

Trust Board Report

Meeting Date:	25 March 2013
Title:	Report following the Care Quality Commission's unannounced inspection 24 January 2013
Executive Summary:	<p>The report details findings following the unannounced visit by the CQC. The Trust was found to be compliant with five standards:</p> <ol style="list-style-type: none"> 1. Care & Welfare of people who use services 2. Cleanliness and infection control 3. Safety, availability and suitability of equipment 4. Supporting workers 5. Assessing and monitoring the quality of service <p>The CQC registered the Trust with no conditions or concerns.</p>
Action Requested:	For assurance
Report of:	Ms Cheryl Etches, Chief Nursing Officer
Author: Contact Details:	Ms Charlotte Hall, Deputy Chief Nurse Tel 01902 695968 Email charlotte.hall6@nhs.net
Resource Implications:	None
Public or Private: (with reasons if private)	Public Session
References: (eg from/to other committees)	Quality & Safety Committee Care Quality Commission Compliance Compliance Committee
Appendices/ References/ Background Reading	CQC Standards
NHS Constitution: (How it impacts on any decision-making)	<p>In determining this matter, the Board should have regard to the Core principles contained in the Constitution of:</p> <ul style="list-style-type: none">  Equality of treatment and access to services  High standards of excellence and professionalism  Service user preferences

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| | <ul style="list-style-type: none"> Cross community working Best Value Accountability through local influence and scrutiny |
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***We are the regulator:** Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

The Royal Wolverhampton NHS Trust

New Cross Hospital, Wednesfield Road,
Wolverhampton, WV10 0QP

Tel: 01902307999

Date of Inspection: 24 January 2013

Date of Publication: March
2013

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

Care and welfare of people who use services	✓	Met this standard
Cleanliness and infection control	✓	Met this standard
Safety, availability and suitability of equipment	✓	Met this standard
Supporting workers	✓	Met this standard
Assessing and monitoring the quality of service provision	✓	Met this standard

Details about this location

Registered Provider	The Royal Wolverhampton NHS Trust
Overview of the service	New Cross Hospital is a large acute general hospital and is a location of The Royal Wolverhampton Hospitals NHS Trust. It provides a range of hospital services including planned and emergency medical and surgical treatment and maternity services.
Type of services	Acute services with overnight beds Community healthcare service Diagnostic and/or screening service Urgent care services
Regulated activities	Assessment or medical treatment for persons detained under the Mental Health Act 1983 Diagnostic and screening procedures Family planning Management of supply of blood and blood derived products Maternity and midwifery services Nursing care Surgical procedures Termination of pregnancies Treatment of disease, disorder or injury

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'.

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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, reviewed information sent to us by other organisations, carried out a visit on 24 January 2013 and observed how people were being cared for. We checked how people were cared for at each stage of their treatment and care, talked with people who use the service, talked with carers and / or family members and talked with staff. We talked with stakeholders and were accompanied by a specialist advisor.

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

During this inspection we observed how surgical staff completed the World Health Organisation Surgical Safety Checklist (WHO checklist) in three theatres. The WHO checklist was implemented by the World Health Organisation to improve the safety of surgery. We found that the trust had made improvements in this area since our last inspection in July 2012.

We also visited four wards and the Endoscopy Suite and spoke with patients and visitors. We found that patients were generally happy with their care and that it met their needs. One person we spoke with told us, "They do their best, really." We asked another person if there was anything they were not happy with and they told us, "Not off the top of my head." Some of the patients were not able to give us their views directly either because of their dementia or because they were too poorly. For this reason we spent time on all the wards we visited observing people's interactions with staff. We did this for 20 people and found that staff gave them care and support that met their needs.

We found that that pressure relieving equipment was available, maintained appropriately and that staff had been trained in its use.

We found that the trust had effective measures in place to protect people from the risk of infection.

We saw that staff were supported to be trained to an appropriate standard and we looked at records which showed that the trust was regularly monitoring the quality of its service.

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

More information about the provider

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

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

Our judgements for each standard inspected

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.

Patients experienced care, treatment and support that met their needs.

Reasons for our judgement

During our last inspection we found that staff in areas where surgical procedures were carried out were not completing the World Health Organisation Surgical Safety Checklist (WHO checklist) consistently. The WHO checklist was implemented by the World Health Organisation to improve the safety of surgery by reducing deaths and complications.

