

# Key inspection report

## Care homes for older people

<b>Name:</b>	Kingsthorpe View Care Home
<b>Address:</b>	Kildare Road St Anns Nottingham NG3 3AF

<b>The quality rating for this care home is:</b>	two star good service
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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>
Rebecca Shewan	2 3 0 6 2 0 0 9

This is a review of 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 Older People 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.

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## Information about the care home

Name of care home:	Kingsthorpe View Care Home
Address:	Kildare Road St Anns Nottingham NG3 3AF
Telephone number:	01159507896
Fax number:	01159411446
Email address:	kingsthorpeview@shealthcare.co.uk
Provider web address:	www.southerncrosshealthcare.co.uk

Name of registered provider(s):	Southern Cross Care Homes No 2 Ltd
Type of registration:	care home
Number of places registered:	50

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65

dementia	50	0
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Additional conditions:

Date of last inspection									
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Brief description of the care home

Kingsthorpe View is a purpose built care home of 41 beds in the main unit and a smaller unit of 9 beds. The home is registered to accommodate 50 older people whose primary need is dementia. The main building is used for people requiring nursing or residential care, with the small 9 bed unit for people requiring residential care. The registration category only applies to those people admitted since the change of category, this has resulted in a number of people still receiving care at the home for enduring mental illness as the previous category allowed. The home is owned by Southern Cross and is situated in the St Ann's area of Nottingham, close to the city centre and on a main bus route; the area is mainly residential with a few local shops and community facilities. Fees for the service range from 368 GBP to 550 GBP per week depending on dependency needs and the method of funding. There are additional charges for hairdressing, newspapers, private dental treatment and chiropody. Further information about the home is available in the brochure and service user guide or from the website: [www.southerncrosshealthcare.co.uk](http://www.southerncrosshealthcare.co.uk). The

Brief description of the care home

manager or provider welcome any telephone enquiries and a copy of the last key inspection report is available in the foyer.

