

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

## Addaction Cornwall

Trevint House, Strangways Villas, Truro, TR1  
2PA

Date of Inspections: 06 February 2013  
05 February 2013  
04 February 2013

Date of Publication: March  
2013

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

<b>Respecting and involving people who use services</b>	✓ Met this standard
<b>Care and welfare of people who use services</b>	✓ Met this standard
<b>Safeguarding people who use services from abuse</b>	✓ Met this standard
<b>Cleanliness and infection control</b>	✓ Met this standard
<b>Requirements relating to workers</b>	✓ Met this standard
<b>Staffing</b>	✓ Met this standard
<b>Supporting workers</b>	✓ Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓ Met this standard

## Details about this location

Registered Provider	Addaction
Registered Manager	Miss Anna Whitton
Overview of the service	Addaction Cornwall provided support to people who needed help with substance misuse (drug and alcohol) problems. Services were provided throughout Cornwall.
Type of service	Community based services for people who misuse substances
Regulated activities	Diagnostic and screening procedures Treatment of disease, disorder or injury

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## Summary of this inspection

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### Why we carried out this inspection

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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.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 4 February 2013, 5 February 2013 and 6 February 2013, checked how people were cared for at each stage of their treatment and care and talked with people who use the service. We talked with staff.

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### What people told us and what we found

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Addaction Cornwall had three locality offices in Truro, Penzance and Liskeard; although staff also provided people with support at over one hundred other locations such as GP surgeries and other meeting points.

We visited and spoke with approximately 20 people who used the service at the three locality offices. Everyone we spoke with was very positive about the service. People told us they attended group sessions which assisted with their recovery, as well as one to one meetings with a designated worker. People also attended mutual aid groups with other people who used the service. At these groups people worked together to overcome their drug and alcohol problems.

Comments we received about the service included "Addaction's support has been invaluable...they have provided me all the support I needed," "I cannot fault Addaction...if it had not been for them I would not have carried on, the staff do everything you ask them to do, and their approach is very good."

We checked how staff were recruited and trained and systems in place were satisfactory. The organisation had satisfactory quality assurance policies and procedures in place which ensured service standards were maintained and where necessary improved.

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

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### More information about the provider

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

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

## Our judgements for each standard inspected

**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

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### Our judgement

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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.

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### Reasons for our judgement

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The people we spoke with were positive regarding how staff supported them. We observed staff working professionally with the people who used the service. Everyone we spoke with said staff were supportive and did their best to meet individual needs. Typical comments included "support from Addaction has been invaluable," "Addaction has helped me so much...they don't do things for you, they empower you....staff are very non judgemental; they are very person centred." And "the support is very good....the staff are absolutely fantastic...they are very dedicated and have helped me a great deal."

We asked people if they could make choices and decisions about the support they received. People told us this was the key to the organisation's ethos and recovery programme. Staff told us that people who used the service needed to want to get over their substance misuse problems and it was not possible to force people to recover. The people we spoke with said their recovery was not an easy process but Addaction Cornwall helped them a great deal. Staff were said to be very supportive, professional and listened to what people who used the service had to say. What was particularly valued was that many of the staff and volunteers had themselves had alcohol and/ or drug problems. People that used the service and staff told us about the support in place:

1. At each centre in Penzance, Liskeard and Truro there was a day programme. The programme operated for at least four days a week, for four weeks. This was a rolling programme which people could repeat if it was helpful to them.
2. People received support from a Substance Misuse Practitioner. These staff ensured people received a comprehensive assessment, and assisted the person to draw up a recovery plan. The Substance Misuse Practitioner could also refer people to other services such as detox at a hospital or via a residential programme.
3. Various groups took place for example at the three Addaction centres. These included 'Life skills' work, money management, or fun based activities such as mosaic making. Each of the centres had a Life Skills Worker.

4.'Mutual Aid' (MAP) groups. At the time of the inspection these were run at the three organisational centres, and also in Newquay and Falmouth (there were plans to develop these groups elsewhere). The groups were facilitated by trained volunteers (mostly ex users of the service). The groups facilitated discussion regarding various issues and problems people faced during their recovery and how these problems could be overcome. One key issue for people was ensuring they received ongoing support and encouragement to maintain their recovery after any formal programmes were completed. People who used the service told us the MAP process, as well as other programmes on offer, were very important in maintaining the work people had completed.

