

## Key inspection report

### Care homes for adults (18-65 years)

<b>Name:</b>	Essex Care Consortium Colchester
<b>Address:</b>	Maldon Road Birch Colchester Essex CO2 0NU

**The quality rating for this care home is:**

three star excellent service

A quality rating is our assessment of how well a care home is meeting the needs of the people who use it. We give a quality rating following a full review of the service. We call this full review a 'key' inspection.

<b>Lead inspector:</b>	<b>Date:</b>
Neal Cranmer	1 3 1 0 2 0 0 9

This report is a review of the quality of outcomes that people experience in this care home. We believe high quality care should:

- Be safe
- Have the right outcomes, including clinical outcomes
- Be a good experience for the people that use it
- Help prevent illness, and promote healthy, independent living
- Be available to those who need it when they need it.

The first part of the review gives the overall quality rating for the care home:

- 3 stars – excellent
- 2 stars – good
- 1 star – adequate
- 0 star – poor

There is also a bar chart that gives a quick way of seeing the quality of care that the home provides under key areas that matter to people.

There is a summary of what we think this service does well, what they have improved on and, where it applies, what they need to do better. We use the national minimum standards to describe the outcomes that people should experience. National minimum standards are written by the Department of Health for each type of care service.

After the summary there is more detail about our findings. The following table explains what you will see under each outcome area

**Outcome area (for example: Choice of home)**

**These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:**

This box tells you the outcomes that we will always inspect against when we do a key inspection.

This box tells you any additional outcomes that we may inspect against when we do a key inspection.

**This is what people staying in this care home experience:**

Judgement:

This box tells you our opinion of what we have looked at in this outcome area. We will say whether it is excellent, good, adequate or poor.

Evidence:

This box describes the information we used to come to our judgement

We review the quality of the service against outcomes from the National Minimum

Standards (NMS). Those standards are written by the Department of Health for each type of care service.

Copies of the National Minimum Standards – *Care homes for Adults (18-65)* can be found at [www.dh.gov.uk](http://www.dh.gov.uk) or bought from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering from the Stationery Office is also available: [www.tso.co.uk/bookshop](http://www.tso.co.uk/bookshop).

The mission of the Care Quality Commission is to make care better for people by:

- Regulating health and adult social care services to ensure quality and safety standards, drive improvement and stamp out bad practice
- Protecting the rights of people who use services, particularly the most vulnerable and those detained under the Mental Health Act 1983
- Providing accessible, trustworthy information on the quality of care and services so people can make better decisions about their care and so that commissioners and providers of services can improve services.
- Providing independent public accountability on how commissioners and providers of services are improving the quality of care and providing value for money.

## Reader Information

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## Information about the care home

Name of care home:	Essex Care Consortium Colchester
Address:	Maldon Road Birch Colchester Essex CO2 0NU
Telephone number:	01206330308
Fax number:	01206331811
Email address:	ecarecinfo@btconnect.com
Provider web address:	www.e-care-c.co.uk

Name of registered provider(s):	Ms Gillian Oliver, Ms Bethan Oliver
Name of registered manager (if applicable):	Vacant
Type of registration:	care home
Number of places registered:	19

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
Learning Disability	19	0
Additional conditions:		
Children of either sex, aged between 16 and 18 years of age, who require care by reason of a learning disability (not to exceed 18 people)		
Persons of either sex, under the age of 65 years, who require care by reason of a learning disability (not to exceed 19 persons)		

Date of last inspection:	1	8	1	2	2	0	0	8
Brief description of the care home:								
<p>The service consists of two main dwellings, of bungalow design and a self-contained first floor studio apartment. Other buildings on site include office accommodation and a day service provision. The site is within a rural location, set in several acres of grounds. The facilities include substantial outdoor activities, including a swimming pool.</p> <p>The service has its own transport via multi purpose vehicles; in view of the location this is an important provision. Public transport, however, does pass the premises and provides access to Colchester town centre to the east and Maldon to the west. The service offers a wide variety of support to adults who have a learning disability.</p>								

Fees for residing in the home are between £690.92 and £2,236.10 per week, and include day care, and any additional 1.1 hours. Additional charges are made for hairdressing and chiropody. This information was provided to us at the time of the site visit.

