

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

The Ormerod Home Trust Limited - 2 Headroomgate Road

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3BD

Tel: 01253723513

Date of Inspections: 25 June 2014
23 June 2014
20 June 2014

Date of Publication: July 2014

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

Consent to care and treatment	✓ Met this standard
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
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard
Complaints	✓ Met this standard

Details about this location

Registered Provider	The Ormerod Home Trust Limited
Overview of the service	The Ormerod Home Trust provides care and support to people in their own homes. People's support is based on their individual needs and can range from 24 hour care to a small number of hours each week.
Type of services	Domiciliary care service Supported living service
Regulated activity	Personal care

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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 20 June 2014, 23 June 2014 and 25 June 2014, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members, talked with staff and reviewed information sent to us by other authorities. We talked with other authorities.

What people told us and what we found

Our inspection team was made up of an inspector, who looked for evidence to answer the following questions;

Is the service caring, responsive, safe, effective and well led? Below is a summary of what we found. The summary is based on our observations during the inspection.

We spoke at length to nine relatives; visited four properties operated by the Trust and spoke to people using the service; spoke to staff and managers from the Trust; reviewed a range of records held by the Trust, and reviewed the information we held that related to the operation of the Trust.

If you would like to see the evidence supporting our summary, please read the full report.

Is the service safe?

People were treated with respect and dignity by the staff. Safeguarding procedures were in place and staff understood how to safeguard the people they supported. The Trust had responded appropriately to the potential for abuse occurring and that local guidance had been put into practice. The records showed that reasonable steps to identify and report abuse had been taken, and that further discussions would be taking place in order to ensure risks are minimised. Systems were in place to ensure that managers and staff learnt from events such as accidents and incidents, complaints, concerns, whistleblowing and investigations. The home had policies and procedures in relation to the Mental Capacity Act and Deprivation of Liberty Safeguards although no applications had needed to be submitted. Relevant staff had been trained to understand when an application should be made, and in how to submit one. Equipment was maintained and serviced regularly therefore not putting people at unnecessary risk. Recruitment practice was safe. Policies and procedures were in place to make sure that unsafe practice was identified and people

were protected. Out of Nine relatives we spoke with, eight said that that they believed their loved ones lived in a very safe and caring environment. However, one relative raised concerns that due to the unpredictability of other service users behaviour, they thought their relative was at risk of harm. Safeguards were in place to deal with these behaviours.

Is the service effective?

There was an advocacy service available if people needed it, this meant that when required people could access additional support. People's health and care needs were assessed with them, and they were involved in writing their plans of care. Specialist dietary, mobility and equipment needs had been identified in care plans where required. People said that they had been involved in writing their care plans and they reflected their current needs. Relatives told us that their loved ones lives had been enhanced due to way the Trust supported them.

Is the service caring?

People were supported by kind and attentive staff. We saw that care workers showed patience and gave encouragement when supporting people. People using the service said that they felt their needs were very well met by the staff. One relative said that the staff were very helpful, and knew their relative very well. They added that the staff were quick to respond to requests for help. We observed the staff work with people in positive ways, giving them time to think, treating them with care and respect, and responding to their requests for help and support. We found that people's nutritional needs were met. One person said that they knew they could always turn to a staff member for help and reassurance.

Is the service responsive?

People completed various activities in and outside the service. People knew how to make a complaint if they were unhappy. Several relatives told us that the Trust worked proactively to meet people's needs and responded to their requests to live a life that was active, independent and full of choice.

Is the service well-led?

The service worked well with other agencies and services to make sure people received their care in a joined up way. The service had a quality assurance system; records showed that identified shortfalls were addressed promptly. As a result the quality of the service was continually improving. Staff told us they were clear about their roles and responsibilities. Staff had a good understanding of the ethos of the Trust and wanted to ensure it was implemented.

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

Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

Reasons for our judgement

We checked to see what arrangements were in place for obtaining, and acting in accordance with, the consent of people who used the service in relation to the care and treatment provided for them.

We found that the Trust had accessible policies and procedures in place relevant to this area of care and support. These included policies relating to the Mental Capacity Act, Assessing Capacity and Establishing Consent Policy and Consent and Best Interest Decisions Procedures.

We found written documentary evidence in service users' personal records to show the Trust and other interested agencies sought people's valid consent to the care, treatment and support they received. Information showed that people were supported to make decisions about moving into supported living, and agreeing to tenancy arrangements. The service provider had spent time with the person (and their family where appropriate) and helped them to understand the implications of using a supported living service. Where people were assessed as not having the capacity to consent to the terms and conditions of tenancy agreements for example, appropriate safeguardings were in place, and best interests decision meetings had been undertaken to ensure people's rights were promoted and protected.