5.Recovery Cafes. These were run at the three centres once a week for example in Truro on a Saturday. These were informal gatherings where people could meet over a cup of tea with others who used the service, and volunteers, to receive support and guidance.

6.Duty service. A Substance Misuse Practitioner was based during office hours each day at each of the three centres. Members of the public could drop in for assessment and support.

7.'Breaking the Cycle'. The organisation had three workers who undertook family based work with the partners, children or other family members/ significant others, of a person who used the service. This helped to ensure support was given to others in the household of the primary person who used the Addaction service. This helped to ensure support and importantly that drug and/or alcohol addiction was not deemed a suitable role behaviour for others in the household / family grouping.

8.A needle exchange scheme was in operation in Penzance. This enabled intravenous drug users to obtain clean needles. This programme aimed to cut down the risk of for example HIV infection.

9.Preparation for Change. This service engaged people who may be at the beginning or thinking about beginning to stop using alcohol or drugs.

Some people said it could be difficult to get to some of the activities and programmes due to poor public transport connections and the cost of public transport. One idea was to possibly move the start time of the programmes later so some people could use a bus pass. Managers were also considering whether to develop programmes in other towns. They told us this had already happened for example with MAP groups. Managers told us further consideration would be given to transport concerns, across Cornwall, as services developed.

People said their privacy and dignity was respected by staff and volunteers. For example people said their problems and concerns were not shared with other people who used the service unless they themselves chose to share issues.

People told us they were provided with satisfactory information regarding the service and the programmes on offer. Within each centre there were various leaflets about the programmes on offer. Some people who used the service said to us they thought more could be done to publicise the services provided by Addaction, for example "there are a lot of people who suffer in silence, and we need to reach out to people to get them in the door." Managers' concurred that leaflets could be placed in GP surgeries, libraries and other public places. However we were told referral pathways for example through primary health services, voluntary agencies and housing organisations were well established.

A group of people who used the service in Penzance had set up a website 'ufoforum.org.uk' which acted as a service user forum for people in the west of Cornwall. This acted as a service user forum for people who used Addaction Cornwall and other drug and alcohol services. The website also promoted the services available at the

Penzance branch of Addaction.

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

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**Our judgement**

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The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

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**Reasons for our judgement**

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People who used the services of Addaction Cornwall were very positive about the service provided. One person told us "I am just a normal person, what ever 'normal is, they don't look down on you here like something on the bottom of you're a shoe.....they are very supportive and helpful."

We were told that the service received up to 80 referrals a month and currently supported approximately 800 people. There was going to be a significant expansion of services when Addaction took on additional drug and alcohol service contracts from other agencies in April 2013.

Referrals came from a variety of sources such as General Practitioners and other primary health providers, housing and homeless organisations, job centres, young people's services and the probation service.

The organisation has several Substance Misuse Practitioners based at the three locality centres. These people ensured assessments were completed so the most appropriate care pathway could be followed.

Each person who formally used Addaction's services had a 'Recovery Plan' (Care Plan). The Recovery Plan was drawn up by the Substance Misuse Practitioner and the person who used the service. The Recovery Plan used an internet web based system. The format was developed by the Drug and Alcohol Team, and was used by all agencies in Cornwall who provided a service to people with drug and alcohol problems.

People were requested to give their consent to share the information between the relevant drug and alcohol agencies. As long as this consent was given, an information sharing protocol was in place to share information among the relevant different agencies. The registered manager told us satisfactory consideration had been given to issues relating to the Data Protection Act. If people did not want their information shared this did not happen.

We inspected one Recovery Plan for one person so we could see how the process worked. Satisfactory information was contained within the Recovery Plan about the individual's needs, any risks and goals that had been set as part of the person's treatment.

The registered manager told us that each recovery plan was reviewed at least every three months. However; depending on the individual's needs this process could be completed more regularly.

**People should be protected from abuse and staff should respect their human rights**

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## **Our judgement**

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The provider was meeting this standard.

People who used the service were protected from the risk of abuse. This was because the provider had taken reasonable steps to identify the possibility of abuse and took reasonable steps to prevent abuse from happening.

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## **Reasons for our judgement**

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We observed positive interactions between the people who used the service and staff. The staff and people who used the service said people were well supported.

