Care Quality Commission

Inspection Report

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

Clatterbridge Hospital Psychiatric Services

Springview Mental Health Unit, Clatterbridge Hospital, Clatterbridge Road, Bedington, Wirral, CH63 4JY

Tel: 01514827638

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

Standard		Result
Respecting and involving people who use services	✓	Met this standard
Care and welfare of people who use services	✓	Met this standard
Meeting nutritional needs	✗	Action needed
Safeguarding people who use services from abuse	✓	Met this standard
Staffing	✓	Met this standard
Assessing and monitoring the quality of service provision	✓	Met this standard
Complaints	✓	Met this standard
Records	✗	Action needed

Details about this location

Registered Provider	Cheshire and Wirral Partnership NHS Foundation Trust
Overview of the service	Clatterbridge Psychiatric Services is based in Springview Unit at the Clatterbridge health park on the Wirral. It comprises of two acute mental health wards for adults of working age, an older people's mental health ward and a psychiatric intensive care unit.
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
Regulated activities	Assessment or medical treatment for persons detained under the Mental Health Act 1983 Treatment of disease, disorder or injury

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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 carried out a visit on 14 November 2013, observed how people were being cared for, 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 staff, reviewed information sent to us by commissioners of services and took advice from our specialist advisors.

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 our visit to the service we spoke with patients on Brakendale ward (adult and older persons mental health ward) and Oaktrees ward (adult eating disorder ward). Patients on both wards told us they felt safe and were respected and valued by the staff teams. Some comments made were:

"I feel well looked after, I would rather not be here but I feel ok". "If I need to talk the staff listen". "Sometimes it's hard being here but the staff are really good".

Care and treatment plans and risk assessments were in place with information about patients care and medical needs and risks identified. However ward routines and restrictions placed on patients were not linked to individual risk management plans.

The food looked unappetising and patients told us they did not like many of the meals provided. Also the meals did not always support patients with an eating disorder to work towards achieving a healthy balanced diet and normalising their attitudes to food. Some special diets were not catered for.

Patients told us they felt there were enough staff on duty to meet their needs. Our observations and information held in staff rotas confirmed this.

The provider had systems in place to monitor the safety and quality of the service provided. We spoke with ten patients who told us they were happy with the support they received. They told us they understood how to raise a concern and information regarding Patient Advice and Liaison Services (PALS) was available on both wards.

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

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

More information about the provider

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

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

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

During our visit to the service we spoke with patients on Brakendale ward and Oaktrees ward. Patients on both wards told us they felt respected and valued by the staff teams. All told us they had been involved in the planning of the care and treatment they received even when this had proven to be physically and psychologically challenging. We observed staff engaging with patients in a respectful and positive manner and overall patients were relaxed and felt comfortable talking to us.

Each ward had separate characteristics which defined the engagement between patients and between patients and staff. This was due to the distinctly different aims and objectives of both wards. On one of the wards some patients expressed views that they did not want be a patient but understood due to their illness they needed to remain. Some comments made were:

"I am aware of the treatment I receive and why it's in place".

"I understand the restrictive approach needed".

"I have no complaints I have found the staff to be kind and supportive.

Discussions with patients and staff members showed that patients' rights to dignity and privacy were proactively supported. For example gender appropriate care was supported when clearly requested and chaperoning for all patients who required a physical examination was standard practice.

We looked at ten care records and found evidence that treatment options and requirements were discussed with patients. Records were also kept of discussions with patients subject to detention under the Mental Health Act 1983 about their legal rights. The provider may find it useful to note of the ten patient care records looked at five had no evidence that patients had signed to agree to or consent to treatment. Since the inspection

visit the provider confirmed discussions had taken place with patients and where appropriate signed agreement/consent had been sought.

There was an independent advocacy service available for patients to access which operated via an appointments system. There were information leaflets available for patients and their families to access. They provided information about services available within Cheshire and Wirral Partnership Foundation Trust and also sign posted them to other services and support networks. This meant the provider supported patients to gain support and advice from external agencies.

