

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

Red Gables

59 Killerton Road, Bude, EX23 8EW

Tel: 01288355250

Date of Inspection: 17 September 2013

Date of Publication: October 2013

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

Respecting and involving people who use services	✘	Action needed
Care and welfare of people who use services	✔	Met this standard
Safeguarding people who use services from abuse	✔	Met this standard
Management of medicines	✔	Met this standard
Safety and suitability of premises	✘	Action needed
Staffing	✘	Action needed

Details about this location

Registered Provider	Mr & Mrs L Difford
Registered Manager	Mrs. Suzanne Jayne Morrish
Overview of the service	Red Gables provides personal care to a maximum of 32 older people, some of whom may have a form of dementia.,
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

Contents

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Summary of this inspection

Why we carried out this inspection

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

This was an 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 17 September 2013, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members and talked with staff.

We were supported on this inspection by an expert-by-experience. This is a person who has personal experience of using or caring for someone who uses this type of care service.

What people told us and what we found

Red Gables provided care and support to a maximum of 32 people. There were 23 people who used the service at the time of our inspection. We spoke in depth with four people who used the service and two visiting relatives. Some of the people who used the service were not able to comment in detail about the service they received due to their healthcare needs.

We saw people's privacy and dignity were being maintained. People we spoke with told us: "they're lovely, very good to me" they are "kind, all very nice and obliging". We heard care workers knocking on people's doors before they entered their rooms. We found peoples' views and experiences had not always been taken into account in the way the service was provided and delivered in relation to their care.

We saw care plans were detailed and gave direction as to the care and support people needed. They had been regularly reviewed.

People who used the service were protected from the risk of abuse, because the staff had received training. Staff we spoke to knew how to identify abuse and how to report their concerns to the local authority.

The medication systems we saw in place meant people were protected against the risks associated with medicines because the registered manager had appropriate arrangements in place to manage medicines.

The premises were not being adequately maintained. There was no evidence of a planned maintenance programme. The call bell system was not working efficiently at all times. In some rooms people could not reach their call bells as no extension cable was provided.

We saw staff were able to meet people's care needs but were not able to meet their social needs. There was no activity organiser and when care workers were free to spend time with people who used the service they were doing laundry as there were no dedicated laundry staff.

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 October 2013, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

We have referred our findings to Fire Safety Assessor and Health and Safety Executive. We will check to make sure that action is taken to meet the essential standards.

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

Respecting and involving people who use services × Action needed

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 not meeting this standard.

People's privacy, dignity and independence were not always respected.

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

Some of the people who used the service were not able to comment in detail about the service they received due to their healthcare needs. We relied on our observation of these people and their interactions with staff and other people who used the service. People who used the service, who could speak with us told us "they're [the staff] lovely, very good to me, kind, all very nice and obliging" and "I've got very quick and efficient attention at night" and "they're fantastic. I've got good relations with all of them [the staff]".

People we spoke with told us they were not consulted, or expected to be consulted about the running of the home. We found their expectations to be low as they told us they are used to poor service and nothing changed when they complained. One person told us "it's ridiculous you complain and nothing ever gets done". One example given was that the location of the dining room had recently been changed and residents said they did not know about this until it happened.

We saw visitors coming and going freely throughout the inspection. We were told there were no locks on people's bedroom doors, but if they requested one it would be fitted, following a risk assessment. We saw people could see their visitors in their own rooms or in one of the lounges.

We were told that people who used the service could choose whether to remain in their rooms or join others in the dining room/lounges/corridors. This depended on the person understanding spoken language as we did not see any pictures to aid understanding, no visual signage in corridors or communal rooms, no names or recognisable pictures on people's doors and no visual menus. This did not aid independence for people with dementia. The registered manager told us sometimes people had to come out of their rooms into the communal areas for their own safety as their call bell did not work properly or had no extension cable so they were not able to reach their call bell. It was felt if they were in the communal areas staff were able to "keep an eye on them". The registered

manager told us the provider had been made aware of this situation on several occasions.

People's rooms did not have names on the doors and no identifying or personal indicators e.g. photographs. Rooms were reasonably clean with some personal items of furniture and belongings, though the décor and fabric of the building was neglected and many repairs were not done. None of this helped promote people's independence, dignity or respect.

We were told the staff were kind and did not rush people. We were given examples of individual members of staff going beyond the call of duty to care for some people who used the service, for example, visiting them in hospital or nursing homes and providing transport to the local GP surgery for people who had appointments to keep.

We saw staff knew the people who used the service well and were cheerful and helpful in their exchanges with people. They were affectionate to and patient with people.

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 observed people who used the service and spoke with people and their relatives throughout the inspection. Some people were able to move around the home freely. We saw staff offering help and support in a discreet manner. People who used the service told us they were happy with personal care provided. Staff we spoke with showed they were knowledgeable about the people they cared for and knew their likes and dislikes. One person who used the service and was confined to their room told us he had telephoned the provider twice to request a meeting with him, but this had not yet happened. They were worried that their call bell could be inadvertently switched off by staff as it was often confused with another call bell that showed on the system. This meant he did not always have his call bell answered.

