Inspection Report

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

Hampton Place Dental Practice

54 Longbrook Street, Exeter, EX4 6AH Tel: 01392202007

Date of Inspection: 18 November 2013

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

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Cleanliness and infection control	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Records	✓ Met this standard

Details about this location

Registered Provider	Dr. Daniel Zillwood
Overview of the service	Hampton Place Dental Practice is registered to provide Primary Dental Care for people who require dental procedures. The practice provides private patient care. There were three dental surgeries available in the practice. The practice is situated in Exeter, Devon.
Type of service	Dental service
Regulated activities	Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury

Contents

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

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 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 18 November 2013, 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 staff, reviewed information given to us by the provider and were accompanied by a specialist advisor.

What people told us and what we found

This was the practice's first inspection since dental services were required to register with the Care Quality Commission. We were supported during the inspection by a specialist advisor for dentistry to provide observation and analysis of the treatment received by patients as the practice provided specialist dental services.

The practice provided dental services to private patients. During our inspection we spoke with five patients about their experiences of using the service; these people made very positive comments about the practice and the dental care they received. One person told us, "I've been coming here for many years, I couldn't ask for a better service." Whilst another person told us, "I'm always given excellent information about my treatment. I can access emergency treatment when I need it; what more do I want?" Comments written by patients in the practices comments and suggestion book were equally positive, for example, "What a lovely practice, you inspired my confidence".

We saw how the practice placed the patient at the centre of their work. Patients received their examinations in private and were greeted by staff in a friendly and personable manner. We asked people how they were involved in their treatment planning and whether they were informed about what the treatment might involve. People told us how the dentists involved them at all times and how they provided information which enabled them to make decisions and choices about their treatment.

We looked at the consultation rooms and other areas of the practice and were satisfied people received safe and effective treatment in a clean and well organised environment. Processes were in place to ensure hygiene standards were maintained to the standards described by the Department of Health. We met and spoke with all the staff working in the practice during our inspection and checked their records to ensure robust recruitment took place.

We found patient records were detailed and were up to date and reflected the treatment received that day. We looked at records relating to the management of the practice and

saw these were detailed, current and up to date. The receptionists checked people's information was correct when they arrived for appointments and dentists' updated people's records on their computer record systems after each consultation ensuring patient records were current.

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

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 privacy, dignity and independence were respected. 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

People who use the service understood the care and treatment choices available to them. Patient information about the service and how to obtain out of hours dental care was displayed in a patient information folder in the reception areas and on the providers' website. We saw this information included cost of treatments as well as information on the providers' dental insurance scheme. Information was also available about how to raise a complaint about the practice both internally and through the General Dental Council. This meant people had information available to them to support decisions about their care and treatment.

People expressed their views and were involved in making decisions about their care and treatment. In the patient records we looked at we saw notes which showed how the dentists involved patients in their treatment and planning. For example, making choices about whether to keep or have a tooth removed. The patients we spoke with told us they were able to take part in decisions about their care. For example, "The dentist took the time to explain what treatment I needed; he explained each stage of the treatment and what it involved. The choices were explained clearly so I was able to make a choice." Patient feedback from practice surveys and comments showed how they had been involved with decisions about their care and treatment. For example, comments we saw stated, "I came with a lot of trepidation, but it all went very well. Thanks"; and "Everything was explained so clearly, I knew what to expect". This meant patients were able to express their views about their treatment and involvement.

Where patients required treatment following check-up appointments we heard how the reception team offered them appointments in line with their treatment plan. Appointments were made at a time which suited the patient. The length of the appointment was based on the treatment required by each person and not on standard time slots. The patients we spoke with told us they never felt rushed and always felt they received treatments in a dignified and professional manner. This showed patients were able to make and receive appointments which met their needs.

The dentist we spoke with reported that at the beginning of each treatment session the treatment and options would be verbally discussed and followed up with a written treatment plan when complex dental care was proposed. This was further confirmed when we observed the patient records. This meant patients who used the service understood the care and treatment choices available to them. This showed patients were able to express their views about the treatment they needed.

