

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

## Nutley Hall

Nutley, Uckfield, TN22 3NJ

Tel: 01825712696

Date of Inspection: 02 July 2014

Date of Publication: August 2014

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

<b>Consent to care and treatment</b>	✓	Met this standard
<b>Care and welfare of people who use services</b>	✓	Met this standard
<b>Management of medicines</b>	✗	Action needed
<b>Requirements relating to workers</b>	✗	Action needed
<b>Records</b>	✗	Action needed

## Details about this location

Registered Provider	Nutley Hall
Registered Manager	Mr Alan David Miggin
Overview of the service	Nutley Hall is a care home which provides personal care and accommodation for 33 adults who have a learning disability. The home is made up of a number of small group homes in a community setting.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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

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## Summary of this inspection

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### Why we carried out this inspection

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

- Consent to care and treatment
- Care and welfare of people who use services
- Management of medicines
- Requirements relating to workers
- Records

This was an unannounced inspection.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 2 July 2014, observed how people were being cared for and talked with people who use the service. We talked with staff.

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### What people told us and what we found

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People at the home had complex needs and were not all able to tell us about their experiences at the home. In order to get a better understanding we observed care practices, looked at records and spoke with staff. During the inspection we spoke with the manager and six members of staff. We sat in on two workshop groups and spoke with some of the people who used the service.

At the time of the inspection there were 32 people who lived at the service.

Our inspection team was made up of one adult social care inspector. We answered our five questions; Is the service caring? Is the service responsive? Is the service safe? Is the service effective? Is the service well led? Below is a summary of what we found. If you want to see the evidence supporting our summary please read the full report.

Is the service safe?

Care and support was planned and delivered in a way that was intended to ensure people's safety and welfare. Risks to people who used the service had been identified and there was information on how to manage and minimise risks.

We found that people were not protected against the risks associated with medicines because the provider did not have appropriate arrangements in place to manage medicines. Some medication was not clearly labelled and there was not an effective system to ensure that medicines were disposed of appropriately. A compliance action has been set in relation to this and the provider must tell us how they plan to improve.

We found that a lack of appropriate employment checks meant that the provider could not be certain that people were cared for, or supported by, suitably qualified, skilled and

experienced staff. There were gaps in the background checks for the recruitment of staff which included inadequate references and insufficient proof of identity. A compliance action has been set in relation to this and the provider must tell us how they plan to improve.

People were not protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were not maintained. Some records relating to the people who used the service were not clear and there was no consistent approach to the management of records.

CQC monitors the operation of the Deprivation of Liberty Safeguards which applies to care homes. While no applications have needed to be submitted, proper policies and procedures were in place. Staff had been trained to understand when an application should be made, and how to submit one.

Is the service effective?

It was clear from what we saw and from speaking with staff that they understood people's care and support needs and that they knew them well. People were able to take part in activities of their choice. The activities on offer supported people in developing their skills and independence.

We found that the staff understood the requirements of the Mental Capacity Act 2005 and carried out decision specific mental capacity assessments and best interest meetings when needed.

Is the service caring?

People were supported by committed and caring staff. We observed that people appeared comfortable in the service and familiar with the staff that worked there. We saw that staff members spoke directly with people and supported them at an appropriate pace. We observed that people were treated with respect and dignity. The people we spoke with told us they liked living at Nutley Hall. One person said "I am well looked after".

Is the service responsive?

People's needs were continually assessed and reviewed. Records confirmed people's preferences, interests, goals and diverse needs had been recorded and support had been provided in accordance with people's wishes. People's needs were reviewed to make sure that changes in needs were identified and action taken.

Is the service well-led?

The manager had been in post for two months and was still becoming familiar with the management systems of the service. There were a number of senior staff responsible for different areas of the service such as medication, training and recruitment. We found that there was no clear oversight of these systems which meant there was a lack of consistency. We spoke with the manager about this who agreed that this needed to be improved.

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

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## **What we have told the provider to do**

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We have asked the provider to send us a report by 30 August 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.

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### **More information about the provider**

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

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

## Our judgements for each standard inspected

### Consent to care and treatment

✓ Met this standard

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

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### Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. Where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

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### Reasons for our judgement

Throughout the day we observed that people were asked for their consent regarding the choice of activities they undertook. For example in the one workshop some people had agreed to help make candles or baskets. For other people who chose not to take part in the planned activity, their choice had been listened to and they were doing an alternative activity such as art. This showed that people were asked for their consent and the provider acted in accordance with their wishes.

We found evidence that where there was uncertainty that people had capacity to consent to an important decision, the provider had acted appropriately. For example one person needed an operation to improve their health. Their care record contained a mental capacity assessment which explained why it had been assessed they did not have capacity to agree to the treatment. A best interest meeting had been held and there had been discussions with professionals and relatives who knew the person. There was a summary of why the operation had been agreed to be in the person's best interests.

