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

Cedar Falls Care Home

83-89 Bescot Road, Walsall, WS2 9DG

Tel: 01922641869

Date of Inspection: 24 April 2014
Date of Publication: June 2014

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
- Staffing: Met this standard
- Assessing and monitoring the quality of service provision: Met this standard
- Records: Met this standard
## Details about this location

<table>
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<tr>
<th>Registered Provider</th>
<th>The Cedars Healthcare (Midlands) Ltd</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registered Manager</td>
<td>Mrs Tania Yvonne Mason</td>
</tr>
<tr>
<td>Overview of the service</td>
<td>Cedar Falls was registered to provide accommodation for up to 39 people. The location had a large, bright and airy communal lounge that was able to offer separate areas for people to watch TV, listen to the radio, meet with friends and family and have quiet space for reading and reflection. There was a large, well-kept garden at the back of the property protected from road traffic noise that people were supported to use.</td>
</tr>
<tr>
<td>Type of service</td>
<td>Care home service without nursing</td>
</tr>
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<td>Accommodation for persons who require nursing or personal care</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 24 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 and talked with staff.

What people told us and what we found

A single inspector carried out this inspection. The focus of the inspection was to answer five key questions; is the service safe, effective, caring, responsive and well-led?

Below is a summary of what we found. The summary describes what people using the service, their relatives and the staff told us, what we observed and the records we looked at.

If you want to see the evidence that supports our summary please read the full report.

This is a summary of what we found:

Is the service safe?

People were cared for in an environment that was safe, clean and hygienic. Equipment at the home had been well maintained and serviced regularly. There were enough staff on duty to meet the needs of the people living at the home and a member of the management team was available on call in case of emergencies. A person who lived there said to us "The staff are very obliging, nothing is too much trouble." A family member said "I go to bed at night and sleep well because I know they are looking after my relative."

Staff records demonstrated that mandatory training was up to date and that staff were trained sufficiently to meet the needs of people who lived there. Staff had received specialised one-to-one training in the care of people with dementia.

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. Relevant staff have been trained to understand when an application should be made, and how to submit one.

Is the service effective?
Relatives told us that they were happy with the care that was delivered and that people’s needs were met. It was clear from our observations and from speaking with staff that they had a good understanding of people’s care and support needs and that they knew them well. People were cared for by staff who were supported to deliver care safely and to an appropriate standard. Staff had received training to meet the needs of the people living at the home and told us that they were satisfied with the standard of the training.

Is the service caring?

People were supported by kind and attentive staff. We saw that care workers showed patience and gave encouragement when supporting people. Staff took into account the complex needs of people when planning activities so that they could take part safely. A person who lived there told us that living there was very positive with "excellent staff." Staff said that they were very happy with the level of professional and emotional support they received from the management team.

Is the service responsive?

People’s needs had been assessed before they moved into the home. Records confirmed people’s preferences and interests and lifestyle passports/social histories were used to help staff understand each person’s personality and emotional state. People had access to activities that were important to them and were supported to maintain relationships with their friends and relatives.

Is the service well led?

Staff had a good understanding of the ethos of the home and robust quality assurance processes were in place. A relative told us that the manager had an open-door policy and that they had never had an issue but that they would feel confident in approaching the manager if there was a problem. Food was prepared freshly on site by catering staff who were trained to be able to meet the complex nutritional needs of people. Staff told us that they were clear about their roles and responsibilities and that management support was of a high standard and helped them to do their job effectively.

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 used the service understood the care and treatment choices available to them. The provider's service user guide and statement of purpose was freely available in the lobby of the building. People were supported to understand the care available to them in personalised care plans which included assessments made of people on entry to the home. People had care plans which gave evidence that people understood their care and treatment options. This included documentation signed by people, or their representative, which stated that their care and treatment had been explained and understood. We spoke to people who told us that they understood their treatment and that when they asked staff questions they felt that they were given an answer that they understood.

People expressed their views and were involved in making decisions about their care and treatment. We spent time observing people and staff around the home. We found that people were treated with dignity and respect and that people felt confident in expressing their views. Staff were responsive to people's needs and we found evidence of this by reviewing care records which showed a strong focus from staff on involving people in their care. This included dependency assessments which had been updated monthly and were used by staff to involve people in making decisions about their care. We spoke to a family member who told us that their relative was able to make their own decisions and were supported to make medical appointments when they wanted to do so. A person who lived there told us that they understood their treatment and why it was necessary.

People who used the service were given appropriate information and support regarding their care or treatment. We reviewed personalised care plans and individual multi-disciplinary medical care and treatment records. In all areas we found evidence that people had been given appropriate information regarding their care and treatment, including ongoing consultations. We spoke to a relative who told us that communication from staff to their family member regarding medical appointments had been "excellent"
and that they felt confident that they were given appropriate information in a timely manner. We asked a person who lived there about how they felt about the service. They told us that staff were very open and that they could approach the manager with any issues.