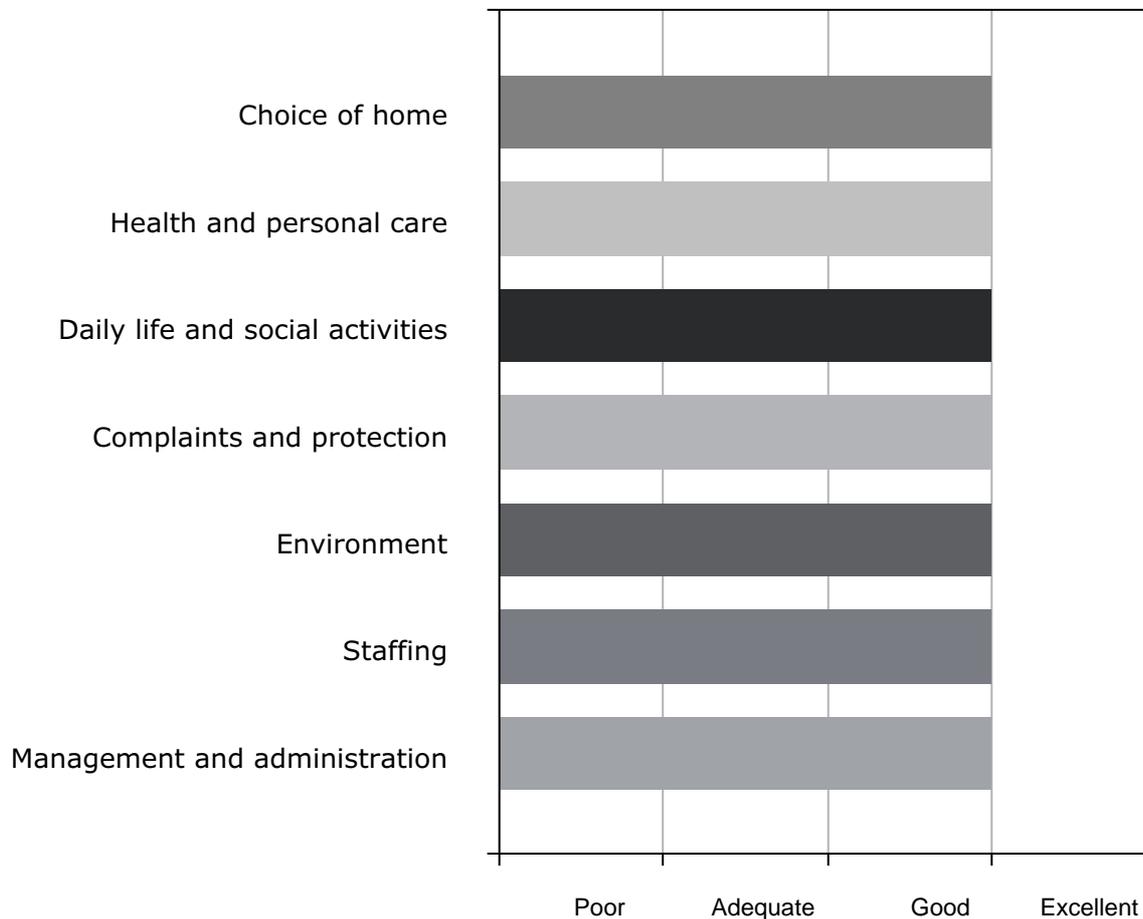
## Summary

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

The quality rating for this care home is:

two star good service

### Our judgement for each outcome:



### How we did our inspection:

This unannounced inspection took place during the morning and afternoon of the 23rd June 2009. The homes Annual Quality Assurance Assessment (AQAA), incident reports and previous inspection reports, held by the Care Quality Commission, were read before the inspection.

The inspection of the home took eight and a half hours. Records such as care plans, staff files and medication records were also viewed. Forty five people were accommodated at the home at the time of the inspection.

A tour of the whole home was undertaken and the Appointed Manager, Area Operations Manager for Southern Cross, two relatives, one person who uses the service and three staff members were spoken with. The Care Quality Commission also conducted surveys of both people who use the service and staff. No responses were received from people who use the service and four staff responses were received. The

responses received were generally positive in all aspects of care, provisions and staff training. Other comments made have been incorporated into the main body of the report.

### **What the care home does well:**

Potential new people benefit from a pre- admission assessment that allows for only those who needs can be met, being admitted to the home.

The health needs of the people using the service are well met with evidence of good multi disciplinary working taking place. Staff provide personal support to individuals in such a way that promotes and protects their privacy and dignity.

People who use the service experience mealtimes that are unhurried, whilst all meals are home cooked with an alternative option being available for each mealtime.

People who use the service can be assured that there is an efficient complaints procedure in place and that the homes processes and staff training should protect individuals in the event of an allegation of abuse.

The location and layout of the home are suitable for its stated purpose. All areas of the home are accessible to the people who use the service.

People who use the service experience the benefits of a staff team that have the necessary skills and experience to the meet their needs.

The management and administration of the home is good. People who use the service and their representatives are given ample time to voice their opinions about the way the service is operated.

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

Recruitment procedures have been updated to make sure staff are only employed when all the information required, including two professional references, Criminal Records Bureau and identity checks have been received and proved to be satisfactory, to ensure the protection of people who use the service and the suitability of the carer to work with vulnerable people.

### **What they could do better:**

A Requirement was made in relation to care plans in that where a person who lives at the home, lacks capacity or does not wish to be (or have representatives) involved in the care plan development or review processes, this is clearly recorded.

Recommendations for good practice were also made in relation to daily care records in that they should be recorded in a manner which details the specific date and time of the entry being made, as required by the pro forma for daily records.

Individual staff training files are to be updated to include all certificates of training attended in 2008/2009.

Consideration should be given to the comments made by staff during the inspection process.

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 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 and the support they need. People who stay at the home only for intermediate care, have a clear assessment that includes a plan on what they hope for and want to achieve when they return home.

People can decide whether the care home can meet their support and accommodation needs. This is because they, or people close to them, have been able to visit the home and have got full, clear, accurate and up to date information about the home. 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 them 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.

The home has processes in place for assessing potential new people with services being offered to only those individuals whose needs can be met.

