

Review of compliance

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| Par Nursing Homes Limited Atherton Lodge | |
| Region: | North West |
| Location address: | 202 Pooltown Road Ellesmere Port Cheshire CH65 7ED |
| Type of service: | Care home service with nursing |
| Date of Publication: | December 2011 |
| Overview of the service: | Atherton Lodge is a privately owned two-storey detached property that has been converted and extended by a purpose built extension into a care home for 49 older people, some of whom require nursing care. It is situated within a mile of Ellesmere Port town centre and is close to local shops. There are attractive gardens with access for residents, and ample parking space. |

Summary of our findings for the essential standards of quality and safety

Our current overall judgement

Atherton Lodge was not meeting one or more essential standards. Improvements are needed.

The summary below describes why we carried out this review, what we found and any action required.

Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

How we carried out this review

We reviewed all the information we hold about this provider and carried out a visit on 31 October 2011.

What people told us

People spoken with reported that they were treated well by staff. Comments received included; "Staff look after me"; "I've never been happier" and "Everything is okay as far as I'm concerned". One resident reported that "There are not a lot of activities" and three other residents stated that they would like to see more activities.

People also informed us that they were satisfied with the standard of care provided and were of the opinion that staff understood their needs. Comments received included: "The home is very nice and comfortable and I am looked after well" and "The staff are very caring and I am happy living here."

We observed people living at Atherton Lodge to be relaxed in their home environment and in the company of the staff team. No complaints were received from the people using the service or their representatives during the visit.

What we found about the standards we reviewed and how well Atherton Lodge was meeting them

Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

The range and frequency of in-house and community based activities should continue to be expanded and developed in consultation with the people using the service so that people's needs are taken into consideration in the way the service is provided and delivered.

Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights

Assessment and care planning processes are in need of review to ensure records are fully completed and provide a clear audit trail for all care provided.

Outcome 07: People should be protected from abuse and staff should respect their human rights

Policies and procedures concerning the protection of people using the service from abuse are in need of review to ensure best practice.

Outcome 13: There should be enough members of staff to keep people safe and meet their health and welfare needs

Dependency and staff deployment levels are in need of review to ensure that the people who use the service benefit from sufficient staff to meet their needs.

Outcome 14: Staff should be properly trained and supervised, and have the chance to develop and improve their skills

The management and administration of induction and staff training is in need of ongoing development and review to ensure all staff complete the necessary training for their respective roles.

Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Quality assurance processes are in need of ongoing development and review to demonstrate compliance across all outcome areas.

Outcome 21: People's personal records, including medical records, should be accurate and kept safe and confidential

Some key records concerning the operation of the service are in need of review to ensure they are accessible and fit for purpose.

Actions we have asked the service to take

We have asked the provider to send us a report within 14 days of them receiving this report, setting out the action they will take to improve. We will check to make sure that the improvements have been made.

Where we have concerns we have a range of enforcement powers we can use to protect the safety and welfare of people who use this service. When we propose to take enforcement action, our decision is open to challenge by a registered person through a variety of internal and external appeal processes. We will publish a further report on any action we have taken.

Other information

Please see previous reports for more information about previous reviews.

**What we found
for each essential standard of quality
and safety we reviewed**

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

A **minor concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard.

A **moderate concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard and there is an impact on their health and wellbeing because of this.

A **major concern** means that people who use services are not experiencing the outcomes relating to this essential standard and are not protected from unsafe or inappropriate care, treatment and support.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary improvements are made. Where there are a number of concerns, we may look at them together to decide the level of action to take.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

Outcome 01: Respecting and involving people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

- * Understand the care, treatment and support choices available to them.
- * Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
- * Have their privacy, dignity and independence respected.
- * Have their views and experiences taken into account in the way the service is provided and delivered.

What we found

Our judgement

There are minor concerns with Outcome 01: Respecting and involving people who use services

Our findings

What people who use the service experienced and told us

During this review we visited Atherton lodge. We spoke with the registered manager; two care staff; nine people using the service and two relatives. We also made observations on the standard of care provided.

People spoken with reported that they were treated well by staff. Comments received included; "Staff look after me"; "I've never been happier" and "Everything is okay as far as I'm concerned". One resident reported that "There are not a lot of activities" and three other residents stated that they would like to see more activities.

