

# Review of compliance

Quantum Care Limited Tye Green Lodge	
<b>Region:</b>	East
<b>Location address:</b>	Tye Green Village Yorke Harlow Essex CM18 6QR
<b>Type of service:</b>	Care home service without nursing
<b>Date of Publication:</b>	September 2011
<b>Overview of the service:</b>	Tye Green Lodge is registered to care for older people, who do not require nursing care. The home has 61 beds and is split into four separate units.

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

## Our current overall judgement

**Tye Green 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, looked at records of people who use services, talked to staff, reviewed information from stakeholders and talked to people who use services.

### What people told us

People with whom we spoke are happy living at the home. They told us that the staff team are good and look after them well. They said 'The staff are good with your dignity and they are respectful' and 'Staff often do little things for you over and above what is needed.' People living in the home were happy with the food and felt that they had choice and there was a flexible approach to the food available and to mealtimes.

People with whom we spoke were not aware of the complaints procedure but felt that if they had any concerns that they would be listened to and that they would be dealt with properly. They said that they saw the managers of the home a lot and they felt comfortable to raise anything.

### What we found about the standards we reviewed and how well Tye Green 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**

People have choice in their day to day lives and their dignity is respected by the staff team.

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

People in the home can generally expect to have their care needs met but a more thorough care management review process may improve outcomes further.

### **Outcome 05: Food and drink should meet people's individual dietary needs**

People living in the home have their dietary needs met.

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

People can expect to be protected, as far as possible, from abuse.

### **Outcome 09: People should be given the medicines they need when they need them, and in a safe way**

People can generally expect to have their medication managed correctly but shortfalls in the management of some medications could put people at risk.

### **Outcome 10: People should be cared for in safe and accessible surroundings that support their health and welfare**

People can expect to live in a safe and well maintained home.

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

The staffing levels in the home may not always meet the assessed needs of the people living in the home.

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

People can expect to be cared for by well trained and generally well supported staff.

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

People cannot always be assured that they will be asked for their views on the home in order to improve practice and services further.

### **Outcome 17: People should have their complaints listened to and acted on properly**

People living in the home can expect to be listened to if they have a query or complaint.

### **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. Any regulatory decision that CQC

takes 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

The provider is compliant with Outcome 01: Respecting and involving people who use services

### Our findings

#### What people who use the service experienced and told us

People with whom we spoke said that they had choice and dignity in their day to day lives and said 'You can please yourself when you get up and go to bed' and 'The staff are good with your dignity and they are respectful.'

#### Other evidence

We arrived at the home mid morning. People living in the home were either having breakfast, still asleep, on their way out of the home for the day or being assisted with personal care.

Care records showed that people had choice in their day to day lives and that their wishes regarding healthcare treatment had been taken into account. People had also been consulted about their preferences, for example, whether they preferred male or female carers. Daily records showed that staff are responsive to people's requests and they are flexible in how they provide care and support.

Staff with whom we spoke were very aware about people's rights and could give examples of people exercising their rights with regard to their own daily routines. People in the home do meet with staff and minutes are taken. However it is unclear whether queries of issues that they have raised are followed though.

### Our judgement

People have choice in their day to day lives and their dignity is respected by the staff team.

## 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

The provider is compliant with Outcome 04: Care and welfare of people who use services

#### Our findings

##### What people who use the service experienced and told us

People with whom we spoke knew about the key worker system in the home and said, 'I know who my key worker is and I get on with her well' and 'She makes sure my clothes are tidy and that they come back from the laundry.'

People told us that they were happy with the standard of care provided at the home and said 'Staff often do little things for you over and above what is needed.'

People living in the home were happy with the activities provided and comments included 'There is a good library here' and 'We went to the theatre the other night and it was very good, we have been before.'

##### Other evidence

People living in the home had care plans in place. These were quite person centred in that they detailed people's daily routines and choices in many areas of care and support. Some people did not have the plans in place that they required, for example, for pain management in relation to chronic health issues and specialist medication management. Overall the standard of care planning was variable, with some plans being sufficiently detailed and other lacking information and guidance for staff. For people living with dementia it was unclear, in some cases, how their level of dementia actually affected their day to day lives and what support would be required. Records showed that efforts had been made to appreciate the routines that people had in place before admission to the home to help them settle in following admission.