The checklist consists of safety checks which are completed at various stages of a patient's journey through theatre. The checklist is part of a series of measures which aim to prevent never events from taking place in theatre areas. Never events are serious, largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented.

During this inspection we found that the WHO checklist had been accepted by staff at all levels. We spoke with a range of theatre staff who told us that they understood the importance of carrying out these safety checks. They told us that they had received additional training in this area and that regular checks were carried out on how the checklists were completed.

We observed the checklist being completed for different stages of 12 procedures in operating theatres, clinics and the maternity department. Staff told us they would be confident in pausing during the completion of the checklist until they were happy that there were no distractions. We saw examples of this in practice. We saw that all staff involved in the procedures were focussed and involved during the completion of the checklists. This helped to minimise the risk of harm to people during surgery.

We did not speak to patients directly about their experiences in theatres but we observed that staff treated patients with dignity and respect. We saw examples of theatre staff giving reassurance to patients who were going in for procedures.

We also looked at care provided to elderly patients in the hospital. To do this we inspected four different wards and were supported by an Expert by Experience. We spoke with patients who were staying in the hospital and people who were visiting a relative. Some of

the patients were not able to give us their views directly because of their condition so we spent time observing their interactions with staff and the care and support that staff gave them.

We saw that interactions between patients and staff were positive. Staff were sensitive and calm when they were providing care and treatment to people. We saw that staff took time to explain to people what they were doing and why. Staff cared for people in a way that respected their privacy and dignity and answered call bells promptly. We saw that care staff took time to support people with eating and drinking at their own pace. We saw a number of examples where staff checked that people who could not express themselves verbally were comfortable. This meant that staff were sensitive to people's needs and took action to meet them.

Patients we spoke with were complimentary about the staff and the level of care they received. One patient told us, "The nurses are here if I need them." They also told us, "I don't want for anything. I've just finished with a lady who washes me all down – they keep me clean." We asked one patient if they were being well looked after and they replied "Oh yes, handsomely – they're spoiling me." They added that the meals, "Could be improved but there are always nurses when you want something". This meant that patients felt that staff were meeting their individual needs.

Staff told us how they shared information with each other to help them plan and deliver people's care. They explained that they handed information over to each other at the beginning of each shift to make sure they were aware of people's current needs. They told us that regular ward meetings took place at which they could discuss any concerns and share information relating to people's care. We watched a Multi Disciplinary Team (MDT) meeting taking place on one ward. Doctors, nurses and care staff were able to discuss people's individual care and treatment in detail at this meeting. Staff told us that MDT meetings took place regularly. This made sure that the care people received continued to meet their changing needs.

One ward manager told us how regular meetings were used to spread best practice. For example, one ward had requested for extra finger food to be available so that people who had difficulty using cutlery would find it easier to eat when they wanted to. We were told that this had worked well and that other wards had now adopted the idea.

Staff told us how an outreach team had been set up to ensure that people with dementia received the most appropriate treatment. For example, the team carried out daily rounds of the emergency department to identify patients at an early stage whose needs would best be met in the dementia specialist ward. This also helped to minimise the number of times that people with dementia would be moved during their hospital stay. Staff told us that the team also provided input and advice to other wards where people might have symptoms of dementia, such as the orthopaedic ward. Staff on other wards told us that they received good support from the outreach team.

We looked at care and treatment records for 10 patients. The records we looked at showed that patients' needs were assessed promptly on their admission to the hospital and were kept under review during their stay. This included risk assessments for pressure ulcers and falls. We saw that where patients had been identified as being at risk of pressure ulcers or falls, appropriate packages of care had been put in place and were clearly documented in people's care plans. We observed that staff referred to the care

plans when they gave care. We saw that they gave care and used appropriate equipment that matched the information in the care plans. This meant that patients' needs were identified and met.

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

Our judgement

The provider was meeting this standard.

Patients were protected from the risk of infection because appropriate guidance had been followed. Patients were cared for in a clean, hygienic environment.

Reasons for our judgement

We saw that the areas of the hospital which we inspected were clean and hygienic. None of the people we spoke with raised a concern about standards of hygiene or cleanliness. We saw that schedules were in place to ensure that individual areas within wards were cleaned regularly and that the quality of this cleaning was checked.