The service manager explained she had used the procedures linked to the Deprivation of Liberty Safeguards in accordance with the Mental Capacity Act 2005, in order to ensure people's best interests were met. We found documentary evidence to show that support and care plans were in place in line with these safeguards. She confirmed that the staff had received training relating to the Deprivation of Liberty Safeguards and we saw records to support this. If a situation arose where issues about the deprivation of liberty needed to be considered, then it was clear to us that the service manager and staff knew how to respond appropriately. Staff explained that where a person using the service lacked capacity, and was unable to make an informed choice or decision, best interest meetings

were held with people who knew and understood the person using the service. We found written evidence to show that support and care plans were drawn up with the involvement of each person (if and when possible), agreed and signed by the person whenever capable or by their representative if appropriate.

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 looked at the ways in which the Trust assessed the needs of the people who used the service, and how the Trust planned the delivery of the care and support people required to meet those needs.

We visited four different properties, the people living there didn't talk about how the service had assessed their needs. However, they did say that the staff supported them to lead active lives; they said that the staff listened to them and acted on what they said; they said that they could spend time doing the things that they wanted to do and that they felt cared for and supported.

One relative who we spoke with said that staff and service managers were very helpful, and they knew their relative very well. They added that staff were quick to respond to requests for help. Another relative who we spoke with said, "The Ormerod Trust was the best thing that had ever happened to our relative. Our relative now leads a full and active life, is well cared for and is safe. The staff know everything about them. They responded quickly and appropriately to their requests and needs, and they are actively involved in the planning and delivery of the care they receive." We observed staff work with people in positive ways, giving them time to think, treating them with care and respect, and responding to their requests for help and support.

We looked at the records of six people living at the four different properties. We found documentary evidence to show that the managers and staff had formally assessed their care and support needs, and developed person centred care plans based on these assessments. We found documentary evidence to show that the care plans were followed by staff at the home: the daily records contained references to how people were cared for, and these made references to the care plans. We noted that one person had experienced some problems with their behaviour in recent weeks, and the assessments and care plans showed how the service had put appropriate measures in place to manage their behaviour and had consulted external agencies about the best way forward. These discussions were found to be on going.

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

Our judgement

The provider was meeting this standard.

The Trust had systems in place to protect people from the risk of abuse. If issues arose with regard to the management of individual's behaviours, the Trust took reasonable steps to identify how to manage these behaviours, and prevent abuse from happening.

Reasons for our judgement

We looked to see how the service protected people from abuse, or the risk of abuse taking place.

People living at the various properties we visited said that they felt safe and secure. One person said that they knew they could always turn to a staff member for help and reassurance. A relative said that they believed their relative lived in a very safe and caring environment. They added that they regularly spoke to other relatives and visitors, and said that the consensus was that people were well supported and cared for in a safe manner.

We saw that the Trust had a policy on safeguarding service users from abuse or harm. It contained sections on definitions of abuse, how to identify abuse, how to prevent it from happening, and what steps should be taken in the event that abuse had been alleged to have occurred. The service manager showed a good understanding of the issue of safeguarding and demonstrated a clear recognition of her personal responsibility in safeguarding people who use services. Staff had received training in safeguarding. Staff explained that training was regularly updated and refresher courses were available.

We were aware that at the time of our visit, the Trust was dealing with various incidents that related to violence and aggression that meant they had needed to make referrals onto the Local Authority Safeguarding Team. We found documentary evidence to show that these safeguarding issues were being dealt with in conjunction with the Local Authority and in some cases the Police. We found that appropriate risk measures were in place to ensure that the impact of people's behaviour were managed and that people living in various properties were not put at risk.

One relative who we spoke with at length explained that the Ormerod Trust was pro-active in dealing with people's challenging behaviours and issues regarding violence and aggression. They did say that despite risk measures being in place, they believed their relative was potentially at risk of physical abuse because of the unpredictability of the behaviours of other people living in the property. The relative explained that the staff and managers responded quickly to incidents, and where appropriate put measures in place to

reduce the risks to people. They added that there was good communication between the Ormerod Trust and other agencies such as the Police and Local Authority. We found documentary evidence to show that behaviour management plans, incident logs and risk assessments were in place for people who challenged the service, and that where appropriate, staff liaised with external agencies in order to ensure people were fully supported when incidents and issues arose. Staff at one property explained that risks assessments were constantly updated, different measures put in place to support people such as an increase in staffing, and that discussions were on going with the Local Authority and others as to the best way to support particular individuals who challenged the service.