People living in the home had a range of risk assessments in place. These covered the risk of falls, manual handling and the prevention of pressure ulcers. The assessments

seen had not been reviewed on a regular basis and were not always linked to a care plan to fully identify the management of the risk.

Daily records showed that staff understood and respected the changes in behaviour of people in the home living with dementia and care plans identified matters that could affect or trigger behaviour patterns.

Whilst there is an overall monthly review of care management that is recorded, individual care plans and risk assessment are not always updated and it is not possible to be fully assured as to how up to date the overall care management is.

The management team are currently introducing a new care planning system and on seeing this, it should address the assessment of care needs and the reviewing of the care management in the home. It should also address having care plans in place for needs relating to pain management etc. It was possible to see a new completed care plan. This was more comprehensive and more person centred. The deputy manager said that they were working to get all the people living in the home onto the new system and that they were aware of the shortfalls in the current system and were addressing these.

On spending time around the home with the deputy manager, she was very aware and up to date with regard to the care of the people living in the home and what was affecting their day to day lives. People looked well cared for and groomed and their clothes were tidy and clean. People had been helped with personal grooming, such as shaving and from discussion, their rights and choices had been taken into account.

Records showed that people had access to their doctor promptly and that other healthcare professionals, such as chiropodists, visited. The team also links in with Macmillan nurses for support during end of life care.

The home was seen to have plenty of specialist equipment in use for the prevention of pressure ulcers, from beds to mattresses. No residents had pressure ulcers at the time of our visit.

People living in the home were seen to be spending time out at day centres and actively employed in worthwhile occupations. Records within peoples care plans showed that they had been taking part in flower arranging, crafts, theatre trips, exercise classes, quizzes, bingo, spending time out of the home, going to the pub, being in the garden, river boat trips, parties etc.

Two activities co-ordinators are employed and they cover seven days a week in the home between them. Staff also organise small trolley shops that go around the home to sell toiletries and sweets etc.

People living in the home had social care plans in place that were supported by good social backgrounds/family histories. In some cases the plans were basic and gave general comments such as 'to offer as many activities as possible' rather than being based on individual assessed needs. Staff are not using the information that they have available to plan social care in a needs led way. People living with dementia did not have detailed social care management plans in place to help staff support them at times when they are distressed. For example, especially those on respite care who may be missing relatives or their normal routine.

Overall the team at the home can evidence a good level of group activities but the evidence in relation to needs led, one to one activities is limited. People living in the

home also comment within meetings that they would like more individual activities or unit based activities rather than group/whole home activities.

**Our judgement**

People in the home can generally expect to have their care needs met but a more thorough care management review process may improve outcomes further.

## Outcome 05: Meeting nutritional needs

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Are supported to have adequate nutrition and hydration.

### What we found

#### Our judgement

The provider is compliant with Outcome 05: Meeting nutritional needs

#### Our findings

##### What people who use the service experienced and told us

People living in the home said that the food was good and that the staff were very accommodating with food. People told us that 'The food is not bad, its wholesome but its good and well cooked' and 'They will bring you snacks later if you want something.'

##### Other evidence

People living in the home were seen to be exercising choice at breakfast time and were having very different breakfasts. Breakfast was also served over an extended period of time. The team at the home, along with the people living in the have changed the main meal time to early evening as it was found that people often ate a good breakfast and then were reluctant with their main meal at lunchtime. This has proved successful in that people now tend to eat a better main meal in the evening and sleep more soundly. Individual food preferences are listed and contained in people's care plans. The tables were nicely laid with tablecloths, toast in toast racks, condiments and different drinks. Fresh fruit was seen to be available on two of the units. During breakfast and lunch, people were seen to be appropriately supported by care workers and no-one was seen to be left without assistance.

During the day, people were seen to have access to drinks, other than at mealtimes or drink rounds. People were heard to be offered a choice of tea or coffee. Fluid charts had been completed up to date and those who relied upon staff for fluids looked hydrated and comfortable. Some people were also having their food intake recorded but staff are not always recording the quantity eaten so reviewing intake over a period of time may be inaccurate.

Where required people living in the home had care plans in place that detailed their

nutritional needs and the level of support needed. Records showed that advice had been sort from dieticians and other healthcare professionals. People are weighed regularly as required and risk assessments have been completed, although evidence of review is inconsistent.

**Our judgement**

People living in the home have their dietary needs met.