During our inspection we saw that staff observed hand hygiene precautions such as washing their hands or using hand cleansing gel between contact with different patients. We saw that staff used appropriate personal protective equipment (PPE). Examples of this included using disposable gloves and aprons when providing care and treatment, serving food to patients or entering isolated areas that were affected by norovirus. These areas were clearly identified to prevent unauthorised people from entering. We also watched staff disposing of used PPE appropriately when they had finished with it. This meant that the risk of the spread of infection was minimised.

Ward managers we spoke with were clear on the processes they would follow if an outbreak of an infection happened on their ward. They told us that they had good access to infection control advice both during and outside office hours. We were told that each ward had an infection control link nurse in place. This link nurse would attend infection control meetings and keep ward staff up to date with infection prevention and control guidance and practice.

We spoke with a group of 16 staff from a range of disciplines and from a range of levels including nursing staff, health care assistants and porters. The staff we spoke with told us that each ward had a hand hygiene champion who had the power to challenge anyone who did not observe hand hygiene precautions. We looked at records which showed us that regular infection control audits took place and that the trust had recently scored 95% in a hand hygiene audit.

We looked at records which showed that staff were up to date with the trust's mandatory training in infection control. The group of staff we spoke with confirmed that they received regular infection control training relevant to their roles. They understood the importance of using the correct PPE for infection prevention and told us that PPE was readily available.

We also looked at records which showed us that the trust was within acceptable levels set by the Department of Health for controlling cases of methicillin-resistant staphylococcus aureus (MRSA) and Clostridium difficile (C. difficile).

People should be safe from harm from unsafe or unsuitable equipment

Our judgement

The provider was meeting this standard.

Patients were protected from unsafe or unsuitable equipment.

Reasons for our judgement

During our inspection we saw that where a need for particular equipment to meet patients' needs had been identified, this equipment was in place. We also found that staff had been trained to use the equipment.

For example, pressure relieving mattresses were in place to minimise the risk of patients developing pressure ulcers. We looked at care and treatment records for 10 patients. The patient records clearly identified where there was a risk of pressure ulcers developing and this led to a pressure ulcer prevention package tailored to the patient's individual needs.

We checked on patients who had been identified as needing pressure relieving equipment and found that it was in place. We saw that people were comfortable and relaxed as a result of having the appropriate equipment.

We looked at records which showed that the trust had recently invested in a significant number of additional pressure relieving mattresses. We also saw that each piece of equipment was labelled and an electronic system was in place to help the trust manage its equipment. We spoke with a group of 16 ward staff from a range of disciplines and levels. The staff we spoke with told us that once a need for pressure relieving equipment was identified, it was available promptly. One member of staff commented that they longest they had had to wait for a pressure relieving mattress was an hour and a half. This meant that the trust ensured that equipment was available in sufficient quantities to minimise the risk of harm to patients and meet their assessed needs.

We looked at records which showed that relevant staff had received training in the prevention of pressure ulcers. This included training in use of the relevant equipment. We spoke with a group of 16 staff across a range of levels and disciplines. The staff confirmed that they had received training in the prevention of pressure ulcers and the use of equipment that was relevant to their role.

We saw that the trust used its Clinical Resource Centre (CRC) to carry out the cleaning, decontamination and repair of its mattresses. We saw records which showed that the condition of the mattresses was regularly audited and that a plan was in place to ensure they were serviced regularly. The staff we spoke with told us that the equipment they used was well maintained and repaired or replaced promptly if required. This meant that patients were protected from unsafe or unsuitable equipment because the trust carried out

regular safety checks and made sure that staff knew how to use the equipment correctly.

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.

Patients 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 a group of 16 ward staff, including nursing staff of different levels, health care assistants and porters. We asked them about the training they had received.

Staff we spoke with at all levels with told us that they felt they had the necessary knowledge, skills and experience to be able to carry out their jobs effectively. They told us they had completed a period of induction when they started working for the trust and that they were able to raise any training needs during regular supervision and appraisal sessions. They also told us that the provider took their training requests seriously. This meant that the trust was able to identify areas where staff needed additional support and training in order to meet people's needs.

We saw records which showed that the trust monitored how many staff had completed an annual appraisal. We saw that that 86.9% of all trust staff had been appraised within the last 12 months. This meant that staff were supported to raise their training needs.