We looked at four care plans and associated documents, such as risk assessments and daily care records. Care plans are essential to plan and review the specific care needs of a person. They are a tool used to inform and direct staff about a person and their individual care needs. The care plans provided guidance and direction to staff about how to meet people's needs. We were able to see people had access to a GP, community nurse, dentist, optician or a chiropodist as required. The registered manager and a senior care worker told us they had very good working relationships with the local district nursing services. They said they asked them for advice about people if they had concerns and felt supported by the community team.

The provider might like to note we saw that social histories about people were not completed in every care plan we looked at, but it was clear the care workers knew the people who used the service really well.

One person told us they had to stay in hospital for a few days longer than necessary because no-one came from the home to reassure the hospital his needs could be met on his return. The same person had to have their weight monitored and the home at the time had not had the equipment to do this. We were told it took a letter from the specialist nurse before the scales were provided.

The provider might like to note on the day of the visit no internal activities were being provided. We were told there was no activities organiser. There was an external person

providing hand massage and chatting to the people she visited during the morning of our inspection. They told us people had enjoyed their treatments and looked forward to the next time. Many people who used the service were sitting in one place for the length of our visit without anything to do. We were told by people who used the service that staff did not have time to sit and chat with them and we did not see any care workers engaged in sustained conversation with any person who used the service. We were told there had been no church service for a year. The manager told us she was in discussion with the local church to have the visits/services reinstated. One person who was confined to their room said that staff only came when they pressed their bell to ask for help.

We were told there was an activities plan. We did not see the activity plan on display. We did not see a menu for the day on display. One person who used the service told us "I can't eat big portions because I have no activity". They said they would like to go out, but were limited to walking around the car park as there was nobody to take them out.

We observed lunchtime where 11 more able people ate together in the dining room: there was interaction and conversation between people at the same table. Tables had one flavour of squash in a jug and plastic beakers were provided. The food looked fine and staff attitudes were appropriate.

One person told us they had complained regularly as their food was not soft enough. We were told the person attributed this to numerous changes of staff in the kitchen. They said they told staff of their food choices, but what they had asked for was not always what was served. The person could not understand why the cook could not see them to discuss nutrition and food choices with them. The lunchtime meal we saw looked well presented and staff supported and helped people appropriately.

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

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

People told us they felt well looked after in terms of their personal care. There was a happy, relaxed atmosphere in the home at the time of the inspection.

We asked a senior care worker if they knew what to do should they witness an incident, or suspect, that a person who lived in the home was being mistreated, abused or neglected. They told us that they would speak directly to the registered manager, and were also aware of social services role and involvement in the safeguarding process. We saw staff were happy to approach the registered manager if they had concerns or wanted to discuss any issues.

We looked at the home's policy on protecting people from abuse and the policy contained detailed information about definitions of abuse. The policy was available to all staff. The policy provided guidance for staff on the action they must take if they suspected any abuse and whistle blowing. The whistle blowing policy outlined the protection given to staff who disclosed any alleged or suspected abuse. The provider might like to note the policy did not provide the contact details of the local Adult Care Health and Wellbeing (social services) authority to whom suspected abuse should be reported and appeared to be incomplete. The information about how to recognise and report abuse did not have the correct contact details either. The registered manager was made aware of the lack of contact details on information displayed in the home and told us she would make sure the details were put on the documents.

We were told by staff they had been trained in the safeguarding of vulnerable adults and in the Mental Capacity Act (MCA) 2005 and associated Deprivation of Liberty Safeguards (DoLS).

The MCA and DoLS provide a legal framework that protects people who lack the mental ability to make decisions about their life and welfare. We were told by the registered manager that nobody who currently resided at Red Gables was subject to a deprivation of their liberties. She told us they had a person who had a DoLS in the past but it no longer applied. The registered manager told us she had made an application and had sought help about the process from the local authority DoLS lead. She had informed CQC of the DoLS

application, as required.

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

The registered manager told us herself and the four senior care staff were the only staff who managed and administered medications.

We were shown a robust system in place to dispense medicines. We saw medication administration records (MAR) were in place and signed when medication was given. The registered manager explained the procedure in place to follow up verbal orders for medication changes with written confirmation before a medicine was dispensed. One surgery they dealt with did not follow up verbal instructions in writing. The registered manager had asked to meet with the surgery to discuss the issues.

We saw the storage, administration and disposal of medicines and controlled drugs was in line with pharmaceutical legislation. The registered manager told us she audited the controlled drugs every two weeks to check the stock balance was correct. She added that two staff always checked and signed when controlled drugs were being dispensed. We checked the stock balance of one person's prescribed controlled drugs and found them to be correct.

The registered manager told the home had recently had their annual pharmacy audit carried out on behalf of the Kernow Care Commissioning Group (KCCG) formerly the Primary care Trust (PCT) and we were told the pharmacist was happy with the medicine management systems in place. We did not see the completed report.