The service manager explained that the Trust did support people whose behaviour was a challenge. These challenges included issues around behaviour, the management of emotions and people's desire to move to other properties. The service user explained that on- going discussions, meetings, behaviour management plans and safeguarding measures were in place for various individuals. We discussed issues regarding the property where there was a risk of physical abuse with the Chief Executive Officer (CEO) for the Trust. He explained that where a person did not feel safe, the Trust actively engaged with both the Council and the Police. He added that managers had even met with the local MP's representatives to highlight concerns about the issues. It was clear from our discussions that far from being a passive process, the Trust was actively working with stakeholders to take affirmative action to deal with issues of safety. The records showed that the Trust liaised with service users, their families, and advocates in addition to the statutory agencies. Discussions with the CEO and service manager showed that the Trust had responded appropriately to the potential for abuse occurring and that local guidance had been put into practice. The records showed that reasonable steps to identify and report abuse had been taken, and that further discussions would be taking place in order to ensure risks were minimised.

The Trust checked that people were suitable to work with vulnerable adults, and undertook a check on people's employment history, and if there were unexplained gaps, managers requested explanations from prospective staff members. The service had a policy and procedure in place for dealing with staff disciplinary issues, and when to refer people to the Disclosure and Barring Service (DBS) following dismissal.

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

We looked at the arrangements for dealing with medication in four of the properties operated by the trust. The Medicine Administration Records (MARs) were clearly presented to show different medications people were prescribed. We saw that people's medicines records were updated when changes were made to their medication, to ensure a complete list of each person's current medication was maintained. We saw that changes to people's medicines were promptly made and clearly recorded.

We found that one person had chosen to self-administer some of their own medicines. The records showed that this self-administration took place without any problems. Staff who supported the person explained that there were no problems in respect of this. The staff explained that the person understood their own medication requirements, and was fully aware of when and what to take to ensure their health was promoted. Written individual guidance was in place to help ensure consistency in the use of 'when required' medicines. Clear records were made of the circumstances when 'when required' medicines were given.

However, it was noted that in one of the properties, the MARs used by the staff had been created by the Trust, and the type, quantity and dosage of the medicines to be administered were hand written by the staff. The provider might like to note that best practice would promote the use of MARs produced by the pharmacy who dispensed the medicine. Doing this would ensure that in the event of any issues relating to medication, any errors printed on the MARs relating to the type, quantity and dosage of the medicines to be administered, would be linked to the pharmacy

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

Staff explained that they received regular supervision and annual appraisals. Each member of staff completed the Trust's induction programme. We looked at the training plan for the year and found that a wide range of courses were available to staff. Training covered such areas as food hygiene, infection prevention and control, medication, emergency aid, dealing with violence and aggression and lone working. We looked at training records and saw that staff had completed their mandatory training. The service manager had a training matrix plan which monitored out of date training, ensured staff were booked onto training and training was up to date. Staff told us that they received enough training to be able to carry out their role well.

One member of staff said: "Training's really good, better than anywhere else I've worked." Staff said they worked well together and were a good team. Staff told us they were supported by the manager. They had opportunities to talk to their manager about their work, had monthly supervision and felt able to ask for additional training, which was provided if appropriate and funding available.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

We looked to see how people benefitted from safe, quality care that was effectively managed by way of appropriate quality assurance systems.

We found that there were clear processes in place for monitoring standards within the various properties operated by the Trust. These included regular and detailed audits in areas such as care planning, infection control, medication and staff training. Important aspects of quality and safety were also regularly monitored by the provider in a variety of ways, including regular visits to the various properties.

We noted that the service manager demonstrated a very good understanding of the importance of person centred care and a clear commitment to ensure that the care provided at the Trust was safe, effective and in line with people's individual needs and personal wishes. This was supported by the staff that we spoke with. We asked the staff to tell us about, and give us documentary evidence to help demonstrate that the Trust home had systems in place for gathering, recording and evaluating information about the quality and safety of the care and treatment provided by the home. Staff told us that they spoke with people about their care and support, and that they recorded this in people's files. We spoke to one person who used the service, and they were very positive about the what they were supported, and said that the staff always spoke to them about their needs and what they wanted to do with their day.

People living at one of the properties said that meetings were held from time to time, and that they were given the opportunity to discuss issues such as the quality of meals and types of activities on offer at the property and in the local community. The records confirmed this. We saw that records of incidents and accidents were kept. The staff told us that these were monitored and reviewed by the staff and management in order to identify areas of concern and improvement.

We spoke with the manager of one of the properties and looked at the systems that were in place to monitor the quality of the service provision. We saw records that showed audits and spot checks were carried out. The manager said weekly, sometimes daily, visits were

made to each property and recommendations or areas of concern were discussed and noted. We spoke with staff who told us they shared practice issues, such as incidents, at team meetings and they learned from each other. Staff explained that any incidents were recorded and discussed with managers. Staff told us that quality checks were carried out on their work, such as spot checks of practise, in order that people received safe care and support.

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.

Reasons for our judgement

We looked to see how people benefitted from safe, quality care that was effectively managed by way of appropriate quality assurance systems.

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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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