Other evidence

A range of policies and procedures had been developed by the provider (PAR Nursing Homes Ltd), to provide guidance to staff on respecting and involving people who use services. For example, we noted that the service had a policy on rights; autonomy; social contact; privacy and dignity; deprivation of liberty safeguards and confidentiality in place. Some policies were in need of review and the manager agreed to address this issue.

During our visit we spoke with the registered manager and two care staff and observed staff interaction with the people using the service. Staff spoken with demonstrated a

good understanding of the principles of good care practice and were observed to carry out their duties in an attentive, respectful and caring manner.

An activities folder was on display in reception which contained pictures / information on activities, meetings, theme days and trips that could be organised throughout the year. The manager reported that outside entertainers continued to visit the Atherton Lodge every six to eight weeks and informed us that a member of staff was allocated an additional six hours per week to organise activities for other staff to facilitate.

During the afternoon we observed a member of staff supporting a group of residents to participate in various activities including armchair games and dancing. Residents and staff were also seen preparing for a Halloween theme night.

Following a visit by the Cheshire East Local Involvement Network in August 2010 it was recommended that more work was needed to provide more interaction with residents. At the time of our visit there was no activities plan in place and records of activities on the files of the people using the service revealed that people had accessed a limited range of activities.

A Statement of Purpose and a Service User Guide had been produced to provide key information on Atherton Lodge. The Statement of purpose was in need of review as it did not contain all of the information required. The Service User Guide had been developed using signs and symbols to enable people using the service to understand the information more easily.

Our judgement

The range and frequency of in-house and community based activities should continue to be expanded and developed in consultation with the people using the service so that people's needs are taken into consideration in the way the service is provided and delivered.

Outcome 04: Care and welfare of people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

What we found

Our judgement

There are minor concerns with Outcome 04: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us

People spoken with reported that they were satisfied with the standard of care and treatment provided and were of the opinion that staff understood their needs.

Comments received included: "The home is very nice and comfortable and I am looked after well" and "The staff are very caring and I am happy living here."

Other evidence

We looked at the personal files of three people who live at Atherton Lodge during our site visit.

The registered manager reported that original assessments of need had been archived. We noted that pre-assessment forms were on file however some key sections had not been completed.

Long term needs assessment records had been completed for each person using the service and these had been kept under regular review. Each file also contained a plan of care that outlined: individual needs; nursing assessment of problem / need; nursing goal; objective and interactions; date and evaluation / outcome.

A range of supporting documentation including: Life story information; doctors notes and multi-disciplinary records; risk assessments; personal inventories; infection prevention tools; dependency profiles; personal care records; social activity plans and daily reports were also on file.

We noted that some key documents had not been signed by the people using the service or their representatives to confirm agreement with the information recorded and a number of documents were not accurately dated. For example some records did not contain the date of entry or the year. Likewise some health care records did not provide sufficient evidence that the routine health care needs of the people using the service were being met. For example, there was no evidence that some residents had accessed routine health care such as chiropody, dentist and optician appointments. These issues were raised with the registered manager for action.

We talked with the staff and watched the staff providing care during our visit. We saw that staff were attentive to the needs of the people using the service and that people were supported in a caring and respectful manner.

Our judgement

Assessment and care planning processes are in need of review to ensure records are fully completed and provide a clear audit trail for all care provided.

Outcome 07: Safeguarding people who use services from abuse

What the outcome says

This is what people who use services should expect.

People who use services:

* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

What we found

Our judgement

There are minor concerns with Outcome 07: Safeguarding people who use services from abuse

Our findings

What people who use the service experienced and told us

People spoken with confirmed they felt safe living at Atherton Lodge and no complaints were received from the people using the service or their representatives during the visit.

The people living at Atherton Lodge were observed to be relaxed in their home environment and in the company of the staff team.

Other evidence

The registered provider (Par Nursing Homes Limited) had developed an internal policy on 'Safeguarding service users from abuse' and a copy of the local authority's adult protection procedures was also available for staff to reference. A policy on Whistle blowing was not in place and the 'Policy on application of the protection of vulnerable adults register' was out of date and in need of review. The manager was requested to address these issues as a matter of priority.