Evidence:

Records inspected showed that pre- admission assessments are carried out on all new and potential people. Documentation relating to the most recent admissions to home were viewed and found to have been completed fully and conducted with the involvement of the person to be accommodated and/or their representatives (where applicable).

From the records viewed and after discussion with the Appointed Manager, we observed that either the Appointed Manager or her Deputy carry out pre- admission assessments. We noted that copies of care management assessments from the placing authority are obtained, where these exist. The Appointed Manager reported that she addresses any issues, which are highlighted within this assessment. Documented

Evidence:

records are maintained of all correspondence with the placing authority, these were observed.

Intermediate care is not provided by this service.

## Health and personal care

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 health, personal and social care needs are met. The home has a plan of care that the person, or someone close to them, has been involved in making. If they 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. People's right to privacy is respected and the support they get from staff is given in a way that maintains their dignity.

If people are approaching the end of their life, the care home will respect their choices and help them 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 living at the service are offered a good provision of health care and personal support by the home.

All care is administered in way that protects the individuals privacy and dignity.

Medication procedures ensure that medication are stored and administered safely.

Evidence:

Care plans and risk assessments were sampled and we observed that they were comprehensive, detailed in content and covered all aspects of the individuals needs. We observed that care plans and risk assessments are updated to accurately reflect any change in needs.

We observed that care plans are written to allow the assessor to gain a good overview of individuals medical, mental health, social and personal care needs and provide the assessor with a clear overview of the persons current needs, limitations and required assistance.

## Evidence:

Files sampled showed that the majority of people using the service are involved in the care plan review process. We observed that in some cases where there was no input by the individual and there was no reason recorded for non involvement. Discussions with the Appointed Manager highlighted that where a person lacks capacity or does not wish relatives to be involved in the review process, this was accepted in accordance with the advice given on recent training on the Mental Capacity Act and Deprivation of Liberties. Whilst this was acknowledged, a Requirement was made relating to recording such requests/lack of capacity.

A further recommendation for good practice was made, relating to daily care entries. From a review of such documents we noted that the pro forma requires entries to be dated and timed, though some night care entries were recorded as N and no date or time had been entered.

Access to health care professionals was discussed with the Appointed Manager and the following information was conveyed; people using the service are registered with one GP from one of two local surgeries. District Nurses attend the home as needed and are accessed either via the GP. Domiciliary opticians attend the home every six months. Dental treatment is arranged via private and/or NHS surgeries. Access to audiology and Speech and Language Therapy is arranged via the GP. Physiotherapy, Occupational Therapy and the Dietician are sourced via the Outreach Dementia Team. The home has a Chiropodist who attends the home every six to eight weeks and as required.

From observations of medication stores and records we observed that good procedures are in place for the monitoring and recording of all drugs administered and those entering and leaving the home. The stores for medication were found to be maintained in a clean and orderly manner.

Staff were observed providing personal support to people living at the home, in such a way that promoted and protected their privacy and dignity. It was observed that individuals bedroom doors were knocked before staff entered them and that people accommodated were called by their preferred choice of address.

## Daily life and social activities

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 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. They are as independent as they can be, lead their chosen lifestyle and have the opportunity to make the most of their abilities. People have nutritious and attractive meals and snacks, at a time and place to suit them.

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 who live at the service benefit from a programme of activities to choose from.

Specialist and nutritional diets are provided for people who use the service, with individual choices and wishes being respected.

Evidence:

People who use the service are consulted regarding their social and leisure interests. We observed that there is a published list of activities in place and that records are maintained of all activities conducted. Activities include: walks around the garden, birthday parties, bingo, games (dominoes, cards, chess), seasonal events, 1 to 1 sessions, Music and Motivation, picnics at Colwick Park, pub lunches, day trips (seaside and boat trips up the river), shopping trips, visiting singer/guitarist and light exercises. The Activities Coordinator reported that all individuals accommodated have their birthdays celebrated with a cake and a party.

Staff spoken with and survey responses highlighted that funding for activities is an issue and that often fund raising events are held to raise money, for people using the service to have outings. We were also told that despite fund raising events people living at the service were asked to make further contributions to outings.