## 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

The provider is compliant with Outcome 07: Safeguarding people who use services from abuse

#### Our findings

##### What people who use the service experienced and told us

People with whom we spoke said that they felt comfortable and safe and that the staff were compassionate.

##### Other evidence

The staff team have access to local and home guidance on the safe guarding of vulnerable adults. Staff with whom we spoke showed an understanding of such matters and confirmed that they had training in this subject. Records supported this information showing that the majority of staff had up to date training on this subject.

##### Our judgement

People can expect to be protected, as far as possible, from abuse.

## Outcome 09: Management of medicines

### What the outcome says

This is what people who use services should expect.

People who use services:

- \* Will have their medicines at the times they need them, and in a safe way.
- \* Wherever possible will have information about the medicine being prescribed made available to them or others acting on their behalf.

### What we found

#### Our judgement

There are moderate concerns with Outcome 09: Management of medicines

#### Our findings

##### What people who use the service experienced and told us

We did not speak to people living in the home about medication.

##### Other evidence

Staff observed during the medication rounds were aware of safety, in that they locked the medication trolley when away from it and they were seen to help people appropriately in an unrushed manner. Some staff dealing with medication were wearing tabards to show that they should not be disturbed to reduce the risk of errors, but they were not worn by all staff consistently.

During the day, controlled medications had been left out on the desk in the office following an emergency and not locked away. We subsequently found that the senior person in charge at the time had also failed to sign for the controlled medications that had been given earlier in the day.

Other than this the management of medications was sound and records were clear. Many of the people living in the home are using topical creams that are not reflected in the management of their care and we also noted that the use of laxatives was quite high when this may be addressed through diet.

From care records and management systems, people living in the home have their medication reviewed regularly. The management team audit the administration of medication and it is clear from the records that any shortfalls or queries are addressed promptly and followed through with staff. Medication is also audited by an external pharmacist who, when they last visited, made only minor recommendations.

**Our judgement**

People can generally expect to have their medication managed correctly but shortfalls in the management of some medications could put people at risk.

## Outcome 10: Safety and suitability of premises

### What the outcome says

This is what people should expect.

People who use services and people who work in or visit the premises:

\* Are in safe, accessible surroundings that promote their wellbeing.

### What we found

#### Our judgement

The provider is compliant with Outcome 10: Safety and suitability of premises

#### Our findings

##### What people who use the service experienced and told us

People with whom we spoke said that the home was kept clean and tidy and that they had no complaints.

##### Other evidence

The home was clean, tidy and well maintained. There was a homely atmosphere, with lots of pictures up and people living in the home had personalised their rooms.

Bedrooms are ensuite and large assisted bathrooms are available. Each unit has a kitchen, dining room and lounge area and there is a communal lounge downstairs where activities are often held. People living in the home have use of a large courtyard style garden and chickens are kept. At the moment part of the garden is fenced off due to some movement in the paving that requires attention. The deputy manager assured us that this matter was in hand and would be addressed in the near future.

Maintenance men were seen to be working around the home attending to jobs that needed doing.

The manager has completed a fire safety risk assessment for the home. It is primarily generic for all the providers' homes and not fully individual for Tye Green Lodge. Other fire safety checks and documentation was found to be in good order and fire drills are held regularly for staff.

##### Our judgement

People can expect to live in a safe and well maintained home.

## 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

People with whom we spoke said 'The staff are good, some are more accommodating than others, but that's life' and 'If you use the buzzer they come fairly quickly and are on the ball, if they are a little delayed, they always apologise.'

Overall people told us that the staff in the home were good.

##### Other evidence

When we spent time around the home saw that staff interacted well with the people living in the home and that they were friendly and helpful.

During the day we observed that when people used their call bells that staff answered promptly.

The home is split into four units and the manager reported that they try to run at twelve care staff during the day plus the management team and ancillary staff. At the current time the management team cannot evidence how they have assessed that their staffing levels meet the needs of the people living in the home. In the morning an extra care worker has been put on duty to cover a busy time but this is only for five days a week and not at the weekends. It is unclear whether this is based upon the needs of the people living in the home. Minutes of meetings held with the people living in the home note that they are happy when there are three care workers on a unit.

At the time of our visit the home had some staff off sick and other on leave and occasionally they were using agency staff when they were unable to cover with their own bank staff.