Discussion with the manager and staff and examination of training records confirmed all staff had completed in-house 'Vulnerable adult and abuse' training. Staff spoken with demonstrated a satisfactory understanding of abuse, awareness of their duty of care to protect vulnerable adults and the action they should take in response to suspicion or evidence of abuse. The manager was asked to refresh staff awareness of external reporting procedures as some staff spoken with lacked awareness of this issue.

The manager reported that she had made two safeguarding referrals since the service was registered with the Care Quality Commission in October 2010. The referrals

concerned incidents between the people using the service. Information on the incidents, action taken and outcomes was not available for reference at Atherton Lodge as the file had been taken off the premises by a senior manager.

The manager reported that the provider continued to operate a 'Comforts fund' as the provider had been informed by banks that individual accounts for people who lack capacity could not be set up as people are unable to draw on the account unless they have a Power of Attorney or an appointee.

We discussed the name of the account with the manager and asked her to ensure that any monies deposited are protected should the company cease to operate in the future. Systems were in place to account for financial transactions managed on behalf of the people using the service.

Our judgement

Policies and procedures concerning the protection of people using the service from abuse are in need of review to ensure best practice.

Outcome 13: Staffing

What the outcome says

This is what people who use services should expect.

People who use services:

* Are safe and their health and welfare needs are met by sufficient numbers of appropriate staff.

What we found

Our judgement

There are minor concerns with Outcome 13: Staffing

Our findings

What people who use the service experienced and told us

No concerns were received from the people using the service regarding staffing levels.

Other evidence

We asked the registered manager for information about the daily staffing levels during the morning, afternoon and night and reviewed a sample of rotas as there have been previous concerns raised regarding staffing levels.

At the time of the visit there were twenty three people residing at Atherton Lodge. The manager informed us that the staffing levels had recently been amended to reflect lower occupancy levels and consequently there were three care staff and a trained nurse on duty during the day and two waking night staff and a trained nurse on duty during each night.

We asked the manager if she could provide evidence that she had undertaken a dependency needs analysis and risk assessment as the basis for deciding sufficient staffing levels for Atherton Lodge. We noted that there was no system in place for monitoring needs and staff deployment. The manager agreed to address this.

Examination of rotas and discussion with staff confirmed the home was staffed as detailed above. Staff spoken with reported that they felt the needs of the people using the service could be met within the current staffing levels.

Our judgement

Dependency and staff deployment levels are in need of review to ensure that the people who use the service benefit from sufficient staff to meet their needs.

Outcome 14: Supporting staff

What the outcome says

This is what people who use services should expect.

People who use services:

* Are safe and their health and welfare needs are met by competent staff.

What we found

Our judgement

There are minor concerns with Outcome 14: Supporting staff

Our findings

What people who use the service experienced and told us

We did not receive any direct feedback on this outcome area from the people living at Atherton Lodge.

Other evidence

The registered manager informed us that the provider (Par Nursing Homes Ltd) ensures requirements relating to workers are applied using various methods.

We asked the manager for a training plan but there was not one in place for reference.

Staff spoken with informed us that they had completed a basic induction upon commencement of their employment at Atherton Lodge which involved working through an induction checklist, reading policies and procedures, shadowing other carers and watching BVS training videos for various mandatory training topics. The induction checklist was not compliant with the Skills for Care Common Induction Standards and we asked the manager to address this training requirement as a matter of priority. No information on induction training had been included on the training matrix however separate records had been maintained.

Staff also reported that they had access to a basic range of BVS video training covering mandatory topics only. The topics covered included: First Aid; Food hygiene; Health and Safety; Moving and Handling; Fire Instruction; Infection Control and Vulnerable Adult and Abuse. The training matrix also identified that some staff had completed dementia and National Vocational Qualification training via external training providers. We discussed the benefit of expanding the range of training available to staff to develop

professional competence, knowledge and skills.

Staff spoken with told us that they had access to regular supervision and team meetings. We looked at the minutes of team meetings. The minutes were very basic but provided evidence that the meetings had generally been coordinated every month.

Our judgement

The management and administration of induction and staff training is in need of ongoing development and review to ensure all staff complete the necessary training for their respective roles.