People were supported in promoting their independence and community involvement. We reviewed personalised care plans and found a consistently high approach to the promotion of independence in them. People, their friends and families were actively encouraged to complete a lifestyle passport and social history in their care plan which helped staff to understand their background, personal views, likes and dislikes. We spent time speaking to a senior carer, the registered manager and the provider about this and were told that it had been a positive tool to help people settle in and that they felt their relationship with staff was better as a result.

We spoke to people who lived there and relatives who discussed the activity programme and how they were supported to participate. Activities included coach trips away from the local area, celebrations on national holidays and running stalls at a local fete. The home also kept a rabbit in the garden and people were supported to take care of it to promote their sense of responsibility.

The environment was managed effectively to promote independence. The building offered accommodation on two floors with a large combined lounge and dining room which was able to hold multiple activities. There was also a quiet area for peace and reflection. We observed people moving between areas to meet their friends and to have social refreshments with each other. There were two lifts which enabled safe access between floors. Private rooms were en-suite and there was also a bathroom equipped with accessibility aids and a Jacuzzi bath which people were supported to use, with music, to aid relaxation. Areas in the home were set aside for games, reading, arts and crafts and socialising and people were able to access them freely.

People's diversity, values and human rights were respected. We reviewed care plans and found that each person had a comprehensive lifestyle passport and social history profile in place which included information about their personal values and opinions. This helped staff to understand how best to build a relationship with the person and to deliver care effectively. We spoke to a family member who said their relative had been "100% better since moving here. They couldn't walk when they arrived but staff are so focused on getting people to be independent that now they can move around a little." We found further evidence of this by observing staff around the home and noted their high standard of individualised care to each person. Staff had supported people to decorate communal areas with artwork they had made themselves and a relative showed us a book swap system that acted as a conversation tool between people who lived there and visitors.

We spent time observing people in the communal areas of the home. We noticed that staff had a good awareness of people's needs and were able to anticipate them, such as noticing a person who needed help with their walking frame and moving to help them without being asked to do so. We sat with a person whilst they were assisted to have a cup of tea and they told us that they could rely on staff to help them whenever they needed and that they felt that they were never rushed through meals or snacks. We spent time with a person and their visiting family who said that they always felt safe in the building. A person said "I feel safe in my room, there's nothing to worry about with the place or the staff."
Care and welfare of people who use services

Met this standard

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We reviewed pre-entry assessment records, dependency assessments, personal risk assessments and personalised care plans. There was evidence in the records that care and treatment was planned and delivered appropriately. Monthly care plan review documentation was comprehensive and up to date. We looked at daily log records and found that assessment of needs was ongoing and that care was provided flexibly and in the best interests of the person. We found evidence of this in the notes made by care staff and visiting medical professionals who had explained the outcomes of assessments. We found that regular quality assurance checks by the registered manager helped to maintain this standard and that corrective action took place where any inconsistencies were found.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. We reviewed risk assessments and found them to be thorough, up to date and fit for purpose. We also found evidence that care and treatment was delivered safely by reviewing multi-disciplinary care records. There was a consistently high approach to involving appropriate medical professionals and there was evidence that the registered manager was responsive in changing care or treatment delivery when needed to ensure a person's welfare. We found that where the welfare of a person might be at risk because of a change in behaviour or medical condition, the registered manager was responsive to involving appropriate professionals. We spoke to a person who lived there who told us that staff had always been quick to arrange medical appointments whenever they needed.

People's care and treatment reflected relevant research and guidance. We found evidence of this by reviewing staff training records and found that all staff had up to date mandatory training. We discussed this with staff who told us that the training was educational and specialised and that it helped them to provide effective care. They also said that they were able to request additional training whenever necessary from the registered manager. We found that staff had received up to date training in dementia care, complex behaviour and safeguarding training.
People's care and treatment was planned and delivered in a way that protected them from unlawful discrimination. We reviewed personalised care plans and medical records and spoke to people who lived there, staff and relatives. We found a strong awareness of people's individual needs and found no evidence of unlawful discrimination. We spoke to staff and found that care was delivered depending on the wishes and personality of each person which enabled a culture of equality to exist.

There were arrangements in place to deal with foreseeable emergencies. We spoke to a senior carer who showed us a system of emergency evacuation sledges in the home which had been fitted to ensure the safe evacuation of people with reduced mobility. We found that staff had been effectively trained in their use. We also spoke to the registered manager and staff about emergency provision and found that comprehensive emergency training took place annually. Staff told us that they were happy with the content and frequency of fire and evacuation training.
### Staffing

<table>
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<th>Met this standard</th>
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**There should be enough members of staff to keep people safe and meet their health and welfare needs**

### Our judgement

The provider was meeting this standard.

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

### Reasons for our judgement

There was enough qualified, skilled and experienced staff to meet people's needs. We spent time in the home observing staff and people in communal areas and found that staffing was sufficient to be able to deliver care effectively. We spoke to a person who lived there who said "Everywhere is very hygienic. I love the Jacuzzi bath, staff always have time to help me with that." Another person told us that they would recommend the home and in particular they enjoyed the food. They said "I can have whatever I want."