People's diversity, values and human rights were respected. The reception layout and the way the reception staff interacted with patients, enabled them to maintain confidentiality on arrival at the practice. The staff understood the need for privacy, dignity and confidentiality, ensuring that patients were greeted politely and by name. When patients were taken into the surgeries we heard staff welcoming and reassuring them. Doors were closed and if staff needed to enter a surgery they knocked on the door until they were invited in. Patients told us about staff keeping them informed about appointments, and how they talked to them in private, if appropriate.

Two of the surgeries were on the ground floor meaning they were accessible for people with reduced mobility. The provider had made adjustments to improve access to the building, providing hand rails on the six steps into the building. They were unable to do further improvements due to listed building restrictions; however they did have a referral process in place with another local practice if a person required level access to a surgery. The patients we spoke with about access to the practice told us they were happy to manager the inconvenience of the steps as they had received, "Such an excellent service from the dental teams". This meant patients' had access to dental services irrespective of the abilities they had.

We saw how all staff in the practice had completed training about awareness of vulnerable children and adults and saw them ensuring elderly patients were supported when accessing the treatment rooms. Information was provided to staff about how to raise concerns with the local authority where patients may not have the capacity to make decisions or were vulnerable at home. The dentists explained that children and vulnerable adults requiring treatment were always accompanied by a parent or advocate. This ensured people's safety and welfare was maintained.

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.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

Patients' needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We looked at nine treatment records. The records contained details of the condition of the gums and soft tissues lining the mouth. These were carried out at each dental health assessment. This meant the patient was made aware of changes in their oral condition.

We saw how medical histories and risk assessments for patients were routinely reviewed at appropriate intervals placing the patient at the heart of decisions. The patients we spoke with reported they were able to get treatment when needed. One person attending an emergency appointment told us they had contacted the surgery that morning and was able to get an immediate appointment. They told us, "I've always found the dentist to be very responsive; they're just so helpful here". We saw treatment plans for all patients where required. The patients told us they understood their treatment plans and what would happen after their appointment. We saw the treatment plans were clearly written with the treatments described. Costs were made clear and signed copies of the plans were scanned and held on the electronic patient record to indicate patient consent for the treatment. This showed treatment was planned and delivered in line with individual care plans.

Care and treatment was planned and delivered in a way that was intended to ensure patient's safety and welfare. Information was provided in the waiting room about when it was not appropriate to provide treatment, for example where patients were unwell or who had cold sores. Changes in patient's medication were recorded at each appointment along with any allergies that a patient had. We heard how the dentists and hygienist spent time speaking with patients before their treatment to check how they were and to discuss planned treatments. This meant the dentists had the most up to date information about people's health, which reduced risks for them.

People's care and treatment reflected relevant research and guidance. The specialist advisor saw how patients' dental recall intervals were determined by the dentists using a risk based approach based on current NICE guidelines. This was supported by discussions with the dentists when reviewing patient records. The practice held a copy of the September 2013 General Dental Council's dental standards and used these to

underpin the way the practice operated. This meant that patients' care and treatment reflected relevant research and guidance.

The specialist advisor looked at arrangements for managing medical emergencies at the practice. There were arrangements in place to deal with foreseeable emergencies. We were told staff underwent yearly team training in dealing with medical emergencies in the dental chair. The practice used an innovative way of alerting practice staff without causing undue alarm to patients who were in the dental surgery when help was required. This consisted of colour coded cards red or yellow, red meant that urgent assistance was required whilst yellow indicated that a situation was under control.

There was a range of suitable equipment including an automated external defibrillator, emergency drugs and oxygen available for dealing with medical emergencies. This was in line with the Resuscitation UK guidelines. The emergency drugs were all in date and were regularly checked; the drugs were securely kept along with emergency oxygen in a central location known to all staff. This meant the risk to patients' during dental procedures was reduced and patients were treated in a safe and secure way.

Cleanliness and infection control ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

There were effective systems in place to reduce the risk and spread of infection. We saw the practice was very clean and well maintained. This was supported by results of the patient satisfaction survey in relation to the questions on cleanliness of the surgeries and waiting areas. It was demonstrated through direct observation of the cleaning process and a review of practice protocols, that HTM 01 05 (2013) Essential Requirements for infection control was being met. This meant the practice could demonstrate they were compliant with current infection control guidelines. An audit of infection control had been carried out regularly and was observed by us; it was in line with current guidelines. This meant patients could be assured they were protected from the risk of infection.

