

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

Cartmel Old Grammar

Cartmel, Grange-over-Sands, LA11 7SG

Tel: 01539536868

Date of Inspection: 05 December 2012

Date of Publication: January 2013

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

Respecting and involving people who use services	✓	Met this standard
Care and welfare of people who use services	✗	Action needed
Cooperating with other providers	✗	Action needed
Cleanliness and infection control	✗	Action needed
Supporting workers	✓	Met this standard
Assessing and monitoring the quality of service provision	✗	Action needed

Details about this location

Registered Provider	Ms B A Clarke
Registered Manager	Miss Beverley Clarke
Overview of the service	Cartmel Old Grammar is a care home registered to provide accommodation and personal care for up to 19 older adults. The service provides care for older people and people who have dementia. The home also provides planned short term respite care.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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Summary of this inspection

Why we carried out this inspection

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

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 5 December 2012, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members and talked with staff.

What people told us and what we found

Cartmel Old Grammar has been under the control of Law of Property Act receivers since June 2011. Goldcare Future Management Limited is responsible for the management of the home. There have been a number of managers at the home since June 2011. Lindsey Tallon had been employed as the home manager for approximately 7 months when we carried out our inspection. In this report the name of a registered manager appears who was not in post and not managing the regulated activities at this location at the time of the inspection. Their name appears because they were still a Registered Manager on our register at the time.

People we spoke with told us they made choices about their lives in the home and said they were "well looked after" there. They told us they enjoyed the meals provided and liked the staff employed in the service. During our inspection a local hairdresser was in the home and a number of people told us how they valued being able to have this service.

People we spoke with said,

"The staff know their stuff"

And said, "[My relative] has settled in really well and always looks happy and well cared for."

We found the records the service held about people did not give staff the information they needed and this placed people at risk of receiving unsafe or inappropriate care. Robust procedures were not in place to ensure people were protected from the risk of infection or to ensure their welfare in the event of foreseeable emergencies.

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

What we have told the provider to do

We have asked the provider to send us a report by 22 January 2013, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

More information about the provider

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

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

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

People we spoke with told us they made choices about their lives in the home including about when they got up, the meals they took and how and where they spent their time. People told us they were able to carry out tasks for themselves as far as they were able, with staff supporting them with the things they found more difficult. One person we spoke with told us they were supported to look after aspects of their own medication. Another person said, "[My relative] can't always choose things for herself but the staff help [my relative] to make choices." People were supported to maintain their independence and control over their lives.

During the inspection we saw some people chose to spend time in their rooms and other people were in the communal areas in the home. We saw that people were following activities of their choosing such as talking to friends, completing a jigsaw and reading the paper. A member of staff was providing hand massages to people who enjoyed this. One person told us the care staff applied varnish to their nails and said how much they liked this.

Throughout our inspection we saw that the care staff on duty ensured individuals' privacy and dignity were respected including by knocking on doors to private areas and ensuring doors to toilets were closed when people were using them.

We saw that people were provided with the assistance they needed to eat their midday meal. Some people had special cutlery to assist them to maintain their independence. People who required help with eating received this in a patient and discreet manner. This ensured their dignity was protected.

We looked at some of the records the home held about people who lived there. We saw some people's personal records held details of the preferences they had expressed about areas of their care and choices they had made about their lives. The provider may wish to note that some people had not had their preferences about their care recorded in their individual records.

The new manager had made a change to how communal areas in the home were arranged. The sitting room had been moved from an open area at the centre of the premises to a large separate room which had previously been used as the dining room. This change gave people a private area in which to sit. The central area was close to the home's kitchen and was being used as the dining area. We saw the manager had held a meeting with people who lived in the home to discuss the proposed change and to seek their views. We saw copies of letters which had been sent to families of people who lived in the home informing them of the proposed change and giving them information about planned events in the service. This made sure people who lived in the home and their families were kept informed about important things that were happening.

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

Our judgement

The provider was not meeting this standard.

People were placed at risk of receiving unsafe or inappropriate care because their care plans lacked detail and had not been updated as their care needs changed.

People were placed at risk because the provider did not have robust procedures in place for dealing with foreseeable emergencies.

We have judged that this has a moderate impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

People we spoke with told us they were "well looked after" in the home. One person told us, "The staff know their stuff" and someone else commented, "[My relative] always looks happy and well cared for."

We looked at a sample of the care records the service held about people who lived there. We saw an assessment had been carried out of the individual's needs before they were offered accommodation in the home. The needs assessment had been used to develop a plan of the care to be provided to the individual.

We saw that the care plans did not include detailed information for care staff about how to support individuals. Where there had been significant changes to the support individuals required the care plans had not been updated to reflect this.

We saw that some of the care records held inaccurate and conflicting information. The records for one individual stated that they could raise themselves from a sitting to a standing position without any assistance from staff and then also stated they needed the assistance of one or two members of staff to stand up from a sitting position. This person's records also stated they were independent in some areas of their care where this was no longer the case.