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

We spoke to ten patients who told us they felt they were receiving a good service and that the staff team were approachable and supportive. Some comments made were:

"I feel well looked after, I would rather not be here but I feel ok".

"If I need to talk the staff listen".

"Sometimes it's hard being here but the staff are really good".

We looked at ten care records. Care and treatment plans and risk assessments were in place with information about patients care and medical needs and risks identified. For example patients accommodated on Oaktrees ward were at risk of a specific medical condition attached to anorexia nervosa. Records showed the ward had clear protocols on how to manage this condition and reduce the risk of harm to patients.

Discussions/consultations between the Psychiatrist/Responsible Clinician and the patients were documented. Records showed that patients were involved in the care and treatment planning process and were supported to set achievable goals.

Patients care and treatment plans were monitored closely by members of the multidisciplinary team who met on the wards weekly. Records showed patients were supported to understand their issues and learn coping mechanisms to help them when they were discharged from the wards.

Overall the focus on admission was the point of discharge and there were systems in place to engage with services prior to a patient being discharged. The provider may find it useful to note one patient record looked at held information about the persons planned discharge that did not take place. There was limited information recorded about how this information was shared with the patient and the impact this may have had on their emotional and mental state.

We discussed with senior managers the change in admission criteria to Brakendale ward

and that it had now been designated an 'ageless' ward. This meant the age limit in place was that only patients 18 years and over would be accommodated on this ward. We were shown a copy of the admissions criteria that provided the management team with guidance on admissions to the ward. This was to ensure that when an admission to the ward took place the safety and welfare of patients already accommodated were taken into consideration. This included the physical frailty of patients and their presenting mental state.

Records showed patients were supported by a range of healthcare professionals including dieticians, psychiatrists, registered mental nurses, psychologists and occupational therapists. Minutes of multidisciplinary meetings showed patients benefited from a staff team who worked well together and shared information to support them in their recovery.

Records showed patients physical health care needs were monitored and where appropriate other medical healthcare professionals' input and advice was sought.

The provider may find it useful to note patients receiving care and treatment on Oaktrees ward felt their therapeutic activities, including activities off the ward, had been reduced. This was due to a reduction in occupational therapy support. The lack of a full range of therapeutic activities may impact on a patient's ability to engage with their therapeutic journey.

Records showed and discussions with members of the staff team confirmed specialist training had been provided to ensure they were able to support people effectively and safely. Information held on both wards showed the staff teams had access to specialist guidance such as the Management of Really Sick Patients with Anorexia Nervosa (Marzipan) Guidance produced by the Royal Colleges of Psychiatrists and Physicians.

Meeting nutritional needs

✖ Action needed

Food and drink should meet people's individual dietary needs

Our judgement

The provider was not meeting this standard.

People were at risk of not receiving adequate nutrition.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

We looked at the nutritional needs across both wards and the following issues were identified:

The food looked unappetising and some patients on Brakendale ward told us they did not like many of the meals provided. On Oaktrees ward some special diets were not catered for which resulted in patients not receiving the food they required. This also meant money allocated for therapeutic activities to aid patients recovery was being used to try and purchase special dietary meals. This information was confirmed by staff and patients spoken with during our visit.

We looked at the menu order card for Brakendale ward and noted that all patients on the ward had chosen two specific meals. We spoke to members of the staff team about this. They confirmed that staff members made the meal choices because patients changed their minds. The staff also told us if a patient did not like the meal offered an alternative would be provided. This meant patients were not able to retain some level of control and choice about meals they enjoyed or meals they would choose to avoid. After the inspection visit we were informed by the provider patients were now being supported to make they own meal selections.

Patients on Oaktrees ward told us the choice of vegetables was limited and most meals came with garden peas. We looked at menu choices/weekly cycle, special diet options and budgeting. The meal choices included fruit and vegetables however the meals were chilled and then required reheating on the ward. They did not look appealing and may not be best suited to support patients with an eating disorder to work towards achieving a healthy balanced diet and normalising attitudes to food.