The practice administrator who was also a qualified dental nurse told the specialist advisor the provider was the designated infection control lead. The day to day responsibility for maintaining infection control was shared by all practice staff, this ensured accountability and ownership with respect to standards in infection control. The practice had a decontamination policy which was observed by us. This was supported by a series of practice protocols in relation to infection control. This meant effective systems were in place to reduce the risk and spread of infection.

All staff we spoke with recognised the importance of maintaining good infection control procedures. All staff had undergone update training in infection control. This supported the ethos of the practice in relation to a commitment to regular update training. All surgeries were observed, they were very clean and tidy with equipment appropriately stored away unless required by the dentist. Decontamination of the dental instruments was carried out in each surgery. A dental nurse demonstrated to the specialist advisor the decontamination process and was in line with current decontamination guidelines as laid down by the Department of Health. A dental nurse showed us the process from taking the dirty instruments through to clean and ready for use again. It was clearly observed by us that clean and dirty instruments did not decontaminate each other. This meant that patients can be assured that they are protected from the risk of infection.

The draws in each surgery were inspected by us in the presence of a dental nurse. These were very clean and tidy and free from clutter. All of the instruments were pouched and it was obvious which items were single use. The single items were clearly new. All surgeries

had the appropriate personal protective equipment available for staff and patient use. This meant patients were protected from the risk of infection.

A legionella risk assessment had been carried out and the water supply had been certified safe at the annual inspection in November 2013. The dental water lines were maintained in accordance with current guidelines. Flushing of the water lines was carried out in accordance with current guidelines and supported by an appropriate practice protocol. This meant that patients were protected from the risk of infection due to legionella.

The segregation and storage of dental waste was in line with current guidelines laid down by the Department of Health. The treatment of sharps waste was in accordance with current guidelines. We observed sharps containers were well maintained and correctly labelled. The practice sharps injury protocol was clearly understood when talking with practice staff. This meant that staff were protected against contamination by blood borne viruses. The practice used an appropriate contractor to remove dental waste from the practice. Waste consignment notices were available for inspection. This meant patients could be assured that they were protected from the risk of infection from contaminated dental waste.

We saw the provider employed a cleaner to ensure each area of the practice was kept clean each day. They used a recognised colour coded cleaning system that identified which equipment should be used in surgeries and other non-clinical areas to reduce the risk of cross infection. The cleaning records were well maintained and up to date. Cleaning equipment and chemicals were stored securely in line with the providers' health and safety policy. Chemicals used throughout the practice were kept in their original containers and detailed notes on each chemical were kept in the control of substances hazardous to health (CoSHH) file as required by CoSHH guidance. This showed the provider ensured best practice in regard to infection control.

Requirements relating to workers ✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

Appropriate checks were undertaken before staff began work. We looked at the provider's recruitment policy to ensure it included all aspects of appropriate recruitment. We found the policy lacked clear detail and guidance about the process of recruitment and the information that should be gathered and requested. We spoke with the practices co-ordinator about this. They told us the majority of staff in the practice had worked for the provider for more than six years and that their focus had been about providing quality patient care. Recruitment had not been a priority as staff turnover was exceptionally low. However they were aware of the need to improve recruitment processes and had prioritised this for completion in the next few months.

When we looked at the records of four staff employed at the practice including the most recently appointed person; we saw how recruitment checks, including disclosure and barring service (DBS) checks were made. Two references were obtained for two of the four employees. We saw evidence of General Dental Council (GDC) registration and registration numbers for all dentists, hygienist and dental nurses. Staff records contained examples of application forms, interview questions and professional indemnity for all dental practitioners. Copies of inoculation checks were held in the staff files we looked at. However it was not possible to identify from records whether staff had commenced work before all mandatory checks had been received. The provider may find it useful to note guidance from the British Dental Association states that staff should not commence work until after the DBS check and references had been received.

There were effective recruitment and selection processes in place. In the files we looked at we saw there were copies of job contracts and terms and conditions of the post. In the dentist and dental nurses files we looked at we saw evidence of their continuous professional development records. We also saw copies of certificates relating to training undertaken by staff once employed; for example, infection control, first aid, health and safety and safeguarding vulnerable adults and children. This showed when staff were recruited they received the basic training required to ensure a safe working environment was maintained. This ensured patients were supported by staff with the right skills to maintain a safe environment.