Another person had had a mental capacity assessment regarding their ability to consent to a health screening procedure. Although the person had stated that they did not want the procedure the assessment showed they did not fully understand the decision to be made and did not have capacity to decide. Following a best interest meeting it had been agreed that it was not in the person's best interest to have the procedure. This demonstrated that where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

The staff we spoke with demonstrated an understanding of the Mental Capacity Act 2005 and how this affected people in the home. The provider may like to note that although we saw records which showed staff had received training in mental capacity two or three years ago, there had been no refresher training. We spoke to the training co-ordinator about this who said that they were planning for this training in the future.

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

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**Our judgement**

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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.

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**Reasons for our judgement**

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Nutley Hall was divided into six different units, each with its own group of people who used the service and regular staff team. Some of the units had live in staff who acted as "House co-ordinator". The people we spoke with told us that they were happy living at Nutley Hall. One person said "I like it. I do lots of things" and another told us "I like living here, Staff are nice". We observed that people were relaxed in their environment and knew what they were doing each day.

We looked at the care records of three people each of whom lived in a different unit. Each record contained a personal profile which was written from the point of view of the person it was about. The profile included information on important people in their life, relationships, likes and dislikes, what they were good at and how they expressed themselves. There was also a biography of each person which gave details of their background and personal history. This meant staff had information about each person's life which supported them in understanding their needs.

Needs were assessed and each person had a care plan which detailed how their needs were to be met by the service. Areas of support included accommodation, physical needs, personal hygiene, mobility, food and drink and emotional needs. We saw that information was up to date and had been reviewed recently. We looked at daily care records which showed that care and support was given in line with care plans. This meant that people's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

Each person's record contained information about managing identified risks. These included the risks associated with the environment, trips and slips, behaviour, medication and specific medical conditions. The information explained what the risks were and how they should be minimised. The risk assessments we looked at were up to date and had been reviewed within the last six months. This meant that care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Each record contained information about what to do in the event of certain emergencies. For example, one person's record had a risk assessment on fire evacuation as well as a

clearly written medical emergencies sheet. This demonstrated that there were arrangements in place to deal with foreseeable emergencies.

We saw evidence that people's health needs were met by the service. Each person had a medical history as well as information about medication and the potential risks. Care plans included details about health needs and how they were to be met. Records showed that people made use of external health professionals where needed. These included the GP, dentist and optician. Weight was recorded on a monthly basis to identify if there were any changes. This meant that the service took steps to ensure that people's health was maintained.

Nutley Hall offered people who used the service a range of practical workshops to develop their skills. We visited workshops for cooking, basket weaving, candle making and woodwork. A co-ordinator told us that there was an on site bakery and that some of the products were sold in the local community. In the workshops we visited people were seen to be actively engaged with the tasks which took account of their individual preference and ability. One person told us about how they were involved with baking, gardening and candle making and said "I really enjoy it". We saw that there were annual workshop reports which summarised people's development and progress. Daily notes showed that people were able to access the local community. External activities included shopping, trips out, attendance at church and visits to the local pub.

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

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## Our judgement

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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 told the provider to take action. Please see the 'Action' section within this report.

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## Reasons for our judgement

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At our last inspection in February 2014 we found that people were not protected against the risks associated with medicines because the provider did not have appropriate arrangements in place to manage medicines. This was because people were at risk from receiving medication that was out of date and medication stored in the fridge was not kept securely. The provider wrote to us after the inspection to say that they had taken action to make improvements.

When we returned we looked at the medication systems in three of the houses. Each house had its own medication storage and administration folder. There was a list of staff who were responsible for administering medicines and a sample signature list so that it was clear who had recorded on the medication administration record (MAR). In all of the houses we found that medication was stored securely in locked cabinets. We found that there were no medicines being kept in a fridge, although there were lockable boxes available if there was a need to do so.

Each house kept a record of daily fridge temperature checks. None of the houses we visited was recording the temperature of the main medication cabinet. This meant the provider could not be certain that medicines were being stored at the correct temperature.

In Cedarwood house we saw there was a tube of cream in the cabinet which was labelled in German. Although the member of staff on duty knew what the cream was for there was no indication on the tube in English what it was and how it should be used and stored. We noted that medication procedures were on the inside of the cabinet door but were dated November 2011 with no evidence of review. This meant that the provider could not be certain that medicines were prescribed and given to people appropriately. We saw that MAR sheets had been filled in correctly and there were no unexplained gaps.

We looked at the use of one boxed medication in Cedarwood which was given 'as required'. We saw that this had been administered four times since September 2013. We asked a member of staff how they would know if the amount left in the box was correct.

They confirmed that they did not keep a running total. We looked at a record of returns which showed that some of this medication had been returned to the pharmacist in March 2014 but it did not say how much was returned and the pharmacist had signed the record as "Not checked". We were told by the member of staff that when a new box of this medication was received they did not keep a record of when it was received and how much. This meant that there was no suitable system in place to prevent the misuse of medicine and there were not appropriate arrangements in place in relation to obtaining and disposing of medicine.

In Timberley house we looked at a sample of MAR sheets. We saw that MAR sheets recorded the date and amount when medicines were received. Homely remedies were appropriately labelled and recorded.