We saw that people were able to self-administer medication if it was agreed as appropriate with the person's GP and a risk assessment had been carried out. We saw the risk assessments were in the care plans and had been regularly reviewed and updated. We saw people who chose to self-medicate were provided with a lockable box in their room in which the medication was stored. She added the pharmacy also checked each month whether the person was still able to administer their own medication.

We saw prescribed creams and ointments were kept in a locked cupboard in each person's room along with a separate chart for each cream or ointment that showed where it was to be applied and how often. We saw the care worker who applied to cream or ointment signed the sheet to say it had been done. The MAR sheet was then signed by the

senior care worker once they had confirmed it had been applied.

We saw the fridge used to store medicines had the temperature checked daily and the maximum and minimum temperatures recorded. The previous week had all been within the required limits.

We saw the medicines policy was clear, up to date and was available to staff at all times. It included the policies around self- administration of medicines, reporting medicines errors and what to do in the event of a person refusing their medication.

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

Our judgement

The provider was not meeting this standard.

People who used the service, staff and visitors were not protected against the risks of unsafe or unsuitable premises.

We have judged that this has a major 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

Red Gables was spread over two floors with access to the floors via stairs or a passenger lift. The communal areas were all on the ground floor. They comprised a lounge a conservatory and a dining room. There was level access to the garden patio area. Each floor had a communal assisted bathing facility and toilets.

People's own rooms that we saw had been personalised with photographs and their own pieces of furniture. We saw that all rooms had a call bell although in some cases it was not operational and in ten rooms there was no call bell extension lead meaning people could not always reach their call bell if they were in their rooms. The registered manager was aware of this and told us she had reported the situation to the provider on several occasions. She added that when they knew people were in their rooms without access to a call bell they were subject to extra checks by the care workers.

We were told by one person who used the service they had had to wait "for months" for a new lavatory seat to replace a broken one. Another person told us the lighting provided in the rooms was inadequate even when all bulbs were working, and they had "waited months" for a light bulb to be replaced. Their relative eventually brought one in and had to constantly ask to be refunded. We saw a rotted window, that, we were told, had been brought to the attention of the provider by staff and people who used the service. We saw in another room a bucket placed under a leaking ceiling to catch the water. The bucket was right next to the person who used the rooms' main chair. We were concerned about the safety of the home and asked the health and safety officer from Cornwall Council if they could visit the home and assess if it was safe for the people who lived at Red Gables.

During a walk around the home we saw windows that would not close, linoleum flooring that was ripped and some carpets in individual rooms and communal corridors that needed replacing. It was not clear if the lift had been serviced since October 2012. We saw a fire door that was in a bad state of repair and had been "patched up" by the maintenance man. We were concerned that the service was not compliant with fire safety so we asked the fire officer to carry out a visit to the home.

We did not see any names of people or pictures on people's doors that might help them recognise their own room. The corridors all looked the same with no distinct colours that might help people recognise which part of the building they were in. There was no signage to help people find their way around the home. This meant that people were not encouraged and enabled to maintain their independence.

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

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 the day of our inspection there were 23 people who lived at Red Gables. There was the registered manager, one senior care worker and four care workers on duty, one of the care workers left at 11 am. The care workers were supported by a cook, kitchen assistant and domestic staff. We saw there was no activity organiser in post and when the laundry staff had left they had not been replaced meaning the care workers had to do the laundry on top of their care duties. Some people who used the service told us that items of clothing were regularly lost or misplaced and not returned.

People told us their personal care needs were met. We were told there was a low turnover of care workers. We were told there had been several management changes over the previous few years.

The current registered manager had been in post for two years and had recently been registered with the Care Quality Commission.

We noted care workers had to make extra time to check people with no call bell access when they were in their rooms to make sure they were safe.

We were about to leave one room so that the group of people we were talking to could go to lunch. They said "don't worry. It's never on time".

We observed care workers sometimes looking harassed because they had so much to do. People who used the service told us they felt staff did not have time to spend with them other than on care tasks. They said "no-one comes to chat. They're too busy". During the inspection we did not see any member of staff sit down to have a conversation or participate in an activity with people who used the service.

The registered manager told us staff had received training on care for people with dementia. However the staff did not have the time required to spend with people so people spent a lot of time sitting in the lounge with no meaningful stimulation.

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	<p>Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2010</p> <p>Respecting and involving people who use services</p>
	<p>How the regulation was not being met:</p> <p>The registered person did not routinely consult with people who used the service or their representatives about the service provided and delivered in relation to their care</p> <p>This did not ensure compliance with Regulation 17(1) (b) (2) (c) (i) (ii) (f) (g)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010</p> <p>Safety and suitability of premises</p>
	<p>How the regulation was not being met:</p> <p>The registered person did not have suitable arrangements in place to ensure that the building was well maintained or the environment was suitable to meet people's diverse needs especially for people with a form of dementia.</p> <p>This did not ensure compliance with Regulation 15 (1) (a) (c) (i)</p>
Regulated activity	Regulation

This section is primarily information for the provider

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 registered person did not maintain adequate staffing levels to always meet peoples assessed care, support and social needs. Not all staff showed effective knowledge or skills around the care of people with dementia. This did not ensure compliance with Regulation 22

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 October 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.

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