The registered manager provided us with a copy of Addaction Cornwall's safeguarding policy. The policy clearly outlined the different types of abuse that staff needed to be aware of, and outlined a clear process (including local contact details) that should be followed if staff suspected abuse was occurring.

We spoke with some of the staff individually and in private. Staff said to us that people who were supported by Addaction Cornwall were well supported. Staff also said they had confidence in their colleagues' practice, and they had not witnessed any poor practice.

We discussed with staff, what actions they would take if they had any concerns regarding care practice. The staff we spoke with said they would contact the management of the service. People said if management did not respond appropriately they would contact the Care Quality Commission, the local authority or other external agencies.

We assessed six staff personnel files to ascertain what training people had received regarding recognising abuse / safeguarding procedures. All of the staff files we inspected evidenced these staff had received training regarding the prevention of abuse and adult safeguarding. Importantly staff also received training regarding protection of children. This was because there was a possibility that children could be subjected to abuse for example if a person who used the service neglected their child due to drug and /or alcohol misuse.

We also checked what training staff had received regarding the Mental Capacity Act 2005, and associated matters such as deprivation of liberty safeguards. This legislation outlines what people's rights are to make decisions, and what processes should be followed if people need to be restricted for example due to lack of capacity. There was no evidence staff had received training in this area, although we were told the legislation had been discussed in staff meetings. Of central importance to the ethos of the service was that individual users made a choice whether or not to engage in treatment and participate in the programme. Similarly people had to make the choice to complete the programme or

not. Therefore the central tenets of the Act concur with the ethos of the programme. It was therefore unlikely people would be deprived of their liberty. However the registered manager said she would discuss this training need with the management team and they would make a decision whether for example Cornwall Council's elearning programme about the Mental Capacity Act could be completed by the team.

## Cleanliness and infection control

✓ Met this standard

People should be cared for in a clean environment and protected from the risk of infection

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### Our judgement

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The provider was meeting this standard.

Satisfactory systems are in place to ensure people are protected from the risk of infection.

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### Reasons for our judgement

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We inspected the three locality centres in Truro, Penzance and Liskeard. Premises were all clean and odour free throughout. Addaction had an infection control policy. The registered persons were aware of 'The Code of Practice for health and adult social care on the prevention and control of infections and related guidance' published by the Department of Health. This guidance had been incorporated into the organisation's policies and procedures.

## Requirements relating to workers

✓ Met this standard

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

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### Our judgement

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The provider was meeting this standard.

People who used the service were supported by, suitably qualified, skilled and experienced staff.

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### Reasons for our judgement

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People who used the service, who we spoke with, told us staff were very supportive and helpful. People made comments such as "the staff listen to what you have to say," and staff were "very professional." People did not make any comments about the recruitment of staff.

The staff we spoke with were happy with the professional standards of the organisation. Everyone we spoke with said they enjoyed working for the organisation. The staff we spoke with all seemed professional, skilled and supportive. The staff all had significant knowledge and experience working in the substance misuse field.

We checked if Addaction Cornwall operated an effective recruitment procedure in order to ensure people the registered persons employed were of good character, suitably qualified, skilled and experienced.

We asked to inspect personnel files for six people. Files contained satisfactory records regarding the recruitment process; for example an application form; two references; an Independent Safeguarding Authority (ISA) check and a Criminal Records Bureau 'enhanced' check (CRB).

## Staffing

✓ Met this standard

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.

Staffing levels are satisfactory to meet the needs of the people that used the service.

### Reasons for our judgement

People who used the service said staff support was to a high standard and staff responded to their needs as necessary. People said when they had first come into contact with the service they were assessed quickly and staff ensured they received appropriate treatment.

At each of the three locality centres there was a team of Substance Misuse Practitioners, who were supported by a Senior Substance Misuse Practitioner. In turn this person was responsible to a Locality Manager. The three Locality Managers reported to the Registered Manager.

The Substance Misuse Practitioners worked within a geographical patch and would meet the people they worked with at a range of locations; for example a GP Surgery.

Each of the three teams had a 'Life skills Worker' and worker for the 'Breaking the Cycle' family work. There were administrative staff at each of the centres to assist these staff. Two nurses were employed by Addaction Cornwall and they provided clinical advice to the Cornwall teams. The organisation also employed volunteers who assisted with the various programmes. There was also a 'Peer Mentor' and a 'Recovery Champion' programmes. These individuals were often people who had used the service, and now provided people who used the service with peer support.