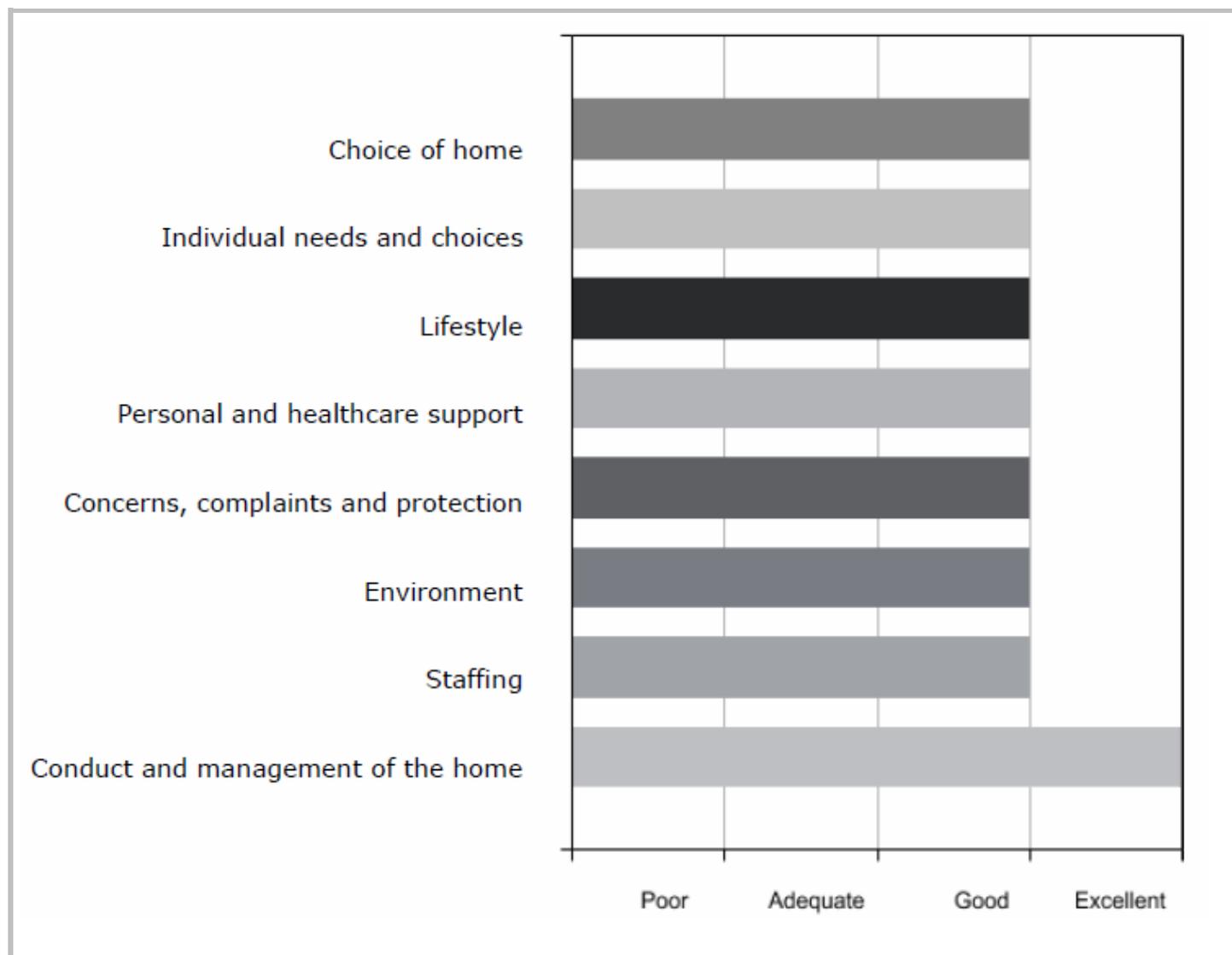
## Summary

This is an overview of what we found during the inspection.

The quality rating for this care home is:

three star excellent service

### Our judgement for each outcome:



### How we did our inspection:

We visited the home on the 13<sup>th</sup> of October 2009. We spent time looking around the home and spoke to people living in the home and the staff working there. We looked to see if people living in the home were happy with what goes on in the home. To help us write our report we looked at a range of paperwork including care plans, policies and procedures as well as menus.

To help us further the manager provided us with a document called an Annual Quality Assurance Assessment or AQAA, this is a document that the manager uses to tell us what they do well and how they intend to further develop the service.

### What the care home does well:

Listens to people and supports them to do things that they want to do.  
Helps people to take care of their health and cares for them well.  
Staff support people to stay in contact with their families and friends.  
Staff support people to take part in a range of community based activities.  
Provides people with a homely and comfortable home.  
Provides people with comfortable bedrooms with their own things in them.