We saw records which showed that the trust's induction covered topics such as an awareness of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS). We saw that clinical staff received further training around mental capacity, consent and DoLS. This meant that relevant staff would only use DoLS when it was in a patient's best interests and in accordance with the Mental Capacity Act (2005).

We saw records which showed that staff received levels of dementia training which were tailored to their role at the hospital. More in depth dementia training was provided to staff in the wards specialising in providing care to patients who also had a diagnosis of dementia. For example, one member of staff told us about some dementia training they had done recently which had lasted a week and had involved working with residential homes in the area. They said the training had a positive impact and told us, "I feel I can go home knowing it's a job done well." This meant that staff in these areas were supported to provide care specific to the needs of their patients.

We looked at records which showed that a system was in place to monitor which staff were up to date with the trust's mandatory training in topics such as manual handling, infection control and safeguarding. Staff we spoke with told us they had enough access to

training and were positive about the training they had received. We saw that performance against levels of mandatory training considered to be acceptable by the trust were closely monitored and regularly reported on to the trust board.

We saw that the trust had invested in training for staff following a series of never events at the hospital. This had included specific training provided by the Association for Perioperative Practice for staff carrying out surgical procedures. Surgical staff we spoke with were positive about this training and told us that it had dramatically improved awareness and acceptance of the WHO checklist across the trust. This was reflected in our discussion with a group of 16 ward staff who had a high level of awareness about never events.

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 trust had an effective system to regularly assess and monitor the quality of service that patients receive.

Reasons for our judgement

We were supported in this outcome area by a specialist advisor. The advisor had a significant amount of experience in the systems that hospital trusts use to assure themselves of the quality of their service.

We found that the trust had an appropriate board and committee structure in place to give assurance that issues were effectively addressed once they were identified. We saw that the trust had lead staff of an appropriate level of seniority in place to be able to identify issues and escalate them. A risk register system was in place to ensure that risks that had been identified and escalated were prioritised effectively.

We saw that issues identified by the trust's clinical audit programme were addressed by specific local action plans. We saw evidence that progress against these action plans was monitored. This helped the trust to ensure that necessary actions were taken and completed. For example we looked at how the trust was assured of the quality of its service in relation to the prevention and management of pressure sores. We found that the chief nursing officer held a weekly scrutiny meeting with senior nursing staff to investigate instances of pressure sores. In addition, a tissue viability steering group was in place to review incidents and disseminate learning across the trust. We saw that the trust monitored the occurrence of pressure sores closely with a regular progress report provided to the board.

We spoke with senior managers at the trust who told us that audits of 50 patient notes were carried out each month to ensure that pressure ulcer prevention measures were put in place. We heard that recent audits had shown that 100% of patients who had been audited had been assessed for their tissue viability within six hours of admission. We also heard that 100% of those patients identified as being at risk of developing pressure sores had the appropriate care package in place. This showed us that the provider's system for monitoring how well it prevented pressure sores was working effectively.

We found that appropriate systems were in place to record the views of patients and staff in order to identify issues and make improvements where necessary. For example, we saw records which showed that the trust had received complaints about levels of patient care in

some areas. As a result the trust had focussed on the importance of matron's rounds. We were told that the chief nursing officer held a daily quality meeting to review issues across all matrons' areas. This showed that the trust took people's views into account and acted on them.

We found that the trust had an effective system in place to audit and manage the training needs of its staff. The staff we spoke with told us that they received an annual statement of training compliance which listed the mandatory training they required for their particular role. The statement also showed how they were performing against these requirements and informed them when they would be due for refresher training. This helped the trust ensure that the training of its staff remained up to date.

During our last inspection in July 2012 we found that the trust's system for monitoring the quality of its service was not effectively managing the risk of poor surgical safety practice. This was because learning from previous never events in areas where surgical procedures were carried out had not been embedded across the trust. The trust produced an action plan which identified the measures they would put in place to address the issues that we found.

During this inspection we found improvements. For example we saw that the trust had systems in place to monitor the use of the checklist and the quality of the checks being undertaken. The findings of these were reported to the trust's Quality and Safety Committee and to the trust board.

Our information told us that when we or other external partners had identified areas of concern, the trust responded quickly to make improvements. The trust's response to the issues we identified around completion of the WHO checklist was an example of this. The continued development of the trust's quality assurance systems would mean that they were able to identify issues independently of external stakeholders and take early action to address them.

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 dentists and other services at least once every two years. 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 but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

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. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. 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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