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

## Langley Haven Care Home Limited

30 Rambler Lane, Langley, Slough, SL3 7RR  
Tel: 01753 527300

Date of Inspection: 15 April 2014  
Date of Publication: May 2014

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

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<td>Respecting and involving people who use services</td>
<td>✓</td>
</tr>
<tr>
<td>Care and welfare of people who use services</td>
<td>✓</td>
</tr>
<tr>
<td>Meeting nutritional needs</td>
<td>✓</td>
</tr>
<tr>
<td>Safety and suitability of premises</td>
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<tr>
<td>Assessing and monitoring the quality of service provision</td>
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www.cqc.org.uk
## Details about this location

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<tr>
<td>Registered Manager</td>
<td>Mrs Valerie Fears</td>
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<tr>
<td>Overview of the service</td>
<td>Langley Haven Care Home provides accommodation and personal care for up to 24 older people with dementia.</td>
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<td>Care home service without nursing</td>
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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 15 April 2014, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members, talked with staff, reviewed information given to us by the provider and reviewed information sent to us by commissioners of services.

What people told us and what we found

Is the service safe?

The service was safe, clean and hygienic. Equipment was well maintained and serviced regularly therefore not putting people at unnecessary risk.

People told us they felt safe in the home. They told us they felt respected and their opinions were listened to by staff. Changes were made to the way care was carried out if people requested it or when their needs changed.

We noted practice emergency fire evacuations had not taken place every six months in line with the provider's policy. However, we did see documentation which showed a practice evacuation had taken place in the last two months. We also saw the fire protection equipment in the home had been regularly checked and maintained.

We saw the provider had assessed risks to people and taken action to minimise those risks. Control of Substances Hazardous to Health documentation was in place alongside a contingency plan for dealing with emergency situations.

We saw documentation related to the Mental Capacity Act 2005 and how it had been applied to people's care. We saw how the provider had worked with other professionals and family members to act in the person's best interest and in the least restrictive manner. There had been no requirement to submit a Deprivation of Liberty Safeguards application at the time of our inspection.

Is the service effective?

Each person had received an assessment of need prior to moving into the home. From this, risk assessments and care plans had been drawn up to direct staff in how to care for people safely and effectively.
We observed how staff supported people in a positive and friendly manner.

Specialist dietary and mobility needs had been identified in care plans where required. We saw people were supported with mealtimes in a positive and person-centred way. We saw how people's cultural and religious needs were met through diet and support from staff.

Is the service caring?

We observed care being provided to people throughout the day. We saw people who used the service related well to staff. Staff provided reassurance and assistance in a positive and encouraging way. One person told us "It is a very good place I am glad I am here…they look after you, they do things for you too!" When we asked another person to tell us about the quality of the care they said "It is really excellent."

People's preferences, interests, and diverse needs had been recorded and care and support had been provided in accordance with people's wishes.

Is the service responsive?

We saw staff responded to the needs of people who used the service. We noted in care plans and records how systems were in place to ensure staff responded to their physical and mental health needs.

We saw a range of activities were carried out in the home that people engaged with which ranged from hatching chickens, ballroom dancing, singing and craft.

People knew how to make complaints. One complaint had been made by a person who lived in the home, and this had been dealt with immediately.

Is the service well-led?

The service had a quality assurance system, records seen by us showed that identified shortfalls were addressed promptly. As a result the quality of the service was continuously improving.

People told us they felt the home was well managed. We saw from the documentation how people's care was monitored and changes were made where appropriate.

The service worked well with other agencies and services to make sure people received their care in a joined up way.

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.
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

People who used the service understood the care and treatment choices available to them. Two people we spoke with told us they understood what their needs were and were able to discuss with staff how they wished for their needs to be met. One person told us they guided staff in how they wished for personal care to be carried out, and staff responded to their requests. This meant people expressed their views and were involved in making decisions about their care and treatment.

We observed every person had a copy of the provider's "Service User Guide" in their rooms. This gave people information about the way the home ran and what they could expect from the provider and the staff. One staff member told us they also sat with people and discussed their care plans with them or their relatives. This allowed people to be involved and input into their care.

A staff member gave us examples of how they offered choices to people with regard the care they received, for example their choice of food at breakfast. They told us if the person told them they had changed their food preference then they changed their care plan to reflect the changes. We read in care plans how people or their relatives had been consulted about their care, and how their consent to care and treatment had been documented. This ensured people who used the service were given appropriate information and support regarding their care or treatment.

