

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

Trust Headquarters

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Date of Inspections: 13 March 2014
12 March 2014
11 March 2014
10 March 2014

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2014

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

Care and welfare of people who use services	✓ Met this standard
Management of medicines	✗ Enforcement action taken
Supporting workers	✗ Action needed
Records	✓ Met this standard

Details about this location

Registered Provider	Barnet, Enfield and Haringey Mental Health NHS Trust
Overview of the service	Barnet, Enfield and Haringey Mental Health NHS Trust operates community mental health teams in the boroughs of Barnet, Enfield and Haringey. These teams provide care and treatment to people experiencing mental health issues in the community.
Type of services	Community based services for people with mental health needs Hospital services for people with mental health needs, learning disabilities and problems with substance misuse Community based services for people who misuse substances
Regulated activities	Assessment or medical treatment for persons detained under the Mental Health Act 1983 Diagnostic and screening procedures Family planning Nursing care Treatment of disease, disorder or injury

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

	Page
<hr/>	
Summary of this inspection:	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
What we have told the provider to do	5
More information about the provider	5
<hr/>	
Our judgements for each standard inspected:	
Care and welfare of people who use services	6
Management of medicines	8
Supporting workers	10
Records	12
<hr/>	
Information primarily for the provider:	
Action we have told the provider to take	13
Enforcement action we have taken	14
<hr/>	
About CQC Inspections	15
<hr/>	
How we define our judgements	16
<hr/>	
Glossary of terms we use in this report	18
<hr/>	
Contact us	20

Why we carried out this inspection

We carried out this inspection to check whether Trust Headquarters had taken action to meet the following essential standards:

- Care and welfare of people who use services
- Management of medicines
- Supporting workers
- Records

This was an announced 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 10 March 2014, 11 March 2014, 12 March 2014 and 13 March 2014, checked how people were cared for at each stage of their treatment and care and talked with people who use the service. We talked with carers and / or family members, talked with staff, reviewed information given to us by the provider and were accompanied by a pharmacist. We reviewed information sent to us by commissioners of services, talked with commissioners of services, talked with local groups of people in the community or voluntary sector and were accompanied by a specialist advisor. We used information from local Healthwatch to inform our inspection.

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

This inspection was a follow up to our inspection in May 2013 when we found that the Community Mental Health Teams we inspected were not compliant with regulations 9, 13 and 20 of the Health and Social Care Act (2008).

For this inspection, we visited the Crisis Resolution and Home Treatment Teams in Barnet, Enfield and Haringey on consecutive days. These teams had reconfigured in November 2013 and were working in a different way to the teams that we visited in the previous inspection.

We found that staff had been through a period of adjustment to their new roles. We were told by staff that "things are settling down" after a period of initial bedding in. We spoke with people who used the services in the three boroughs. Most people were positive about the support they had received from the services. One person told us "I was cared for really well and given options". Another person told us the staff were "very caring and listening". Other people told us that sometimes their visits were not at the times they were expecting or that they had been cancelled. Overall, we found that there had been an improvement in the feedback we received from people who used the service from the previous inspection.

We checked the management of medicines in the teams we visited. We found that some actions, which had been identified in action plans sent to us by the Trust after our previous inspection, had not been completed, such as training for non-nursing staff who supervised medicines. We also found that some issues relating to medicines management, which had been identified by the trust in audits in September 2013, had not been addressed in practice, such as regular temperature monitoring of medicines storage areas in the Enfield and Barnet teams. We found that there were some gaps in the prescription charts in the Haringey and Barnet teams which meant that there was no evidence that people had received some doses of their essential prescribed medicines, which may have placed them at risk. We found that the trust was not following policies it had in place regarding management of medicines. This meant that the service continued to be non-compliant with Regulation 13, management of medicines, and the Trust had not made the changes which were indicated in the action plan that they sent to us following the inspection in May 2013.

Staff in the teams we visited told us that there had been a difficult time when the teams were established but they felt that there was improvement in the services which they were delivering. There had been significant absence rates due to sickness and vacant post. We found that through this change process staff had not been sufficiently supported as they had not received regular managerial and clinical supervision or specific training in relation to their roles.