Outcome 16: Assessing and monitoring the quality of service provision

What the outcome says

This is what people who use services should expect.

People who use services:

* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

What we found

Our judgement

There are minor concerns with Outcome 16: Assessing and monitoring the quality of service provision

Our findings

What people who use the service experienced and told us

People told us that overall they were satisfied with the service provided and confirmed that their views on the service had been routinely sought.

Other evidence

The registered manager informed us that the registered provider (Par Nursing Homes Limited) had developed a policy for quality management and assesses and monitors the quality of service provision for the service using various systems and processes.

For example, we noted that the provider had distributed questionnaires to staff and the people using the service and / or their representatives during July 2011. The results had been analysed and made available for people to view in the form of an excel bar chart. There was no action plan in place to demonstrate what action the provider has taken in response to any issues raised.

We saw evidence that the area manager had visited Atherton Lodge every month and produced a report of her findings in relation to a number of key audit areas including: care plans; admission records; health care records; medication; activities; management and accidents; environment; complaints, staffing; staff training and infection control. The report also included an action plan for reference.

We noted that some parts of the environment were in need of refurbishment, maintenance and / or redecoration. This issue was also identified by representatives from the Cheshire Local Involvement Network when they last visited. The registered

manager reported that a maintenance and redecoration plan had been developed but this was not available at Atherton Lodge as it had been taken off site by a senior manager. We asked for a copy of the plan and confirmation that issues identified by the Fire Officer and the last Environmental Health Officer visit had been fully addresses but this information was not sent to us following our visit.

We also noted that two bedrooms had a malodour and some seat covers in the residents lounge were stained. We asked to see a copy of the cleaning schedule for the home. The copy we saw did not provide adequate evidence of the cleaning arrangements for the home and the manager agreed to review the schedule.

Periodic monitoring of the standard of care provided to residents funded via the local authority is also undertaken by Cheshire West and Chester's Contracts and Commissioning team.

Our judgement

Quality assurance processes are in need of ongoing development and review to demonstrate compliance across all outcome areas.

Outcome 21: Records

What the outcome says

This is what people who use services should expect.

People who use services can be confident that:

* Their personal records including medical records are accurate, fit for purpose, held securely and remain confidential.

* Other records required to be kept to protect their safety and well being are maintained and held securely where required.

What we found

Our judgement

There are minor concerns with Outcome 21: Records

Our findings

What people who use the service experienced and told us

No comments were received from the people using the service in regard to this outcome area.

Other evidence

As part of this review we asked for copies or examples of various records and documents. For example we looked at a sample of care files, staff training records, quality assurance records and other key documentation.

We noted that records were securely stored however some records / information requested was not available for inspection or forwarded to us following our site visit as requested. Some policies and records viewed during our visit were also in need of review / development.

The manager confirmed she was aware of the information required by the Care Quality Commission and demonstrated an awareness of retention schedules for records and the need to securely destroy records.

Our judgement

Some key records concerning the operation of the service are in need of review to ensure they are accessible and fit for purpose.

Action

we have asked the provider to take

Improvement actions

The table below shows where improvements should be made so that the service provider **maintains** compliance with the essential standards of quality and safety.

| Regulated activity | Regulation | Outcome |
|--|--|--|
| Accommodation for persons who require nursing or personal care | Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2010 | Outcome 01: Respecting and involving people who use services |
| | <p>Why we have concerns:</p> <p>The range and frequency of in-house and community based activities should continue to be expanded and developed in consultation with the people using the service so that people's needs are taken into consideration in the way the service is provided and delivered.</p> | |
| Treatment of disease, disorder or injury | Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2010 | Outcome 01: Respecting and involving people who use services |
| | <p>Why we have concerns:</p> <p>The range and frequency of in-house and community based activities should continue to be expanded and developed in consultation with the people using the service so that people's needs are taken into consideration in the way the service is provided and delivered.</p> | |
| Accommodation for persons who require nursing or personal care | Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2010 | Outcome 07: Safeguarding people who use services from abuse |
| | <p>Why we have concerns:</p> <p>Policies and procedures concerning the protection of people using the service from abuse are in need of review to ensure best practice.</p> | |
| Treatment of disease, disorder or injury | Regulation 11 HSCA | Outcome 07: Safeguarding |