## Evidence:

Since the inspection took place we have been provided with information from the Registered Providers, Southern Cross, which acknowledges that activities are an area requiring improvement and have planned to have 'a minimum of a full time activities coordinator hours in each home, providing activities seven days per week'. The scheduled date for the introduction for this, is proposed for October 2009.

We observed that individuals religious wishes are observed and arrangements are in place for residents to receive Holy Communion, if they wish. Discussions with the Registered Provider/Registered Manager highlighted that although the current residents had similar religious beliefs, the home would welcome any potential new resident who has special cultural/religious/spiritual beliefs and would make provision to accommodate their needs.

Staff and relatives spoken with confirmed that contact with family and friends is positively encouraged with visitors being able to attend the home at any time and in accordance with the individuals wishes. We observed that care plans are utilised to record when a resident has received visitors.

The Cook reported that menus are planned with the input of the people accommodated at the service. The menus were observed and it was noted that the homes menus are devised on a four week rolling programme. We observed that all meals are home cooked and an alternative option is available for each mealtime.

Staff and people living at the service that were spoken with stated that meals can be taken in the individuals bedroom or in one of the communal dining rooms. From the records viewed and discussions with staff we observed that medical, therapeutic or religious diets are provided as needed. The meal served during the inspection was observed and it was noted that it was ample in quantity and attractively presented. The lunch and tea time meals were observed to be unhurried.

## 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. Any concern is looked into and action taken to put things right. The care home safeguards people from abuse and neglect and takes action to follow up any allegations.

People's legal rights are protected, including being able to vote in elections.

**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 who use the service benefit from a robust and efficient complaints procedure, whilst the homes procedures, processes and staff training should protect individuals in the event of an allegation of abuse.

Evidence:

We observed that the home has an established complaints procedure in place. Discussions with the Appointed Manager and records viewed provided details of the home having received six complaints within the past twelve months, each of which had been recorded as addressed or referred under the Safeguarding Vulnerable Adult Procedures.

Staff files viewed provided evidence that Nursing and Midwifery PIN checks, Criminal Record Bureau (CRB) checks and Protection of Vulnerable Adult (POVA) checks are carried out on all existing and new staff (where the checks apply). We observed from staff training files that staff have attended training in Safeguarding of Vulnerable Adults within the last twelve months.

The Appointed Manager maintains a record of all Safeguarding incidents, this was viewed and we observed that there have been seven Safeguarding Alerts raised by the home in last twelve months. It was noted that five of the incidents have been resolved and appropriate strategies were implemented to address any issues raised during the investigation processes. The remaining two incidents are currently being investigated

Evidence:

under the Multi Agency Procedures for Safeguarding Vulnerable Adults.

## 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, 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.

**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 who live at the service are provided with accommodation that is safe, and well maintained, whilst infection control procedures are adhered to at all times.

Evidence:

We observed that the location and layout of the home are suitable for its stated purpose and that the home is well maintained with all areas of the home, including the garden, being accessible to the people living at the service. Observations made at the inspection provided evidence that there is an ongoing plan of refurbishment in place. From the tour of the premises it was evident that people living in the home benefit from sensory stimuli and clear signage of facilities such as toilets, bathrooms and bedrooms.

The home has an infection control policy in place and staff are trained in infection control procedures, staff training records viewed and observations made confirmed this. Staff were observed adhering to infection control procedures. We also observed that there is a daily cleaning schedule in place.

## 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 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 to care for them. Their needs are met and they are cared for by staff who get the relevant training and support from their managers.

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.

The home has a staff team that have the necessary skills and experience to meet the needs of the people living at the home.

Evidence:

We observed that a competent staff team, sufficient in number, meet the needs of the people using the service and that there are two staff rotas in place (one for care duties and one for domestic duties), which details staff hours of working and staff job designations.

Discussions with the Appointed Manager and the duty rotas viewed provided evidence that the home has a permanent staff team of the Appointed Manager, seven Registered Nurses, five Senior Carers, twenty six Care Assistants, two Cooks, two kitchen assistants, an Administrator and two Domestic Assistants.

The staff training matrix was viewed and we observed that twenty care staff are NVQ, level 2 or above, trained in care and a further six are currently undertaking the NVQ level 2 or 3, in care training.