The organisation had an 'apprentice' scheme. This was a two year programme which enabled the person to learn the role for example of a Substance Misuse Practitioner. We spoke with two apprentices; both had previously worked for the organisation in a voluntary capacity. They found the apprentice scheme highly beneficial to their professional development. They said it gave them a range of experiences to work with people that used the service and established staff, as well as undertake formal educational opportunities regarding substance misuse.

Both staff and people that used the service said there were enough staff available. However some people commented it would be beneficial if the Life Skills and 'Breaking the Cycle' teams could have more hours so they could fulfil the demand for these services. The registered manager said she was aware of the need, and staffing levels would be kept under review. However the registered manager said funding for specific programmes often dictated the amount of staff which could be employed.

**Staff should be properly trained and supervised, and have the chance to develop and improve their skills**

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## Our judgement

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The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

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## Reasons for our judgement

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People who used the service told us staff were caring and responsive to meet their individual needs. Everyone we spoke with was satisfied with the service they received.

Staff told us that training was delivered by a variety of methods for example in-house training, elearning and attending courses from external training providers.

The staff we spoke with confirmed they had received an induction prior to them working unsupervised. The majority of staff all had experience either as a person who had used similar services and /or as a volunteer and/or working professionally in another drug and alcohol service. One person told us they had shadowed an established and experienced member of staff, which had enabled them to learn the role prior to working on their own.

We inspected the training records for five staff. The registered manager told us that after induction Substance Misuse Practitioners had to obtain, within 18 months a qualification recognised by the 'Federation of Drug and Alcohol Practitioners'. This could be for example the 'Tackling Substance Misuse' qualification completed via the Open College Network.

Staff also had to undertake the Addaction 'Corporate Induction', training regarding 'Safeguarding Vulnerable Adults,' 'Safeguarding Vulnerable Children' and health and safety training.

Two registered general nurses had been employed by Addaction Cornwall. The registered manager told us the organisation was currently developing a training programme for these staff.

The registered manager told us managers and senior practitioners were required to complete management training developed by the Institute of Leaders and Management.

The records we inspected contained satisfactory records which demonstrated staff had undertaken the required training. Some of the staff had also undertaken other training such as how they should work with children and families, counselling, welfare rights and first aid.

We checked arrangements in place for staff supervision. The supervision process ensured there was structured time for the individual member of staff to meet with their line manager to discuss their case load, any support and training needs and any performance issues. Each person had a record that they had participated on a monthly basis in the supervision process. Clinical and team supervision was also provided to some staff. The staff we spoke with all said they could speak to colleagues, their line manager or other senior staff at any time if they had any concerns, needed advice or support.

## 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

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### Our judgement

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The provider was meeting this standard.

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

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### Reasons for our judgement

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Addaction had a satisfactory Quality Assurance Policy. The registered manager was also able to demonstrate there was a suitable system of quality assurance in place.

This included:

1. Quantitative and qualitative systems of internal audit. These systems were managed by the locality teams for example to check people had care plans, they were receiving an appropriate service and the success of treatment plans. Comparisons were undertaken between Addaction services and with other providers, to measure the success of programmes.
2. Audits completed by the registered provider. These ensured the service operated according to organisational standards.
3. Narrative and data reports. These were completed and submitted to commissioners
4. Surveys completed by professionals who referred people to the service and people who have used the service.
5. Service user meetings including evaluations of the Addaction Cornwall treatment programme.
6. Monitoring of staff training
7. Monitoring of incidents and accidents

The staff and people that used the service were all positive about service standards. People we spoke with stated if they had a concern they would feel confident raising it, and were sure the management would respond appropriately.

## 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 dentists and other services at least once every two years. 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 but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

## How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

**✓ Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

**✗ Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

**✗ Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

## How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

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**Minor impact** – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

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**Moderate impact** – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

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**Major impact** – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

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We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

## Glossary of terms we use in this report

### Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

### Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

## Glossary of terms we use in this report (continued)

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### **(Registered) Provider**

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There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

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### **Regulations**

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

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### **Responsive inspection**

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

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### **Routine inspection**

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

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### **Themed inspection**

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

## Contact us

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