**What has improved since the last inspection?**

A new sensory garden has been developed.

**What they could do better:**

No recommendations for best practice or requirements were made as a result of this key inspection.

If you want to know what action the person responsible for this care home is taking following this report, you can contact them using the details set out on page 4.

The report of this inspection is available from our website [www.cqc.org.uk](http://www.cqc.org.uk). You can get printed copies from [enquiries@cqc.org.uk](mailto:enquiries@cqc.org.uk) or by telephoning our order line – 0870 240 7535.

## Details of our findings

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## Choice of home

**These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:**

People are confident that the care home can support them. This is because there is an accurate assessment of their needs that they, or people close to them, have been involved in. This tells the home all about them, what they hope for and want to achieve, and the support they need.

People can decide whether the care home can meet their support and accommodation needs. This is because they, and people close to them, can visit the home and get full, clear, accurate and up to date information. If they decide to stay in the home they know about their rights and responsibilities because there is an easy to understand contract or statement of terms and conditions between the person and the care home that includes how much they will pay and what the home provides for the money.

**This is what people staying in this care home experience:**

Judgement:

People using this service experience good quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People can expect their care needs to be fully assessed by someone competent to do so before they move into the home.

Evidence:

The manager told us in the AQAA, 'We have a very comprehensive Statement of Purpose and Service User's Guide.

The home has a comprehensive Statement of Purpose and Service Users Guide, both of which were examined and found to provide all of the necessary information required to enable people to make an informed decision about the home's ability to meet their assessed needs. The Statement of Purpose provided information about the management team including their qualifications and experience, the admission process, arrangements regarding care planning and the organisational structure. Reference to the home's complaints procedure was also included. Both documents were clearly presented and included the use of symbols to assist people to understand the information included.

There have been no new admissions to the home for a number of years, but they continue to have an appropriate assessment process in place.

The manager told us in the AQAA, 'All service users are assessed to ensure we can meet their specific needs'. Although there have been no admissions since the last inspection there is an assessment plan to be followed".

Through discussion the manager was able to demonstrate a solid knowledge of the

importance of having a robust assessment process in place because of the complex needs of the people using the service. They explained that an initial assessment of the person's needs is undertaken on site, involving service users and their next of kin. If following the initial assessment it is felt that the person's needs maybe met by the service then arrangements are made for a full assessment to be carried out either in the person's own home, day placement or if relevant school. The manager stated that all assessments are carried out by them and a representative from the resource centre. For people referred from the local authorities their assessments are supported by COM 5s (these are assessment that are undertaken by representatives of the placing authorities).

The manager went onto say that once funding of the person's package of care is agreed, then arrangements are put in place to develop a transition plan which may include visits and overnight stays.

## Individual needs and choices

**These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:**

People's needs and goals are met. The home has a plan of care that the person, or someone close to them, has been involved in making. People are able to make decisions about their life, including their finances, with support if they need it. This is because the staff promote their rights and choices.

People are supported to take risks to enable them to stay independent. This is because the staff have appropriate information on which to base decisions.

People are asked about, and are involved in, all aspects of life in the home. This is because the manager and staff offer them opportunities to participate in the day to day running of the home and enable them to influence key decisions.

People are confident that the home handles information about them appropriately. This is because the home has clear policies and procedures that staff follow.

**This is what people staying in this care home experience:**

Judgement:

People using this service experience good quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People receive good quality care which is based on their assessed and identified care needs.

Evidence:

The manager told us in the AQAA, 'that all care is delivered against person centred care plans, developed with input from service users where applicable, key workers, care managers and where appropriate members of the family'.

Four care plans were examined as part of our inspection. Each care plan included an individual needs assessment in respect of each identified care need, this was then supported by a support plan which covered the identified need and included guidance to staff about how the person needed to be supported to enable the identified need to be met. Care/support plans were in place around activities, personal care, communication, diet and nutrition and health and emotional care needs. There was information in the care plans examined about how individuals communicate and staff spoken with were familiar with people's complex needs. To facilitate communication with non-verbal people each member of staff whilst on duty carries a sheath of communication reference cards, these were examined and were seen to include symbols for: drink, toilet, wash, bed, tea, coffee, juice, milk, breakfast, lunch and dinner. During the course of the inspection we were able to observe staff using the reference cards to enable them to communicate with people.

People's likes and dislikes were seen to be documented in their care plans and the care plans were being kept under review. This is important and ensures that people receive appropriate care to meet their changing needs.