Staff information records were held in a secure staff only area by the practice manager. At least three sources of identification had been gained along with a photograph of each

person employed which was displayed on the providers' website and in the waiting area. Occupational health checks were seen which indicated staff member's fitness to work. However the provider may like to note information about staff was not held in one location or in an easily accessible format.

The patients we spoke with made positive comments about the staff employed in the practice. Some of the comments made included, "I couldn't wish for better, more professional staff"; "The staff are very pleasant here and are good at fitting appointments around me"; and "The staff are a cheerful and friendly bunch here." A child of one of the patients described one of the dentists as being "Full of 'epicness'". These comments showed patients were satisfied with the staff who worked in the practice.

The dental nurses we spoke with told us about their recruitment process as well as initial induction training before commencing their job. For example, one dental nurse told us they spent a minimum of three weeks undertaking basic induction training and working alongside existing staff. They told us the induction included safe working practices and their responsibilities in regard of their new role and how they were mentored by more experienced dental nurses before supporting dentists alone. This meant appropriate staff recruitment and induction support processes were in place. This also ensured the practices staff were suitably skilled and knowledgeable about the support they offered.

Records ✓ Met this 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

People's personal records including medical records were accurate and fit for purpose. In the electronic records we looked at we saw they had been maintained well and were up to date. Records highlighted risks such as allergies or current medical treatments. Electronic records were regularly backed up throughout the day to prevent records from being deleted. Records indicated how people liked to be reminded about appointments, for example by text messages, letters or phone calls. The patients we spoke with told us they received reminders about appointments in the way they chose. This showed that the provider took steps to ensure information about people remained current.

We looked at the records of nine patients attending the practice that day. The clinical entries were completed by the dentists and hygienist. The records contained assessments and comprehensive details of the treatment provided. They also detailed the common risks associated with treatment which were disclosed to patients prior to treatment. We also saw in the records that patients were given information about the prevention of dental problems. This meant patients' personal records including medical records were accurate and fit for purpose.

We were shown a well maintained radiation protection file. This record contained all the necessary documentation about the maintenance of the x-ray equipment. These included critical examination packs for each x-ray set along with the three yearly maintenance logs and a copy of the local rules. The clinical records we saw showed that dental x-rays were justified, reported on and quality assured every time. This meant the practice was acting in accordance with national radiological guidelines. The measures described meant patients and staff were protected from unnecessary exposure to radiation due to well maintained and audited records.

A current public liability insurance certificate was displayed in accordance with current Health and Safety legislation. We also saw statutory signage was also in place for health and safety, fire exits and fire fighting equipment and the storage of oxygen. This meant the provider was assured the practice conformed to current health and safety legislation and patient safety was assured.

We saw evidence the practice co-ordinator maintained a full and comprehensive range of

general operating policies and procedures for the practice. We saw evidence of well maintained clinical governance files which demonstrated the practice staff were fully conversant with protocols and procedures. This meant records relevant to the management of clinical services were accurate and fit for purpose. Patients could be assured that they were being cared for in a safe and secure environment.

We saw a very comprehensive rolling programme of clinical audit which was coordinated by the practice co-ordinator. This included infection control, standards of clinical record keeping and dental radiology. We were shown examples of regular staff meeting minutes which demonstrated an effective medium for cascading training and information to practice staff. This meant patients could be assured they were receiving appropriate standards of clinical care.

Records were kept securely and could be located promptly when needed. Prescriptions, where required, were written on headed note paper and were scanned onto the patient record. The electronic patient records on the providers' computer system were password protected to ensure information was held securely. Computer screens used by staff faced away from the patients to prevent breaches of confidentiality. Where this was not possible in one practice the screen only showed the current patients details. We spoke with the dentist and they explained that where the dental nurses took instruction from them, they checked and completed electronic records after seeing individual patients; each record clearly showed who had recorded the information. This ensured records were up to date and reflected the treatment provided.

Records were kept for the appropriate period of time and then destroyed securely. Where paper records were needed we saw that they were scanned onto the patient records then stored securely until they were shredded by a certified document company to protect confidentiality. Archived computer records were held in line with current guidance and deleted in accordance with the providers' policy.

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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