**Our judgement**

The staffing levels in the home may not always meet the assessed needs of the people living in the home.

## 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

The provider is compliant with Outcome 14: Supporting staff

#### Our findings

##### What people who use the service experienced and told us

We did not speak to people living in the home about supporting staff.

##### Other evidence

Staff with whom we spoke said that the management support was generally very good and they felt that a good staff team worked at the home. They said that staff meetings are held and that these are open forums where staff are able to voice any concerns and make suggestions. They said that the staff training was of a good quality and that they were kept up to date and that managers undertook supervision with them once a month.

Staff training records showed that staff were generally up to date with all their training and had been attending training on the care of people living with dementia. Not many staff have had training in infection control and mental capacity/deprivation of liberties. Supervision records showed that overall staff were receiving regular supervision approximately every three months.

##### Our judgement

People can expect to be cared for by well trained and generally well supported staff.

## 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 with whom we spoke said 'I have not been asked for my feedback on the home.'

##### Other evidence

Meetings are held with people living in the home and minutes are taken. People are comfortable to make comment on services and facilities in the home. The minutes do not show what action has been taken in relation to issues raised, so it is unclear whether matters have been followed up by staff. We asked for evidence that people living in the home are asked for feedback and this was not provided. Evidence of relative's feedback was provided in a basic form but this was not dated and gave limited information. No action plan was provided in relation negative comments or queries noted. It is unclear what systems the manager has in place to obtain formal feedback and how often this is completed.

The management team have audit systems in place that cover care planning, medication and safety etc. The care planning audits, although unsigned in some cases, identified shortfalls in the system and had an objective approach. Housekeeping staff undertake monthly safety inspections and premises audits are also completed.

Accident records are well maintained and audited for any patterns and concerned and these are followed up in relation to individual care management. Every week the management team at the home submit figures on falls, pressure ulcers etc to the provider for review and possible action.

##### Our judgement

People cannot always be assured that they will be asked for their views on the home in

order to improve practice and services further.

## Outcome 17: Complaints

### What the outcome says

This is what people should expect.

People who use services or others acting on their behalf:

- \* Are sure that their comments and complaints are listened to and acted on effectively.
- \* Know that they will not be discriminated against for making a complaint.

### What we found

#### Our judgement

The provider is compliant with Outcome 17: Complaints

#### Our findings

##### What people who use the service experienced and told us

People with whom we spoke were not aware of the complaints procedure but felt that if they had any concerns that they would be listened to and that they would be dealt with properly. They said that they saw the managers of the home a lot and they felt comfortable to raise anything.

The provider does have an information leaflet encouraging people to contact the organisation and give their views.

##### Other evidence

The manager has a complaints procedure in place but it was not clearly displayed around the home. The procedure was not up to date and it was not user friendly. The home has had a small number of complaints and these were seen to be dealt with thoroughly and promptly and records were available.

The team at the home had also received some recent compliments that included 'My relative was comfortable and happy', 'How impressed we were with the care at the home' and 'Staff treated my relative with dignity and respect'. People who commented were very positive about both the care staff and the management team at the home.

##### Our judgement

People living in the home can expect to be listened to if they have a query or complaint.

## 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 9 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 04: Care and welfare of people who use services
	<b>Why we have concerns:</b> People do not always have the care plans that they need in place to guide staff and the reviews of care management are unclear. More focus is needed on individual social care based upon assessed needs.	
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 17: Complaints
	<b>Why we have concerns:</b> The complaints procedure is not easily available and it is not user friendly.	

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 within 14 days of this report being received.

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 13 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 09: Management of medicines
	<b>How the regulation is not being met:</b> Controlled medication was not stored appropriately and staff responsible had not signed for controlled medication that had been given.	
Accommodation for persons who require nursing or personal care	Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 13: Staffing
	<b>How the regulation is not being met:</b> Staffing levels are not based upon the assessed needs of the people living in the home.	
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
	<b>How the regulation is not being met:</b> There are not robust systems in place for people living in the home to provide feedback and when feedback is given it is unclear whether items have been addressed.	

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 this report being received.

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

<b>Document purpose</b>	Review of compliance report
<b>Author</b>	Care Quality Commission
<b>Audience</b>	The general public
<b>Further copies from</b>	03000 616161 / <a href="http://www.cqc.org.uk">www.cqc.org.uk</a>
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