The care records for another person stated they could transfer themselves from their bed or chair with the assistance of one member of staff. However, the manager told us this person's needs had changed and they now required the use of a hoist for all transfers.

The records held about people who were at risk of developing pressure sores did not include detailed information about how care staff were to support them to maintain the health of their skin. Although there were templates where care staff could record the assistance they had given to relieve pressure areas these had not been completed regularly.

We looked at the records about a person who had developed more complex care needs since they had moved into the home. There was no detailed information for care staff about how to support the individual with the new aspects of their care needs and no plan of how staff were to respond in the event of their requiring specialist support.

The lack of detailed information for care staff about how to support individuals meant people were at risk of not receiving the care they needed.

Although the home had a plan for dealing with some foreseeable emergencies this did not include the actions to be taken in the event of the central heating not working during the winter period. The heating in the home was provided by an oil fired boiler and we had been informed of 3 previous occasions when there had been no oil to power the heating. The manager told us care staff would place electric heaters in people's bedrooms if the central heating did not work. We saw there were not enough heaters in the home for one to be placed in each room. This meant people could be in unheated rooms if the central heating did not work.

People should get safe and coordinated care when they move between different services

Our judgement

The provider was not meeting this standard.

People's health, safety and welfare were not protected because advice from the health care services which supported them was not taken into account when planning their care.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

The records held about people showed they were supported by health care services including doctors, district nurses and chiropody services. Individuals' records had a separate sheet where visits from health services were recorded. People we spoke with told us they had been supported to see their doctors as they needed.

We looked at the care records for a person who had complex health care needs. The records did not show how they had been supported by health care services when their care needs had changed and increased. This person's records showed that they could have been at increased risk due to the complex aspects of their care needs. Their care records did not include information for staff about the health care services they needed to contact in the event of this person requiring support with this aspect of their care. This meant they may not have received the support they needed from health care services in a timely way.

The manager of the home told us the local district nursing team had been contacted to provide advice about the care of a person who was at risk of developing pressure sores. We looked at the care records for this person but found no information about the advice the district nurse had given about their care. Their care plan had not been updated to include the advice from the district nurse so care staff did not have the information they required to ensure the person received safe and appropriate care.

We looked at the care records of another person who had complex care needs. The home manager told us the local district nursing team visited this person each week to support them with a particular aspect of their care. The person's care plan did not include information about how this care was to be provided. We saw that the care plan did not state that the district nurses were responsible for this area of their care. Some of the records made by care staff showed they had carried out this care themselves. The care staff did not have information about how to deliver this care safely because it was not in the person's care plan. This placed the person at risk, as care which we were told should have been provided by the district nurse had been provided by care staff who had no information about how to deliver the care.

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

Our judgement

The provider was not meeting this standard.

People were placed at risk because care staff did not have detailed information about how to protect them from infection and areas of the home were not maintained in a hygienic condition.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

We spoke with people who used the service but their feedback did not relate to this standard.

Care staff we spoke with told us they used disposable gloves and aprons when providing personal care to people and said these were available for them to use as they required. We saw a box of disposable gloves in the staff office and observed that care staff took the gloves as they needed. Disposable gloves were not available in individuals' rooms or common toilets or bathrooms. Care staff had to ensure they had obtained gloves from the office before they could support people in their personal care.

Although care staff told us they were able to access protective equipment as they needed it, we saw an entry in a communication record, used by senior staff to pass information to each other, which stated disposable gloves were to be stored in a locked cabinet. This could have prevented care staff from being able to obtain more gloves as they needed them.

Individuals' care records did not include details of the tasks which staff were not to carry out without the use of disposable gloves or aprons. One person's records showed they had received assistance with an area of care which could have placed them and care staff at risk of infection. The individual's care records did not state how staff were to provide this care or the protective equipment they were required to use. We looked at the service's Infection Control policy. This did not give clear information about when staff were required to use disposable equipment to protect people from the risk of infection. The lack of detailed information for care staff about when to use protective equipment meant they could have placed themselves and people they supported at risk of infection.

We looked around the home and saw that most private areas were clean and free from offensive odours. However, one bedroom, which was not being used to accommodate people in the home, was being used to store a number of electric heaters. The manager of the home told us the heaters may be placed in people's bedrooms in the event of the central heating not working. The room was untidy and unclean and there was a strong and

offensive odour. The door to the ensuite bathroom was left open and the bath was dirty, the side was partly removed and it had a substantial amount of unidentified dirt in the bottom. The unhygienic state of the room meant it was not a suitable place to store items which may be placed in people's rooms.

We found a plastic container in a communal toilet which was used to hold disposable bags to be used in the clinical bin and bags to be used in the waste bin. The container also held an unused and unwrapped incontinence product. The bottom of the container was encrusted with a layer of dirt and it was not a hygienic receptacle to hold personal incontinence products or disposable bags which staff were required to handle.

We looked in some bedrooms which were used by people who lived in the home. We found one bedroom where the ensuite toilet was badly stained and another room where an armchair was badly soiled around the arms and seat. This meant people who used these rooms were not provided with a hygienic environment in which to spend their time.