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| | 2008 (Regulated Activities) Regulations 2010 | people who use services from abuse |
| | <p>Why we have concerns: Policies and procedures concerning the protection of people using the service from abuse are in need of review to ensure best practice.</p> | |
| Accommodation for persons who require nursing or personal care | Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010 | Outcome 13: Staffing |
| | <p>Why we have concerns: Dependency and staff deployment levels are in need of review to ensure that the people who use the service benefit from sufficient staff to meet their needs.</p> | |
| Treatment of disease, disorder or injury | Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010 | Outcome 13: Staffing |
| | <p>Why we have concerns: Dependency and staff deployment levels are in need of review to ensure that the people who use the service benefit from sufficient staff to meet their needs.</p> | |
| Accommodation for persons who require nursing or personal care | Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 | Outcome 16: Assessing and monitoring the quality of service provision |
| | <p>Why we have concerns: The management and administration of induction and staff training is in need of ongoing development and review to ensure all staff complete the necessary training for their respective roles.</p> | |
| Treatment of disease, disorder or injury | Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 | Outcome 16: Assessing and monitoring the quality of service provision |
| | <p>Why we have concerns: The management and administration of induction and staff training is in need of ongoing development and review to ensure all staff complete the necessary training for their respective roles.</p> | |

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| Accommodation for persons who require nursing or personal care | Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010 | Outcome 21: Records |
| <p>Why we have concerns: Some key records concerning the operation of the service are in need of review to ensure they are accessible and fit for purpose.</p> | | |
| Treatment of disease, disorder or injury | Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010 | Outcome 21: Records |
| <p>Why we have concerns: Some key records concerning the operation of the service are in need of review to ensure they are accessible and fit for purpose.</p> | | |

The provider must send CQC a report about how they are going to maintain compliance with these essential standards.

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

The provider's report should be sent to us within 14 days of the date that the final review of compliance report is sent to them.

CQC should be informed in writing when these improvement actions are complete.

Compliance actions

The table below shows the essential standards of quality and safety that **are not being met**. Action must be taken to achieve compliance.

| Regulated activity | Regulation | Outcome |
|--|---|---|
| Accommodation for persons who require nursing or personal care | Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 | Outcome 04: Care and welfare of people who use services |
| | How the regulation is not being met: Assessment and care planning processes are in need of review to ensure records are fully completed and provide a clear audit trail for all care provided. | |
| Treatment of disease, disorder or injury | Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 | Outcome 04: Care and welfare of people who use services |
| | How the regulation is not being met: Assessment and care planning processes are in need of review to ensure records are fully completed and provide a clear audit trail for all care provided. | |
| Accommodation for persons who require nursing or personal care | Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010 | Outcome 14: Supporting staff |
| | How the regulation is not being met: The management and administration of induction and staff training is in need of ongoing development and review to ensure all staff complete the necessary training for their respective roles. | |
| Treatment of disease, disorder or injury | Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010 | Outcome 14: Supporting staff |
| | How the regulation is not being met: | |

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|--|--|
| | The management and administration of induction and staff training is in need of ongoing development and review to ensure all staff complete the necessary training for their respective roles. |
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The provider must send CQC a report that says what action they are going to take to achieve compliance with these essential standards.

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

The provider's report should be sent to us within 14 days of the date that the final review of compliance report is sent to them.

Where a provider has already sent us a report about any of the above compliance actions, they do not need to include them in any new report sent to us after this review of compliance.

CQC should be informed in writing when these compliance actions are complete.

What is a review of compliance?

By law, providers of certain adult social care and health 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 Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

When making our judgements about whether services are meeting essential standards, we decide whether we need to take further regulatory action. This might include discussions with the provider about how they could improve. We only use this approach where issues can be resolved quickly, easily and where there is no immediate risk of serious harm to people.

Where we have concerns that providers are not meeting essential standards, or where we judge that they are not going to keep meeting them, we may also set improvement actions or compliance actions, or take enforcement action:

Improvement actions: These are actions a provider should take so that they **maintain** continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. Where a provider is not meeting the essential standards but people are not at immediate risk of serious harm, we ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

Enforcement action: These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

Information for the reader

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Care Quality Commission

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