In Tall Timbers House we saw that MAR sheets had been completed correctly and there were no unexplained gaps in recording. We found two homeopathic medicines which were labelled with their name. However, there was no record of what these medicines were for. The member of staff in this house was able to tell us why the medicines were used but confirmed that there were no leaflets or information about their use. This meant that people were not protected against the risks associated with medicines because the provider did not have appropriate arrangements in place to manage medicines.

We noted that there were no medication profiles of each person within the medication folder. There was no photograph to easily identify the person each MAR sheet referred to although staff were familiar with the people they supported. There was no quick way to see what medication was for and what the possible side effects or allergies could be. We saw that there were some leaflets about medicines in medication folders and that care records included details of medication. However the lack of detail in medication folders meant that the provider could not be certain that medicines were safely administered.

We looked at the training records which showed that there was a mix of formal external training as well as internal training provided by a care co-ordinator. The internal training consisted of a group supervision and the care co-ordinator responsible said that they went through the procedures, good practice and areas that needed improvement. This was confirmed by the staff we spoke with.

A care co-ordinator told us that they carried out monthly audits to ensure any errors or poor practice were identified and action taken. We looked at the audits for April and May 2014 which showed that checks took place on storage, MAR sheets and 'as required' medication. We saw evidence that appropriate action had been taken where errors had been identified. However, the audit forms were not detailed and it is of concern that some of the errors identified during our inspection had not been picked up.

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

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## **Our judgement**

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The provider was not meeting this standard.

The provider could not be certain that people were cared for, or supported by, suitably qualified, skilled and experienced staff.

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.

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## **Reasons for our judgement**

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We looked at the recruitment records for six members of staff.

None of the records we looked at contained an original photograph of the applicant. We saw that application forms were in place and these included a declaration of any criminal conviction. There was evidence of each applicant's employment history, however, four of the records contained no explanation where gaps in employment were evident. There was no proof of identification in two of the records we looked at. This meant that not all the documentation required by the Regulations was in place.

We found that one record did not hold any evidence of references being requested or received. Two of the records held only one reference. Another record held no original references although there were documents in Spanish which had not been translated. A lack of appropriate references meant the provider could not be certain that staff were of suitable character.

The records did not show any evidence of a criminal record check being carried out with the Disclosure and Barring Service. We asked the manager about this who showed us a spreadsheet on the computer which confirmed that five of the six applicants had received a criminal record check. However for one member of staff there was no evidence of this. Evidence of a criminal record check for this member of staff was subsequently provided.

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

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## **Our judgement**

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The provider was not meeting this standard.

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

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## **Reasons for our judgement**

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We looked at a number of different records held by the service. These included care records as well as records which related to the management of the service, such as training and recruitment. We found that all confidential records were stored appropriately and kept in lockable cabinets or cupboards. Records were kept securely and could be located promptly when needed.

We noted that each person's care record had information on maintaining confidentiality. There were guidelines for staff about how to record information and make amendments. Guidelines included the timescales for keeping confidential records. This meant that staff had information about how to maintain records and when they should be destroyed.

We found a number of records which were unclear or which did not have the information they were supposed to. Some risk assessments were not clearly dated. For example one person had risk assessments dated June 2012. A comment at the bottom of the form showed that these had been reviewed in January 2014. However, it was unclear if there had been any changes and if the assessment had been amended since June 2012. We also found that the record which showed that staff had received a satisfactory criminal background check had not been completed for one member of staff.

We found that there were different members of staff responsible for maintaining management records. For example one co-ordinator was responsible for medication, one for training and one for recruitment. There was no consistent approach to how records were maintained and there was no member of staff who had oversight of all the records. The manager had been in post for two months but was unaware of where some records were kept. The lack of a consistent system for handling records meant that accurate and appropriate records were not always maintained.

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 activity	Regulation
Accommodation for persons who require nursing or personal care	<b>Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010</b> <b>Management of medicines</b>
	<b>How the regulation was not being met:</b> People were not protected against the risks associated with medicines because the provider did not have appropriate arrangements in place to manage medicines. Regulation 13.
Accommodation for persons who require nursing or personal care	<b>Regulation 21 HSCA 2008 (Regulated Activities) Regulations 2010</b> <b>Requirements relating to workers</b>
	<b>How the regulation was not being met:</b> A lack of appropriate employment checks meant that the provider could not be certain that people were cared for, or supported by, suitably qualified, skilled and experienced staff. Regulation 21(a)(b).
Accommodation for persons who require nursing or personal care	<b>Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010</b> <b>Records</b>

**This section is primarily information for the provider**

**How the regulation was not being met:**

People were not protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were not maintained. Regulation 20(1).

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 30 August 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.

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**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.

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**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.

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**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)

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### **(Registered) Provider**

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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'.

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### **Regulations**

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We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

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### **Responsive inspection**

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This is carried out at any time in relation to identified concerns.

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### **Routine inspection**

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This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

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### **Themed inspection**

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This is targeted to look at specific standards, sectors or types of care.

## Contact us

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