We noted the dining area on Oaktrees ward was institutional with no table clothes and notice boards providing information in a negative way. This environment would not support patients who experienced anxiety and stress associated with food and meal times. These issues were discussed with the ward manager who agreed to review the environment.

We looked at three care records on Oaktrees ward and found detailed information about

how patients were supported by a multi- disciplinary team to support them to develop strategies to manage their eating disorder. There were detailed records regarding the stages each patient was working towards with food and fluid intake being monitored closely.

Safeguarding people who use services from abuse ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

We spoke to ten patients who told us they felt safe on the wards they were accommodated on. They said that if they had any concerns about their safety or well-being they would speak with a senior member of staff.

The staff members spoken with said they had received training in safeguarding and could describe how they would ensure the welfare of vulnerable people was protected through the whistle blowing and safeguarding procedure.

The ward managers reported that staff received training around the safeguarding of vulnerable adults from abuse during their induction and that follow on training in this area was provided every three years. The training record for one of the wards showed the provider had a monitoring system in place to ensure mandatory training in areas such as safeguarding, Mental Health Act 1983 and Mental Capacity Act 2005 were undertaken within the required timescales.

During our visit to one ward a concern was raised with us and this was discussed with the ward manager and senior managers. This issue was going to be dealt with initially through the complaints procedure.

The service had policies and procedures in place for the protection of vulnerable people. A copy of the local council's safeguarding procedures was available at the main office. A copy of the Mental Health Act 1983 Code of Practice was available to staff to refer to in the ward offices.

Staffing

✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

Patients spoken with felt there were enough staff on duty to meet their needs. Our observations, staff rotas and staff training records showed there were a sufficient number of staff with the right competencies, knowledge, skills and experience to meet the needs of the patients accommodated on both wards.

Patients were supported by a multidisciplinary team of health and social care professionals including consultant psychiatrists, clinical psychologist, occupational therapists, registered mental nurses, medical doctors, social workers and clinical support workers.

A full induction programme was in place and qualified staff on Oaktrees ward had received specialist training in eating disorders. To ensure the health care needs of patients on this ward were met there was a skill mix of both registered general nurses and registered mental nurses. The provider may find it useful to note there was no structured training programme in place on either ward to support the clinical support workers to gain knowledge and skills in the specialist areas of eating disorders and mental health. This information was confirmed by one ward manager and a clinical lead. The lack of specialist training may lead to inappropriate support and engagement, such as a parental attitude to patients eating disorder and mental health need.

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

The provider had systems in place to monitor the safety and quality of the service provided. These included a timetable of unannounced visits to all locations by a team that included executive and non-executive directors. These visits provided a snap shot against the CQC essential standards and outcomes. The rationale for the key lines of enquiry were also documented on the unannounced visit record along with recommendations and any compliance follow-up. In addition to this there were real time quality dashboards in place at ward level. The quality dashboard comprised 17 outcome measures including incidents, follow-up of patients, readmissions, quality of key care documents and complaints. This meant the ward staff were fully involved in the monitoring of the quality and safety of the service provided and the provider was able to identify areas of concern at an early stage.

Patient and staff surveys took place at regular intervals and the results formed part of the provider's business plan for the coming year. There was also evidence that the views of patients their relatives and carers were sought through forums and third party meetings.

Clatterbridge Psychiatric Service was part of a clinical locality that had its own service governance structure. There was no minimum requirement in place to guide or require the clinical service to meet and no templates or central support for implementing their own processes. This meant the provider could not be confident this location and others were recording and reviewing similar information and feeding this data into the corporate auditing and evaluation system.