Discussion with staff/key workers indicated that they felt that the care plans provided them with a sufficient level of information to enable them to support people to meet their identified needs.

Each person had a comprehensive range of risk assessments in place that describe the identified risk and the agreed responses to reduce the identified risk. The risk assessments we examined were provided pictorially and were written from the service user's perspective and included the following information 'Things I do that may put me or others in danger' 'What I do' and 'How I can be supported to do this more safely'. We saw risk assessments in place around the administration of medicines, seizures, and looking after money. All of the risk assessments seen were being kept under review.

## Lifestyle

**These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:**

Each person is treated as an individual and the care home is responsive to his or her race, culture, religion, age, disability, gender and sexual orientation. They can take part in activities that are appropriate to their age and culture and are part of their local community. The care home supports people to follow personal interests and activities.

People are able to keep in touch with family, friends and representatives and the home supports them to have appropriate personal, family and sexual relationships. People are as independent as they can be, lead their chosen lifestyle and have the opportunity to make the most of their abilities. Their dignity and rights are respected in their daily life. People have healthy, well-presented meals and snacks, at a time and place to suit them.

People have opportunities to develop their social, emotional, communication and independent living skills. This is because the staff support their personal development. People choose and participate in suitable leisure activities.

**This is what people staying in this care home experience:**

Judgement:

People using this service experience good quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People living in the home can expect to enjoy a lifestyle that meets their needs and wishes.

Evidence:

The manager told us in the AQAA, 'We offer individual care based on a needs led person centred care plan which includes reference to all aspects of people's life including access to college and daytime activities'.

The home has a day service provision situated in the grounds and people from the units access this service from where they then attend a range of community based activities including: college, clubs and healthy eating groups. On the day of our visit people were seen being supported to attend this service. Other community based activities included visiting the local pub, going to the cinema, swimming and bowling.

Since the last key inspection a beautiful sensory garden has been built. This has been designed to provide access to people who may also have physical difficulties and is enclosed by fencing so as to enable people safety and security. In addition the garden has been equipped with external lighting so that it maybe enjoyed from indoors when it is dark or the weather is not so good. On the day of the inspection the garden was not seen to be in use due to the inclement weather conditions.

The home continues to have an open door policy on visiting, and people continue to be supported by their key workers to maintain links with their families and friends through the sending of cards and letters on special occasions e.g. birthdays and Christmas. Care plans examined reflected details of those people who were important to service users, and included important dates. Records were seen to be kept of visits from family and other visitors.

Each dwelling has its own kitchen area. Examination of records and discussion with staff indicated that people are supported to prepare meals, although their ability to do so is limited to preparing mainly snacks. Care plans examined provided evidence of people's likes and dislikes. The menu for the day was seen to be displayed on the walls of the dining room in each dining area, both menus were seen to be displayed pictorially and complied with the menu for the day. Mealtimes were provided flexibly to accommodate people's daytime activities.

## Personal and healthcare support

**These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:**

People receive personal support from staff in the way they prefer and want. Their physical and emotional health needs are met because the home has procedures in place that staff follow.

If people take medicine, they manage it themselves if they can. If they cannot manage their medicine, the care home supports them with it in a safe way.

If people are approaching the end of their life, the care home will respect their choices and help them to feel comfortable and secure. They, and people close to them, are reassured that their death will be handled with sensitivity, dignity and respect, and take account of their spiritual and cultural wishes.

### **This is what people staying in this care home experience**

Judgement:

People using this service experience good quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People using the service can expect their personal and healthcare needs to be identified and met as they would wish.

Evidence:

We were told in the AQAA, 'with care planning being person centred each service user is offered the opportunity to identify preferred ways of managing their personal care'.

Care plans examined contained sufficient information about the way people wish and need to have their personal care carried out to ensure staff provide this care consistently. Observations on the day of our inspection showed that staff provided care discretely and were considerate of maintaining people's dignity.

The manager told us in the AQAA, 'A number of our service users have specific, high needs. Staff are required to undertake specific training to manage these needs'.

Records examined contained evidence that people's healthcare needs were given a high priority. The manager and staff spoken with were all able to demonstrate a good awareness of individual needs around health and well being. Records examined contained evidence of appointments with healthcare professionals including G.Ps, dentists, chiropodists and opticians. In addition evidence was seen of people being supported to attend hospital out-patient appointments.

There were a range of recording tools in place for people with specific conditions including epilepsy records and weight charts.