We checked records in the three teams we visited. We found that there had been an improvement in the recording since the previous inspection. We saw that most care plans and risk management plans were reviewed regularly and progress notes were kept up to date and provided a record of the work which was carried out in the team which ensured a safe service.

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

We have taken enforcement action against Trust Headquarters to protect the health, safety and welfare of people using this service.

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

More information about the provider

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

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

Our judgements for each standard inspected

Care and welfare of people who use services

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

During our previous inspection in May 2013, we found that people using the Haringey Home Treatment Team did not always consider that their care met their needs. This was because people who used the service did not have choices about the staff who visited them, there was no evidence that people could choose what times staff visited them and there was no agreed amount of time that staff would spend with people.

In November 2013, the teams had been reconfigured and they were now called Crisis Resolution and Home Treatment (CRHT) teams. We heard from the management in the trust and in the teams we visited in Barnet, Enfield and Haringey that the changes had brought the need to embed new systems. In all the teams we visited we were told by staff that there were vacancies which had had an impact on the service delivery. However, we were told that these issues were being addressed through recruitment.

During this inspection in March 2014, we spoke with people who used the CRHT teams in Barnet, Enfield and Haringey. Most of the feedback we received from people who used the services was positive.

People who used the Enfield service told us "I was cared for really well", and "They [the CRHT staff] helped me through a difficult time. One person told us that the staff were "usually on time – any changes and I get a call". People told us they were able to choose times. However, one person told us that they had had problems contacting the team but that "they were good when they reached me".

People who used the Barnet service told us that the staff were "superb" and that the team was "very caring and listening". People who used the Barnet service told us that they had a 'time window' when they could expect people to visit them and this system was agreed with them when they started using the service.

People who used the Haringey service told us "they gave me an ear and they listened, it

helped a lot". Another person told us the service was "good". However some people told us they "never saw the same person twice" and two people told us that visits were late and that they had not been informed about this.

We saw the timeliness of visits and information that people received about their visits in advance was addressed during team meetings. In the records we checked in the three teams we saw that people were usually informed of the times of their visits and that the necessity of this was something that the staff teams were aware of.

We checked twenty two records in the three teams we visited. We saw that people had care plans which were up to date, risk assessments which included current risks and that risk management was addressed in the care planning documentation.

We observed handover meetings in each of the teams we visited. We saw that risks were addressed during these meetings and those people who were felt to be at the highest risk were discussed. We saw that in the team meetings that staff were able to raise issues and concerns openly and that staff listened to each other when they spoke and shared information. This meant that staff were kept up to date with information which related to the care of people who used the service.

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

Our judgement

The provider was not meeting this standard.

People were not protected against the risks associated with medicines because the provider did not have appropriate arrangements in place to manage medicines.

We have judged that this has a moderate impact on people who use the service and have taken enforcement action against this provider. Please see the 'Enforcement action' section within this report.

Reasons for our judgement

At our previous inspection in May 2013, we found that the provider was non-compliant with regulation 13 of the Health and Social Care Act 2008 because people who used the services provided by the Haringey Home Treatment Team were not protected against the risks associated with medicines. This was because the provider did not have appropriate arrangements in place to manage medicines. We were sent an action plan by the provider to address these issues however, during the inspection in March 2014, we found that some of the actions which we had been told had been completed, had not been completed and some of the issues raised in the previous inspection had not been addressed. Therefore people who used the service continued to lack protection against the risks associated with the management of medicines.

At the previous inspection in May 2013, we had identified that in the Haringey Home Treatment Team staff did not have access to lockable bags to transport medicines in the community. On our visit to the Haringey Crisis Resolution and Home Treatment (CRHT) team in March 2014, we found that these were being used. However, this was not consistently happening in Barnet or Enfield. One member of staff in Barnet, told us "the locks break easily" and another member of staff told us "some of the bags don't have locks because they have been lost". In Enfield, staff told us that they did not always use locked bags to transport medicines. This meant that appropriate arrangements had not been made to ensure that safe keeping of medicines while they were in transit.

We checked the records of the fridge and ambient (room) temperatures where the medicines were stored in the three teams we visited. In Haringey CRHT team we saw that the temperatures of the fridge were logged however we saw that there had been days where the temperature had not fallen within the levels which were acceptable and action had not been taken. In March 2014 there had been seven times when the fridge temperature had been logged as being outside the acceptable 2-8C range. In Barnet and Enfield, we saw that there were no logs being taken of the ambient temperature where the

medicines were stored. This meant that there was a risk that medicines were not being stored appropriately.