The provider may wish to note that some areas of the carpet in communal areas were stained and in need of cleaning.

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

Our judgement

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.

Reasons for our judgement

People we spoke with made many positive comments about the staff employed in the home. They told us the care staff provided them with the support they needed and said they liked them. People told us they were "well looked after" and one person commented, "The staff know their stuff."

We spoke with a number of care staff in private and observed staff as they carried out their duties. We saw people received the support they needed in a patient and discreet manner. The care staff we spoke with told us they had received a range of training to give them the skills and knowledge to meet the needs of people who lived in the home. They said they were given the opportunity to gain appropriate additional qualifications including a National Vocational Qualification in Health and Social Care. We saw evidence of training which had been arranged to take place after our inspection. We saw staff were provided with ongoing training to give them the skills to carry out their duties.

Care staff told us they had regular supervision where they met with a senior member of staff to discuss aspects of their work. They said they felt well supported by senior staff in the home and would be confident raising any concerns with them. The staff we spoke with told us people who lived at the home received a good quality of care and said they would recommend the home to people they knew.

The home had suitable arrangements to ensure staff were supported as they carried out their duties. As well as the home manager there was a senior carer and shift leaders who took responsibility for the service in the absence of the manager. This ensured that care staff had access to support and advice from a senior person.

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

Our judgement

The provider was not meeting this standard.

People were placed at risk because the provider did not have an effective system to regularly assess and monitor the quality of service that people received and robust systems were not used to manage risks to the health, safety and welfare of people who used the service.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

People we spoke with told us they were given opportunities to express their views about the services provided at Cartmel Old Grammar. One person told us, "The staff always ask if everything is OK, and it is." Another person we spoke with told us they found the manager to be "approachable" and said they would speak to her if they had any concerns about the care provided in the home.

We saw that the manager had held a meeting with people who lived in the home to obtain their views about proposed changes to the use of communal areas in the building. We saw copies of letters which had been sent to people's families to keep them informed about important events in the home. This ensured people were given information about the home and the opportunity to be involved in decisions about how the service was carried on.

We looked at some of the records held in the home. We saw that risk assessments had been carried out including to identify if people were at risk from falls, inadequate nutrition and from developing pressure areas. We found that where people had been assessed as being at high risk their care records did not include information about the actions which needed to be taken to minimise and control the risk. We saw that one person had been assessed as being at high risk of developing pressure areas. Their care records did not include detailed information for care staff about how they were to support the person to reduce the risk of them developing a pressure sore. This meant they were not protected from the risk of harm.

During our inspection we found a number of issues with the accuracy of the records held in the home. These issues showed that the manager had not carried out robust checks to monitor the quality of the records or to ensure that care staff had the information they needed to protect people from the risk of unsafe or inappropriate care.

This section is primarily information for the provider

✘ Action we have told the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services
	How the regulation was not being met: <p>The registered person had not ensured people were protected against the risk of receiving unsafe or inappropriate care. Care plans did not have detailed information of the support people needed and had not been updated to reflect changes to the support they required.</p> <p>Regulation 9 (b) (i) and (ii)</p>
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services
	How the regulation was not being met: <p>The registered person had not ensured people were protected against the risk of emergencies which could reasonably be expected to arise. The provider did not have a robust procedure in place to ensure people were protected from harm in the event of the heating system not working.</p> <p>Regulation 9 (2).</p>
Regulated activity	Regulation

This section is primarily information for the provider

<p>Accommodation for persons who require nursing or personal care</p>	<p>Regulation 24 HSCA 2008 (Regulated Activities) Regulations 2010</p> <p>Cooperating with other providers</p> <p>How the regulation was not being met:</p> <p>The registered person had not ensured people's health, safety and welfare were protected because advice from health care services which supported them was not taken into account when planning their care. Regulation 24 (1) (a).</p>
<p>Regulated activity</p>	<p>Regulation</p>
<p>Accommodation for persons who require nursing or personal care</p>	<p>Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010</p> <p>Cleanliness and infection control</p> <p>How the regulation was not being met:</p> <p>The registered person had not ensured people were protected against the risk of infection. Care staff did not have detailed information about how to protect people from the risk of infection and areas of the home were not maintained in a hygienic condition. Regulation 12 (2) (a) and (c) (i)</p>
<p>Regulated activity</p>	<p>Regulation</p>
<p>Accommodation for persons who require nursing or personal care</p>	<p>Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010</p> <p>Assessing and monitoring the quality of service provision</p> <p>How the regulation was not being met:</p> <p>The registered person had not ensured robust systems were used to monitor the quality of the service or to manage the risks to the health and welfare of people who used the service. Regulation 10 (1) (a) and (b).</p>

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

This section is primarily information for the provider

The provider's report should be sent to us by 22 January 2013.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

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.

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

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

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

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

Glossary of terms we use in this report

Essential standard

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

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

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

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

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

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

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

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

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

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

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

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

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

Glossary of terms we use in this report (continued)

(Registered) Provider

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

Regulations

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

Responsive inspection

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

Routine inspection

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

Themed inspection

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

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