The arrangements for service users prescribed medication were examined. All prescribed medicines were seen to be Stored in each person's own room I a small safe. Medication Administration Records (MAR) sheets examined were all completed appropriately. The manager told us in the AQAA, 'All staff who administer medication have to complete MDS training and it is company policy that two staff must be involved in the administration process" and our observations on the day of the inspection were that staff followed appropriate practices when administering and recording medication.

## Concerns, complaints and protection

**These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:**

If people have concerns with their care, they or people close to them, know how to complain. Their concern is looked into and action taken to put things right.

The care home safeguards people from abuse, neglect and self-harm and takes action to follow up any allegations.

There are no additional outcomes.

**This is what people staying in this care home experience:**

Judgement:

People using this service experience good quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People using the service can expect that their concerns about how they are treated will be listened to and acted upon as stated in the complaints and safeguarding policies and procedures.

Evidence:

The manager told us in the AQAA, 'Essex Care Consortium has robust policies and procedures relating to making complaints and safeguarding vulnerable adults and all staff have undertaken basic awareness training'.

As previously reported there is an appropriate complaints procedure in place. Since the last inspection there have been no formal complaints received by us and there have been none recorded by the service. To ensure that people are informed about the home's complaints process a range of leaflets have been developed for service users, relatives and professionals. Copies of these leaflets were seen displayed throughout the home in all prominent areas. Pictorial versions of these leaflets were also seen to be held in all four of the care plan files we examined.

The manager told us in the AQAA, 'All staff have undertaken basic awareness training around safeguarding and whistle blowing and no member of staff is employed until an affirmative Criminal Records Bureau Check (CRB and Protection of Vulnerable Adults (POVA) first check has been received'.

Records examined and discussion with the manager indicated that all staff had received safeguarding training. Staff spoken with were able to demonstrate a good level of knowledge and understanding.

Since our last key inspection one member of staff had been dismissed following a safeguarding referral, this allegation had been fully investigated. Discussion with the manager indicated that the information regarding this incident had been passed on to the relevant agency for them to determine any further course of action.

## Environment

**These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:**

People stay in a safe and well-maintained home that is homely, clean, comfortable, pleasant and hygienic.

People stay in a home that has enough space and facilities for them to lead the life they choose and to meet their needs. The home makes sure they have the right specialist equipment that encourages and promotes their independence. Their room feels like their own, it is comfortable and they feel safe when they use it. People have enough privacy when using toilets and bathrooms.

**This is what people staying in this care home experience:**

Judgement:

People using this service experience good quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People can enjoy living in an environment that suits their lifestyles and which is well maintained and clean.

Evidence:

We were told in the AQAA, 'All accommodation is in single story buildings that are decorated and maintained to a high standard. Lounges, dining rooms and bathrooms are well decorated spacious and homely'.

Both dwellings were visited during our inspection and both were found to be comfortable and homely. The furnishings and fittings were domestic in nature and were of a good quality. Service user's bedrooms that were visited were seen to be personalised with evidence of personal possessions and belongings. The home benefits from a large garden area, and the rear of one of the premises has been developed to provide a beautiful sensory garden area which is accessible to people from both bungalows.

There was a good standard of cleanliness throughout both bungalows, including the kitchens and laundry rooms. Staff training records examined indicated that staff had received training in infection control.

## Staffing

**These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:**

People have safe and appropriate support as there are enough competent, qualified staff on duty at all times. They have confidence in the staff at the home because checks have been done to make sure that they are suitable.

People's needs are met and they are supported because staff get the right training, supervision and support they need from their managers.

People are supported by an effective staff team who understand and do what is expected of them.

**This is what people staying in this care home experience:**

Judgement:

People using this service experience good quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People living in the home can expect to be cared for by a staff team who are competent and well trained and who have been employed following a thorough recruitment process.

Evidence:

Discussion with the manager and staff, as well as sampling of records indicated that a significant number of the staff team held a National Vocational Qualification NVQ at level two or better.

Through the examination of records and from discussion with the manager and staff they were able to demonstrate a commitment to achieving National Vocational Qualifications (NVQ). All of the care team either hold an NVQ at level 2 or better or are in the process of undertaking the award.

On the day of the inspection we observed that members of staff carried out their duties confidently and in a professional manner. Staff spoken with said that knowledge and information is shared through a good handover process.