During our previous inspection in May 2013, we saw that while nurses had received training and had their competency in medicines management monitored, staff who were not nurses, either unqualified staff or staff who were qualified in other disciplines such as occupational therapists and social workers, did not receive training related to medicines management. When we returned to carry out this inspection in March 2014, we found that this continued to be the case. This meant that people were not protected against the risks associated with medicines management because some staff who supervised and prompted people to take medication did not have specific training. This was counter to the policy which the trust had in place.

We checked prescription charts in the three teams we visited. In the Haringey team, we checked six prescription charts. We found gaps in the charts which we checked. For example, we saw that one person had eleven gaps in their chart in February 2014. We also saw that where a non-nursing member of staff had supervised medication for someone, this had not been countersigned by a nurse. In Barnet, we checked five prescription charts. We found one gap in a record where it was not clear whether someone had had medication or not. We also saw that there were inconsistencies in the way that non-nursing staff were recording supervision of medicines. We saw that nurses had not countersigned these entries and it was not clear who had administered or supervised medicines.

We looked at recent audits of medicines management undertaken by the provider. We saw that there had been a comprehensive audit where concerns had been identified in September 2013, but we did not see evidence that the issues had been addressed. For example, we saw that issues relating to incomplete records had been identified. However, during our inspection we saw that there continued to be gaps in the records. We saw that the absence of the monitoring of ambient temperatures where medicines were stored had been raised. However, during our inspection we saw that this had not been actioned in Barnet or Enfield. This meant that the provider had not learnt from concerns which had been identified and there was a risk that people would not be protected against the risks associated with medicines because the systems in place had not ensured actions had been taken.

We were provided with an action plan following the inspection in May 2013 and we found that some of the actions which had been identified had not been completed. The provider continued to be non-compliant with regulation 13 of the Health and Social Care 2008 (Regulated Activities) Regulations 2010).

After the inspection visit, we were informed by the trust that they had taken immediate action to address the concerns which we raised with them.

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

Our judgement

The provider was not meeting this standard.

People were cared for by staff who were not supported to deliver care and treatment safely and to an appropriate standard.

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

We spoke with staff in the three teams we visited. We spoke with the assistant director, the clinical director and the service managers as well as the deputy team managers. The teams had been formed in November 2013 and had gone through significant change in terms of personnel. Most staff we spoke with told us that they had been supported by their immediate line managers however we were told that staff had not had time to receive formal clinical and managerial supervision which had been recorded. We were told by the management team across the three boroughs that group supervision was being developed but supervision "is not happening". We saw that one member of staff in the Enfield team had received supervision regularly. In the Haringey team we were shown supervision records for two members of staff. However, across the three teams, we did not see evidence that all staff were provided with consistent and regular managerial and clinical supervision during a period when their services had gone through significant changes. In each team we visited, staff told us felt supported by their deputy team managers. However, the lack of regular, formal supervision, both managerial and clinical, meant that there was a risk that staff did not receive regular support and information to ensure that they develop and learn in their roles.

We asked to see the records of team business meetings to ensure that development issues such as learning from complaints, incidents and audits were discussed across the teams. We saw that some meetings had taken place in each of the three teams. However, it was not evident that learning from complaints, compliments and incidents were discussed regularly in meetings held with staff in teams.

We saw that meetings had taken place in Barnet where issues were discussed at a managerial level however we did not see evidence that the learning which was indicated was filtered down to team levels in the three CRHTs. For example, in the Enfield team, we asked how information about complaints was fed back to the team. We were told that this was done through regular business meetings. However, we were also told that business meetings "haven't been happening". This meant that there is a risk that staff will not learn from complaints, compliments and incidents which take place across the trust.

We asked about training regarding meeting the needs of people who used the service. We were told that some training had taken place across the teams related to work with people with learning disabilities but in other areas, for example, working with people with dementia, there had not been specific training despite the service being 'ageless' which meant that people were not precluded from the service on the basis of their age.

We asked staff in the three teams about their access to training and we looked at the training records. In Haringey CRHT team staff told us that they have access to mandatory training. However, we saw some staff had not completed their mandatory training. Some members of staff told us that they are able to access additional training. However two members of staff told us that the opportunities for additional training "had reduced".