The provider had a real time incident reporting system with all incidents reviewed by a manager. The provider may find it useful to note a sample of serious untoward incident reports were reviewed and we found they were not robust in terms of root cause analysis. For example in some instances the investigating office was a member of staff who worked within the same clinical service. This meant the investigating officer may need to interview staff they worked with or were managed by. This reduced the effectiveness of an independent and high challenge investigation into serious incidents for patients.

We noted that following serious incidents a root cause analysis (this is a a type of intense investigation that looks at all factors in great detail) investigation was carried out. Following this investigation a report with actions to minimise the risk of a similar incident occurring was produced. On the first day of the inspection visit a significant number of open actions were evident on the provider's monitoring system. This was discussed with the service director who agreed when local action had been taken this should be closed on the system. On the second day of our inspection visit a significant number of actions had been closed as completed.

Complaints ✓ Met this standard

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 spoke with ten patients who told us they were happy with the support they received. They told us they understood how to raise a concern and information regarding Patient Advice and Liaison Services (PALS) was available on both wards.

The provider had dedicated staff to monitor and co-ordinate complaints received and there were systems in place to investigate complaints and to share this information with the complainants.

The provider provided information about a complaints audit that had been carried out across all locations and the results gave the executive team confidence that their handling of complaints and subsequent learning from incidents was robust. The provider may find it useful to note that in this report there was limited information about lessons learned or actions taken to reduce complaints. Also the complaints system does not currently evaluate the complainants' experience of the complaints process itself. When this was discussed we were informed that this was something they would like to do in the future.

Records showed on both wards that if patients raised concerns initially the ward staff would try and resolve them. If this was not possible the concern would be formally raised with the ward manager and support would be offered to patients to make a formal complaint through PALS. In both wards there was information about the different ways patients could raise issues of concern or make suggestions to improve the service. For example 'patient stories' and 'tell us what you think' forms. Records also showed that if concerns or a complaint had been made it was recorded in the staff handover notes or ward meetings. This ensured patients views were recorded and acted upon.

Independent advocacy services had an office in Springview Unit where both wards were situated. The details of advocacy services were displayed in both wards.

Records

✖ Action needed

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

Our judgement

The provider was not meeting this standard.

People were not always protected from the risks of inappropriate care and treatment because accurate and appropriate records were maintained.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

We were told by patients on Oaktrees ward that there was a structured and at times restrictive routine in place. This information was confirmed by the manager of the ward who reported some of the restrictive practices had been included in information provided to patients on admission to the ward. However this information had not been linked to individual risk assessments and care and treatment plans. This meant patients had not been supported to discuss different staff approaches to support and input into their daily routines since their admission. For example some staff monitored patients in the bathroom areas in an intrusive manner whilst other did not.

We noted on one ward a number of care plans and risk assessments had not been signed by the patients. Discussions with member of the staff teams identified reasons why patients may not have signed these documents. However no reasons were documented and therefore there was no evidence that staff had engaged with patients. Since the inspection visit we received confirmation from the provider that discussions had taken place with patients and where appropriate they had signed their care and treatment plans.

On Brakendale ward we found that patients care records particularly risk assessments and daily records did not use the same methods for recording information. This meant patients were at risk of significant information not being reviewed and acted upon in a meaningful manner. The Provider reported that they were aware of this issue and an action plan was in place to address dual record keeping standards.

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 Treatment of disease, disorder or injury	**Regulation 14 HSCA 2008 (Regulated Activities) Regulations 2010** **Meeting nutritional needs** **How the regulation was not being met:** Patients were not routinely receiving food that met their individual needs and which had been chosen by them. Regualtion 14 (1) (a)(b)(c)
Regulated activities	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Treatment of disease, disorder or injury	**Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010** **Records** **How the regulation was not being met:** Accurate records with regard to the agreement of patients to care plans and risk assessments produced including their understanding of any restrictive practices were not clearly recorded in their individual care records. Reggualtion 20 (1)(a)

This section is primarily information for the provider

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 08 January 2014.

CQC should be informed when compliance actions are complete.

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

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

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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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