Discussion with the manager and staff indicated that staff turnover in the home was low, and the use of agency staff was minimal. Staff spoken with said that there was usually eight care staff on duty throughout the day; this was further supported by the home's duty rota that was sampled. Staff said that they felt that the staffing levels provided were sufficient to meet people's assessed needs.

A sample of five personal files were examined and found to be well organised. They contained all of the documentation required by regulation including photographs,

application forms. Written references, Criminal record Bureau (CRB) enhanced disclosures, POVAFirst checks and appropriate proofs of identity.

The staff training and development plan for the year was examined and personal records contained evidence that staff were receiving a range of training including Safeguarding (previously referred to as protection of Vulnerable Adults or POVA training), health and safety, manual handling, first aid and infection control. Staff spoken with said they felt they were provided with a good level of training that was relevant to the needs of the service user group.

Personal records examined contained evidence of staff receiving regular supervision including sessions where staffs practice was observed. This was confirmed during discussion with staff.

## Conduct and management of the home

**These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:**

People have confidence in the care home because it is run and managed appropriately.

People's opinions are central to how the home develops and reviews their practice, as the home has appropriate ways of making sure they continue to get things right.

The environment is safe for people and staff because health and safety practices are carried out.

People get the right support from the care home because the manager runs it appropriately, with an open approach that makes them feel valued and respected. They are safeguarded because the home follows clear financial and accounting procedures, keeps records appropriately and makes sure staff understand the way things should be done.

**This is what people staying in this care home experience:**

Judgement:

People using this service experience excellent quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The home is appropriately managed in the best interests of the people living there.

Evidence:

Discussion with the manager and the person employed with direct responsibility for quality related issues as well as the examination of records indicated that the home did have in place mechanisms for reviewing and keeping under review the quality of their service provision.

Since the last key inspection the registered manager has resigned to take up a more senior post within the organisation. An individual has been identified to take over the role of registered manager and is currently in the process of pursuing their application for registration. The proposed new manager has worked for the organisation for a number of years in a different capacity and has significant previous experience of working in the care sector.

The home is currently being managed on a day to day basis by this person supported by the general manager (previous registered manager) and the registered manager from the home's sister home. In addition to this support the manager is supported by an assistant manager.

The manager provided evidence that the home has a robust quality assurance system in place. The organisation has in post a quality assurance manager who undertakes regular audits that are based on National Minimum Standards. We were provided with copies of the audits that had been undertaken for September and October 2009, which

covered the National Minimum Standards 18-23. The findings of these audits are reviewed at the monthly manager meetings, to ensure that any actions are rolled out across the organisation. In addition to the in-house audits undertaken by the quality assurance manager we were told that the service is regularly assessed externally by a BSI assessor, these external assessments are undertaken every six months. Evidence was presented to show that the organisation has now been identified as one of ten regional representative employers for Investors in People and has been described as an exemplary employer.

Evidence was presented to show that service user meetings are held monthly, the agenda and minutes of which were seen to be provided in both a written and pictorial format. The minutes of the last meeting held indicated that the meeting was well attended, and where service users had chosen not to attend this was recorded. The manager reported that one aspect of life and care within the home is discussed at each service user meeting and the outcomes discussed at the monthly managers meetings, resulting in changes being driven by service users. Staff meetings are also held monthly, minutes seen showed that these meetings were well attended.

All of the above processes indicate the service has in place a number of mechanisms that enable them to keep under review the quality of their service provision, based upon the views of the people who are living and working in the service.

A range of health and safety documents were examined and were all found to be current and in order. These included the home's electrical installation certificate and emergency lighting record.

Yes  No

## Outstanding statutory requirements

These are requirements that were set at the previous inspection, but have still not been met. They say what the registered person had to do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards.

No.	Standard	Regulation	Requirement	Timescale for action
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## Requirements and recommendations from this inspection

### Immediate requirements:

These are immediate requirements that were set on the day we visited this care home. The registered person had to meet these within 48 hours.

No.	Standard	Regulation	Requirement	Timescale for action
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### Statutory requirements

These requirements set out what the registered person must do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The registered person(s) must do this within the timescales we have set.

No.	Standard	Regulation	Requirement	Timescale for action
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### Recommendations

These recommendations are taken from the best practice described in the National Minimum Standards and the registered person(s) should consider them as a way of improving their service.

No.	Refer to Standard	Good Practice Recommendations
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**Helpline:****Telephone:** 03000 616161**Email:** [enquiries@ccq.org.uk](mailto:enquiries@ccq.org.uk)**Web:** [www.cqc.org.uk](http://www.cqc.org.uk)

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