In the Enfield CRHT team we saw that some staff had not completed their mandatory training. One member of staff told us "It has been difficult to create time for training". Another member of staff told us "prior to the transformation staff had training"

In Barnet CRHT we spoke with staff who told us that they had completed their mandatory training. We were told that additional training was being organised. Across Enfield and Haringey, staff told us that they had not completed mandatory training. This meant that there is a risk that staff will not have the opportunity to ensure that their skills are up to date when they are providing care to people using the service.

Staff in the three teams we visited told us that they felt that improvements were taking place. For example, in Barnet, a member of staff told us "[deputy team manager] provides us with guidance and direction" and another person said "[deputy team manager] is excellent". In Haringey, a member of staff told us "Managers are really good, things are improving now" and another member of staff told us "[deputy team manager] has had mixed support...but the team works well together". In Enfield, one member of staff told us "I love working here. The team pulls together" and another member of staff told us "We are good at supporting each other". During our visits, in the three teams, we observed staff seeking advice and support from their managers and saw that staff appeared accustomed to approach their managers for informal advice and support through the shift.

Medical staff told us that they provided support to each other. Staff in the three teams told us that they felt supported by medical staff. Staff told us that they had received annual appraisals. However, the lack of formal support through a period of significant change meant that staff were not supported to ensure that that care and treatment they delivered was safe and of an appropriate standard.

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

Reasons for our judgement

During our previous inspection in May 2013, we found that people were not protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were not always maintained and because staff told us that difficulties in accessing the electronic records and computer systems consistently had resulted in a negative impact on care and treatment for people who used the services.

During this inspection we spoke with staff about access to the electronic records and computer system and contingency plans in case of IT outages. Staff told us in all the teams we visited that they had access to RiO (the trust's electronic recording system) and this included temporary staff whose access was arranged in a timely manner. Staff were able to tell us the procedures to follow when the IT system was not working. Most staff told us that they did not have concerns related to their access to the IT systems in the trust.

In the three teams we visited, we checked twenty two records of current service users randomly selected in the teams we visited. We found that most records were maintained and of a sufficient quality and standard to ensure that information recorded about people who used the service was accurate and appropriate. For example, we saw that people had recorded visits accurately and promptly after visits. We found that there had been a significant improvement in the quality of record keeping since our last inspection across the teams.

This section is primarily information for the provider

✘ Action we have told the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activities	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983	Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010
Diagnostic and screening procedures	Supporting workers
Family planning	How the regulation was not being met:
Nursing care	The registered person did not have suitable arrangements in place to ensure that persons employed for the purposes of carrying on the regulated activities were appropriately supported in relation to their responsibilities, to enable them to deliver care and treatment to service users safely and to an appropriate standard by receiving appropriate training, professional development, supervision and appraisal. Staff in the teams had not received regular managerial or clinical supervision since the teams were established in November 2013. (Regulation 23 (1) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010)
Treatment of disease, disorder or injury	

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 03 June 2014.

CQC should be informed when compliance actions are complete.

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

This section is primarily information for the provider

✘ Enforcement action we have taken to protect the health, safety and welfare of people using this service

Enforcement actions we have taken

The table below shows enforcement action we have taken because the provider was not meeting the essential standards of quality and safety (or parts of the standards) as shown below.

We have served a warning notice to be met by 30 May 2014	
This action has been taken in relation to:	
Regulated activity	Regulation or section of the Act
Treatment of disease, disorder or injury	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010
	Management of medicines
	How the regulation was not being met: The registered manager had not protected service users against the risks associated with the unsafe use and management of medicines as they had not made appropriate arrangements for the obtaining, recording, handling, using, safe keeping, dispensing, safe administration and disposal of medicines used for the purpose of carrying on a regulated activity because they had not ensured that the provider's medicine management policy was being adhered to. Some staff who had not received medicines management training were supervising medication. Some staff did not have access or were not using lockable bags to transport medicines. The temperatures of some of the rooms where medicines were stored was not being monitored. Audits which had been carried out regarding medicines were not being followed up. Some records were incomplete. (Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010).

For more information about the enforcement action we can take, please see our *Enforcement policy* on our website.

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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