Staff recruitment files were viewed and it was evidenced that these files contain all items required under the Care Homes Regulations 2001. Appropriate Nursing and Midwifery Council and overseas checks were observed to be in place, where

## Evidence:

appropriate. Therefore the previous inspection Requirement that recruitment procedures must be updated to make sure staff are only employed when all the information required, including two professional references, Criminal Records Bureau and identity checks have been received and proved to be satisfactory, to ensure the protection of people who use the service and the suitability of the carer to work with vulnerable people has been met.

Training records were observed and it was evidenced that the staff induction training is conducted in line with Care Skills Sector guidance. We observed from the records viewed that mandatory training consists of Skills for Care Induction, Moving and Handling, First Aid, Safeguarding Vulnerable Adults, Infection Control, Fire Safety, Health and Safety, COSHH, nutrition and medication.

The Deputy Manager is responsible for arranging staff training and confirmed that where some mandatory subjects are linked, multi day training is arranged. Multi day training was explained as Food hygiene updates linked with nutrition or moving and handling linked with health and safety.

Individual staff files were observed and it was noted that these were in need of updating to include 2008 and 2009 certificates of training. Therefore a Recommendation has been made.

## Management and administration

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 led and managed appropriately. People control their own money and choose how they spend it. If they or someone close to them cannot manage their money, it is managed by the care home in their best interests. The environment is safe for people and staff because appropriate 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. The people staying at the home are safeguarded because it follows clear financial and accounting procedures, keeps records appropriately and ensures their staff understand the way things should be done. They get the right care because the staff are supervised and supported by their managers.

**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 who use the service experience the benefits of a home that is well managed and administrated.

The health, safety and welfare of staff and the people accommodated, are protected at all times.

Evidence:

The Appointed Manager is not currently registered with the CQC. The implications of being unregistered were discussed and the Appointed Manager stated that she has the relevant documentation and will be applying to register within the next few weeks.

From discussions with the Appointed Manager it was observed that she has worked in the Care Sector for nine years and has achieved the NVQ level 4 in care management and the Registered Managers Award.

We observed that a formal quality monitoring system is in place. Annual residents

## Evidence:

questionnaires are conducted, the results of which are correlated and published. The Appointed Manager reported that she holds a relatives open surgery every Friday morning to enable relatives to meet with her and discuss any concerns or issues. Regulation 26 visits reports were viewed and these were found to be held consistently and copied to the CQC, where necessary.

The Appointed Manager reported that the home does not take any responsibility for the finances of people accommodated and that individuals have family, friends or representatives who protect their financial affairs. We observed that personal allowance accounts are maintained for many of the current people accommodated, detailed accounts of which were also observed to be maintained.

Staff supervision records were viewed to determine that six sessions are held for staff each year. Staff survey responses and staff spoken with gave a mixed opinion on how they feel supported by the Appointed Manager. 50% of staff stated that they often feel supported and 50% stated they they sometimes feel supported. Staff also commented that they would like to meet with the Appointed Manager more often, in order to get to know her better. Comments were also made about the staff team feeling valued and the work they do being appreciated. Therefore a Recommendation has been made.

The homes AQAA and observations made on the tour of the premises provided evidence that fire drills, fire alarm testing and fire equipment checks, health and safety checks and water checks had been carried out.

Are there any outstanding requirements from the last inspection?

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

## 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
1	7	15	<p>That where a person who lives at the home, lacks capacity or does not wish to be (or have representatives) involved in the care plan development or review processes, this is clearly recorded.</p> <p>In that the current procedure utilised, means that where a person who lives at the home, lacks capacity or does not wish to be (or have representatives) involved in the care plan development or review processes, this information is not recorded.</p>	30/08/2009

### 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

### 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
1	7	That daily care records are recorded in a manner which details the specific date and time of the entry being made, as required by the pro forma for daily records.
2	30	That individual staff training files are updated to include all certificates of training attended in 2008/2009.

## 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
3	36	That consideration is given to the comments made by staff during the inspection process.

## Helpline:

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**Web:** [www.cqc.org.uk](http://www.cqc.org.uk)

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