We joined people at lunchtime, and observed how staff supported them to enjoy their lunch. We saw staff encouraged people to be as independent as possible. They offered support when needed and prompted people in a positive and reassuring manner. We saw the use of specialist equipment enabled people to eat their lunch independently with minimum support from staff. One person told us how the staff helped them maintain contact with family members through the use of the telephone. This demonstrated how people were supported in promoting their independence and community involvement.
People's diversity, values and human rights were respected. Two people who were residing in the home were from Asia. We saw the assessment of need reflected and respected their cultural and religious needs. Although English was not their first language, staff were available to translate and communicate in their native language. We spoke with one person with the assistance of a staff member who translated for us. They told us their cultural needs were respected and they were happy the female staff helped them with their personal care. They told us their diet was vegetarian and how they had time in their room each day to pray. Staff were able to tell us why it was important people's diversity and human rights were respected. One staff member told us, "Because they (people who used the service) feel respected, they receive a good service and that means they have a good life." This meant the provider had suitable arrangements in place to ensure care was provided to people with due regard to their individual cultural and religious needs.
Care and welfare of people who use services

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 read the care files of four people, each person had an assessment of need completed prior to arriving at the home. We saw risk assessments and care plans had been drawn up to guide staff on how to carry out care in line with the preferences and wishes of the person. We observed how staff cared for people, for example, we saw a member staff spoke with a person on their right side as they could not hear on their left side. We saw how people were able to choose what to eat, and support was given to them to achieve this. This demonstrated people’s needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

In the care files we saw how risks to people had been assessed and action had been taken to minimise the risk of harm or injury. For example, we saw in each person’s room they had a call bell in place. This was used to alert staff to the need for assistance when in their bedrooms. We saw the risk to people who could not or may not have pressed their call bells had been assessed and the risk minimised. One person had been identified at risk of falls; an alternative monitoring system had been put in place, if they were unable to press the call bell after a fall. We saw documentation to show the call bells were tested regularly to ensure they worked effectively. We saw how the risk of malnutrition and dehydration had been assessed and how the person’s food and fluid intake had been monitored to minimise the risk. This meant care and treatment was planned and delivered in a way that was intended to ensure people’s safety and welfare.

During our inspection we observed people were treated by staff in a positive and friendly manner. We could see from the rapport staff had with people they were familiar with their needs and personalities. We saw from the care files and from talking to people and staff that each person was treated as an individual. People from different cultural backgrounds and those with disabilities had their needs identified, and care and treatment was delivered appropriately. This meant people’s care and treatment was planned and delivered in a way that protected them from unlawful discrimination.

Documentation in the care files demonstrated the provider was aware of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DOLS). We saw how people’s ability and capacity to make decisions had been assessed and documented. We
saw how the best interest of people and the least restrictive methods had been considered when caring for a person who refused medication. We read how the provider had consulted with other relevant individuals involved with the person to ensure they acted in the person’s best interest. This meant people were protected from the risk of harm as the provider had in place suitable arrangements to act in the person’s best interest.

The people we spoke with told us they felt well cared for in the home. One person told us "It is a very good place I am glad I am here…they look after you, they do things for you too!" Another person told us they felt looked after "It is really excellent." They felt their needs were met by staff who were caring and respectful. Two people and two staff told us they felt the home was well managed. We saw documentation such as emergency contingency plans which showed there were arrangements in place to deal with foreseeable emergencies this ensured the safety and wellbeing of staff and people who used the service.
Meeting nutritional needs  
Met this standard

Food and drink should meet people’s individual dietary needs

Our judgement

The provider was meeting this standard.

People were protected from the risks of inadequate nutrition and dehydration

Reasons for our judgement

During our inspection with spoke with the chef, they told us they respected the religious and cultural needs of the people who used the service. They demonstrated this by providing "Clean" meals for people who had specific dietary needs. For example if a person required a vegetarian meal it would not be prepared or cooked in the same area or with food that contained meat products. They were also able to provide Halal and Kosher meals. One person who required vegetarian meals due to their cultural needs told us their food was nice. The manager told us they also provided this person with cardamom tea to drink. This meant people’s food and drink met their religious or cultural needs.

People were supported to be able to eat and drink sufficient amounts of nutritious food to meet their needs. We observed lunchtime in the home, and saw how people were encouraged by staff to enjoy their meals. Staff prompted people to eat as independently as possible. Aids were used such as plate guards to assist people at mealtimes. We saw fruit and cakes and biscuits were also available to people when required throughout the day. This meant people had sufficient food and drink available to meet their dietary requirements.

People were provided with a choice of suitable and nutritious food and drink. We observed how drinks were continuously supplied throughout the day, and when people asked for a drink staff responded quickly. The food we saw was nutritional, balanced and attractive. Portions were of an appropriate size. One person announced when they finished their meal "That was lovely." Two other people told us the "Food is good." We discussed with the chef how they designed the menus. They told us they had asked the people who used the service what food they liked and incorporated into the meals provided. They had considered the nutritional needs of people with regard to the evening meal. They told us people were offered a hot choice in the evening along with salad, as this was more national than sandwiches. This meant people were provided with a range of food to meet their individual dietary needs.

We read documentation in the care plans related to food and nutrition. We saw how people’s weight was monitored and where appropriate their food and fluid intake. We saw risk assessments had been carried out in relation to the effects of poor diet and insufficient hydration. The chef told us they were aware of the needs of the people who used the service and prepared food to meet their needs, for example soft food for people who
required it, low sugar content food or sugar alternatives for people with diabetes. This meant people had a choice of food and drinks to assist in the maintenance of their health and wellbeing.
Safety and suitability of premises

Met this standard

People should be cared for in safe and accessible surroundings that support their health and welfare

Our judgement

The provider was meeting this standard.