We reviewed the staff rota with the registered manager and found that staff were deployed based on the needs of the people who lived there. The staffing levels were flexible and responsive to the needs of people and that staff were rostered in a way that ensured each shift had well qualified individuals responsible for it.

We spoke to staff about working there and they told us that they were very happy and felt supported to be able to provide effective care. They also said that managers and the provider were friendly, supportive and approachable which helped them to feel confident that any issues would be resolved.

We reviewed the staff training matrix as well as training records and found that training was appropriate to the service and that staff had to demonstrate competence in the training before they were able to practice.

We found evidence that staff were supported in their role and listened to by managers in our discussions with them. We asked staff about the supervision process and were told that it helped them to feel supported by the manager. They also said that supervisions were a way for them to get feedback on the standard of care they were giving to enable them to develop.

We were told by staff that the registered manager had an open-door policy when in the building and that robust alternative support arrangements were in place for times when the registered manager was off site. Regular staff meetings took place and we found that suggestions and concerns were responded to appropriately.
Assessing and monitoring the quality of service provision

Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

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

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 found evidence of this by reviewing the results of monthly surveys undertaken with people who lived there, relatives and stakeholders. The latest results available at the time of our inspection indicated that everyone surveyed in the previous month had been satisfied with the service. We also found that when people came to live in the home they were approached for their feedback within the first four months of their stay to make sure they were happy and to find out if they had any concerns. We spoke to a person who had started using the service recently before our inspection. They said "Staff asked me a lot of questions during the first couple of weeks. They helped me settle in and meet people." They said that they knew about the survey and that they also felt happy to talk to any of the staff as well.

There was a strong focus from staff on supporting people to express their views and finding innovative ways of meeting special requests. We spoke to relatives who told us that the home was a very sociable environment and that they had an open relationship with the provider, the registered manager and the staff, which resulted in them feeling confident in expressing their views. They also told us that activities were organised on request and had previously included singing and dancing, day trips away, bingo, a visiting entertainer and gentle exercise facilitated by a sports person.

Decisions about care and treatment were made by the appropriate staff at the appropriate level. We spoke to a senior carer and the registered manager about the scope of care provision and found that they were acutely aware of the needs of people and of their ability to provide it. Where a change in need or medical condition could have put a person at risk there was a robust plan in place to involve the appropriate professionals as well as relatives and the person where appropriate. We reviewed multi-disciplinary medical records and found that changes to care or treatment were clearly and appropriately documented. The appropriate professionals had been involved in instances where care or
treatment had changed and we found evidence that people were involved in this process.

There was evidence that learning from incidents / investigations took place and appropriate changes were implemented. We reviewed the incident log and found that incidents were responded to quickly and appropriately. We also found evidence of this by reviewing daily handover reports. We found that a transparent and robust procedure was in place that enabled the registered manager to investigate incidents and provide support to people and staff where appropriate. This also enabled the registered manager to implement any changes that might help prevent future incidents. We spoke to staff who told us that they were aware of the procedure to follow if there was an incident when the registered manager was not on site and that they felt the investigation procedure helped to support and protect them.

The provider took account of complaints and comments to improve the service. The complaints policy was freely available to people who lived there, their family and visitors. We reviewed the complaints log and found a strong relationship between the registered manager and the provider that helped in resolving complaints quickly. We found that learning from complaints took place where appropriate and that people who made complaints were protected from discrimination. We spoke to people who lived there about the complaints process. They told us that they had never had to complain about anything but knew that there was a policy they could use. One person said "You can go to the manager with anything, they are a good listener and will help you out."

At the time of our inspection the home had been recognised as one of the "Top 20 Recommended Care Homes West Midlands 2014" in the annual Top 20 Care Home Awards. This was an award based on the voluntary positive feedback given to an independent agency by people who used the service and their relatives.
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. We found evidence of this by reviewing the multi-disciplinary medical care records of people who lived there as well as daily logs such as malnutrition screening and weight checks and personalised care plans. We found a robust and comprehensive quality assurance improvement tool which acted as an audit system that allowed senior staff to maintain people's records appropriately. We found evidence that staff were proactive in communicating with healthcare providers to ensure that people's treatment was timely and accurate.

Staff records and other records relevant to the management of the services were accurate and fit for purpose. We reviewed personnel files and found that training and qualification records were readily accessible and up to date. The records reflected training that had been provided to staff in the best interests of the people who lived there.

A comprehensive system of internal compliance was used effectively to monitor all areas of service delivery that could impact safety and welfare.

We asked staff about the training that they had received. We were told that the training was useful and specialised enough to support them in their role. They said that they were pleased with their certificates and knew that the training helped them to look after people.

We spoke to people who lived there about their treatment and contact with staff and medical professionals. They told us that they felt looked after because whenever they needed to see a doctor or specialist, staff were able to arrange this quickly. They said that they were also supported to see their own choice of GP and that staff knew about their treatment in enough detail to help them communicate with medical professionals.
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>
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<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 manager's 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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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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| **Write to us at:** | Care Quality Commission  
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| **Website:** | www.cqc.org.uk |

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