The provider may wish to review how much detail is included in the rota to ensure staff know what is expected of them.

The practice used non-disposable speculums and coil kits which required decontamination and sterilisation following each use. The healthcare assistant and practice manager explained the decontamination process. The practice manager confirmed that the sink in the treatment room should only be used for washing equipment due for sterilisation. However during our inspection we found a side plate and a teaspoon had been put in the sink. These appeared to have been used for domestic purposes and the practice manager confirmed they should not have been in there. A daily test was carried out and details of this test were recorded of the heat and pressure to confirm that the steriliser was working appropriately. The steriliser had been regularly maintained and had been serviced and validated every year.

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

---

## **Our judgement**

---

The provider was not meeting this standard.

The provider did not operate effective recruitment procedures and perform appropriate checks to ensure that staff were suitable and safe to undertake their role.

Regulation 21(a) (i) (ii) (iii) (b)

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**

---

The practice manager explained that the staff team was stable and most staff had worked at the practice for over 10 years. They told us that a formal recruitment and selection procedure had not been followed when staff were first employed. This meant the provider had not operated effective recruitment procedures and performed appropriate checks to ensure that staff were suitable and safe to undertake their role. While the practice manager explained clearly the steps that would be followed when a new member of staff would be employed in the future, a policy and procedure around the recruitment of staff was not in place.

The doctors who worked at the practice had undertaken a Criminal Records Bureau (CRB) check, however, a CRB or Disclosure and Barring Service (DBS) check had not been completed for any other staff. There was no risk assessment or policy in place for this and it was evident from speaking with the practice manager that they had not looked at the guidance on this area. They did however advise that following our inspection they would carry out an enhanced DBS check on all nursing staff and would review the guidance in terms of all other staff.

The practice manager told us that the practice paid for the nurses' registration with the Nursing and Midwifery Council so they knew that nursing staff were registered appropriately. However they did not perform register checks to ensure there were no issues with a nurses' practice or that they were subject to any investigations. Likewise they did not check the General Medical Council register to ensure there were no issues with GP practice. The practice paid for group indemnity cover which covered all staff except the GPs. Doctors paid for their cover themselves which the practice checked but did not take copies of.

## 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 effective systems to regularly assess and monitor the quality of the service that people receive.

---

### Reasons for our judgement

---

We spoke with eight people about the overall standard of care provided at the practice. Half of the people we spoke with said they were happy with the standard of the service. However, the remainder told us they were very unhappy with aspects of the service. A lot of the concerns raised related to appointment waiting times and the poor attitude of reception staff. Similar concerns were also raised on the NHS Choices website. Some of the people we spoke with described the service as 'average', 'adequate' and 'ok'. Others said the service was 'very good'. One person said, "Overall the service is pretty good." Another person told us, "The doctors and staff who take blood are great, but trying to get an appointment with you own doctor is really difficult."

The practice did not have a Patient Participation Group. This group had operated in the past; however, over time it was felt it had "run its course" and so had limited value. However the practice manager told us they may consider reinstating the group as there had been changes to the practice since the last meeting.

The practice did not routinely send out feedback questionnaires or hold listening events. However, the practice manager could describe some of the issues raised via NHS choices website and what action had been taken to try and address these. As a result the practice was in the process of implementing a new telephone system so patients would know they were in a queue and the estimated waiting times. They were also looking at the possibility of introducing a triage system to speed up this process.

The practice participated in the quality and outcomes framework system (QOF). The QOF measures achievement by GP practices against a set of indicators about the quality of the clinical care and organisation of the practice. There were systems in place to monitor services and record performance against the quality and outcomes framework. A range of internal clinical audits had also been completed to improve outcomes for patients. This showed the provider had systems in place to assess, monitor and improve the quality of service provided people received.

In light of the issues raised, the provider may wish to review the current quality assurance systems to monitor the effective and efficient running of the practice more effectively.

**People should have their complaints listened to and acted on properly**

---

**Our judgement**

---

The provider was meeting this standard.

There was an effective complaints system available. Comments and complaints people made were responded to appropriately.

---

**Reasons for our judgement**

---

A copy of the practice's complaint procedure was displayed which explained what people should do if they were dissatisfied with their treatment. The procedure provided staff with guidance on how to ensure complaints were managed appropriately and in a timely manner. This meant that the manager had a system in place to ensure people could make complaints and comments and they would be acted on in an appropriate manner.

We spoke with eight people about the practice's complaint procedure. People were not aware of the formal complaint procedure although they said they would speak directly to the practice manager if they wanted to raise a concern. The provider may wish to ensure the complaint procedure is displayed more clearly so the people who used the service knew what steps to take if they wanted to make a formal complaint.

The provider was responsible for managing complaints about clinical issues and the practice manager for more general issues. This meant complaints were managed by staff who had the appropriate experience.

We reviewed the complaints file and saw that the process was efficient, in that complaints had been responded to in a timely manner. This meant that the surgery had a clear and effective process in place to record, monitor or respond to complaints and that complaints people made had been responded to appropriately.

Complaints received were reviewed annually. The provider may wish to consider how they could identify any trends and patterns identified in the complaints. This will go some way to ensuring action can be taken to address the issues raised and prevent the complaint reoccurring.

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 activities	Regulation
Diagnostic and screening procedures	<b>Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010</b>
Family planning	<b>Cleanliness and infection control</b>
Maternity and midwifery services	<b>How the regulation was not being met:</b>
Treatment of disease, disorder or injury	The systems in place were ineffective to reduce the risk of the spread of infection.
Regulated activities	Regulation
Diagnostic and screening procedures	<b>Regulation 21 HSCA 2008 (Regulated Activities) Regulations 2010</b>
Family planning	<b>Requirements relating to workers</b>
Maternity and midwifery services	<b>How the regulation was not being met:</b>
Treatment of disease, disorder or injury	The provider did not operate effective recruitment procedures and perform appropriate checks to ensure that staff were suitable and safe to undertake their role.

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

**This section is primarily information for the provider**

The provider's report should be sent to us by 14 February 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@ccq.org.uk](mailto:enquiries@ccq.org.uk)

---

---

Write to us  
at: Care Quality Commission  
Citygate  
Gallowgate  
Newcastle upon Tyne  
NE1 4PA

---

---

Website: [www.cqc.org.uk](http://www.cqc.org.uk)

---

---

Copyright Copyright © (2011) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.

---