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

Reasons for our judgement

We looked at the rooms inside the home and the garden area outside. The home was an old building, owned by the provider. The garden areas were well maintained, and the interior was clean and comfortable. We noted a garden fence was in a state of disrepair. We were shown documentation from the provider to the local authority which showed their attempts at reaching an agreement to get the fence mended. This demonstrated the provider had taken action to prevent harm or injury to the people who used the service.

We discussed with the provider how they protected people from the risk of unauthorised access to the premises. We were told the provider did not have a documented risk assessment in place in relation to this. The provider should consider putting a risk assessment in place to ensure they have taken the necessary steps to protect people from harm. We spoke with the manager who showed us an electric gate at the front of the premises, this prevented unauthorised access by vehicles. Although the fences were relatively low, the windows and doors of the building were made of PVC and had been maintained. Keypads on all external doors allowed limited access and egress from the building to people who knew the code. The provider had a signing in and out book to ensure they were aware of who was in the building in case of fire. This meant the provider had put strategies in place to protect people from the risk of harm from unauthorised access to the property.

We looked at documentation related to fire prevention and detection. The records showed the provider had maintained and tested fire equipment to ensure it provided protection to people in the event of the fire. We looked at the fire evacuation procedures; we noted the provider expected fire evacuations to be carried out every six months. The records showed this had not been happening. The provider had carried out a fire evacuation practice in February 2014 but prior to this it had been two years since the last recorded evacuation. We discussed this with the provider; we were assured this would be maintained going forward. The provider should carry out fire evacuations regularly to ensure the welfare of the staff and people who used the service are maintained.

We observed throughout the home a shortage of storage for people's laundry, gardening
equipment and various pieces of equipment used in the home. The manager told us the provider was looking to extend the building in the future, which would include storage facilities. This meant the provider had taken steps to consider the provision of care in an environment that was suitably designed.

We saw documentation related to Control of Substances Hazardous to Health (COSHH) were in place alongside a contingency plan to deal with emergency situations such as flooding, gas failure, and electricity power cuts. We saw call bells were checked frequently and any remedial action had taken place quickly. These ensured arrangements were in place to protect the safety and wellbeing of people who used the service.

People we spoke with and the staff told us they felt the home was safe and equipment was fit for purpose. This demonstrated the provider had taken steps to provide care in an environment that is suitably designed and adequately maintained.
Assessing and monitoring the quality of service provision

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.

And

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

Reasons for our judgement

The manager showed us documentation they had used to gain feedback from people who used the service in 2013. The questionnaire covered areas such as the quality of care, staff and the environment. The majority of respondents were positive. The provider also sent out comments cards to relatives and people who used the service; these were then published on their web site. The manager told us so far they have not had to take any action to improve the service based on the feedback they had received from people. Any concerns raised or changes needed were dealt with at the time the situation arose, rather than through the survey.

We read comments had been made in the comments book in the reception area; these were complimentary of the service provided at the home. This meant people who used the service, their representatives and staff were asked for their views about their care and treatment and they were acted on.

We read the local council's health and safety inspection report dated December 2013. We saw how the council viewed the home as well run with respect to health and safety. Reference was made to a satisfactory fire officer visit and the security of the premises. We also read a report from an external auditor dated 3rd April 2014. We read how they had checked the manager had carried out internal quality assurance checks in areas such as care plan audits, medication audits and monthly infection prevention control audits to ensure the service was safe. We read documentation which verified these had been completed. We noted where actions needed taking as a result of the care plan audit, these had been completed. This meant the provider had in place strategies to monitor and improve the service to people within the home.

We asked if the home had received any complaints. We were told they had received one complaint in the last twelve months. We saw documentation which showed how the complaint had been responded to in a timely way. Any day to day complaints were dealt
with at the time and responded to immediately. We noted the provider had a copy of their complaints procedure in the reception area and in each "Service User Guide" which were located in people’s rooms. This meant the provider took account of complaints and comments to improve the service.
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.

<table>
<thead>
<tr>
<th>Met this standard</th>
<th>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.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Action needed</td>
<td>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.</td>
</tr>
<tr>
<td>Enforcement action taken</td>
<td>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.</td>
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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:

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<tr>
<td>Safety, availability and suitability of equipment</td>
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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.
<table>
<thead>
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<th>Phone:</th>
<th>03000 616161</th>
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<tr>
<td>Email:</td>
<td><a href="mailto:enquiries@cqc.org.uk">enquiries@cqc.org.uk</a></td>
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<tr>
<td>Write to us at:</td>
<td>Care Quality Commission</td>
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<td>Citygate</td>
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<td>Newcastle upon Tyne</td>
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<td>NE1 4PA</td>
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<tr>
<td>Website:</td>
<td><a href="http://www.cqc.org.uk">www.cqc.org.uk</a></td>
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