## Inshore Support Limited
### Inshore Support Limited - 88 Broad Street

<table>
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<tr>
<th>Region:</th>
<th>West Midlands</th>
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<tr>
<td><strong>Location address:</strong></td>
<td>Foleshill, Coventry, West Midlands, CV6 5AZ</td>
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<tr>
<td><strong>Type of service:</strong></td>
<td>Care home service without nursing</td>
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<tr>
<td><strong>Date of Publication:</strong></td>
<td>November 2011</td>
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<td><strong>Overview of the service:</strong></td>
<td>88 Broad Street is located in Foleshill, Coventry, close to a range of amenities such as shops, places of worship and bus routes. Accommodation and support is provided for up to four adults with learning disabilities. Bedrooms are all single and located on the first floor. Two have en-suite facilities and two have wash hand basins. There is a shared bathroom and toilet on the first floor and ground floor. Shared space</td>
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<td>consists of two large lounges, dining room kitchen and a small garden.</td>
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Our current overall judgement

Inshore Support Limited - 88 Broad Street was meeting all the essential standards of quality and safety.

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, carried out a visit on 11 October 2011, observed how people were being cared for, 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

There were two people at the home at the time of our visit. One person was unable to express their views to us but used hand gestures to signal that they were happy. The other person had recently moved in and said that she had settled well and talked about what she was going to do that day.

The atmosphere was relaxed and friendly and people appeared to be at ease in their surroundings. The home was comfortable and well maintained and staff on duty appeared confident and competent in their role. We spoke to staff and it was evident that they had knowledge of people's needs and tried hard to ensure that these are met.

Sufficient staff were on duty to ensure that people's social needs can be met, people are able to participate in activities of their choosing. When one person returned from college they decided to do some painting which they were seen to enjoy.

What we found about the standards we reviewed and how well Inshore Support Limited - 88 Broad Street 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 using this service have their dignity and rights respected. Support is provided according to needs and abilities to help people make choices about their life at the home.
Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights

People using the service receive care in line with their assessed needs and preferences. Support is provided to help them stay healthy and well.

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

People benefit from effective procedures to safeguard them from possible harm. Staff receive training to enable them to recognise signs of abuse and carry out agreed procedures to prevent abuse and keep people safe.

Outcome 12: People should be cared for by staff who are properly qualified and able to do their job

Sufficient numbers of trained, competent staff are on duty each day to meet the needs of those under their care.

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

Systems are in place to monitor the quality of the service provided.

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
There are currently three people living at this home. Two people were at college at the start of our visit; one person returned home in the afternoon and the other was not due back until early evening. The third person was at the home all day. We were told that all three people go to college on some days of the week. When people are not at college, they can stay at the home or choose other activities to take part in.

We met both of the people who were at the home during our visit. One person was able to communicate verbally and the other communicated via makaton, hand gestures or by showing staff what they wanted. Both people appeared to be at ease in their surroundings and had a good relationship with staff.

We saw that people are encouraged to be involved in the shopping for the home. One person went to the local shops with staff during the morning. They told us that they were going to do the weekly shop for the home later that day but they hadn't decided which supermarket to go to as they were allowed to choose.

We spoke to the deputy manager about how people are able to make choices about the day-to-day activities at the home. We saw three sets of 'service user meeting' notes. These recorded details of conversations regarding activities, college and meal choices.
for the following week. Service user meetings take place each Sunday and are used to enable people to plan and agree their menus for the following week, to plan activities and to raise any issues or concerns that they may have.

Activity menus record what activities have actually taken place each week. These records can be used to cross-reference information from service user weekly meetings to ensure that activities planned actually take place.

We were told that the person who is unable to communicate verbally is helped to make choices at meetings by staff using makaton to offer choices, or by staff telling them and then they make their wishes known by hand gestures such as thumbs up or thumbs down. We asked to see any pictorial references that the home had to help this person make decisions and were told that there are none available.

We were told that people are also able to air their views at house meetings, which take place every two months, and at multi disciplinary reviews, which take place annually.

During our visit we saw that staff treated people with respect, gave them choices and encouraged them to maintain their independence with support if needed. It appeared that daily routines in the home centred around people's preferences and educational or recreational activities.

**Other evidence**

We saw that the service user's guide has been produced in pictorial format to help people with limited reading skills understand information about the home and what services they provide. Other policies and procedures such as complaints procedure were also available in this format.

Care files seen recorded information about people's likes and dislikes regarding personal appearance, food and drink amongst other things. They give staff information about people's preferences and any support needed, for example with dressing.

The deputy manager told us that all care needs recorded in care plans are discussed with people and everything that needs to happen to provide care is explained. Those people living at the home are apparently encouraged to express their preferences and say how they want things to happen. There was evidence of this in the care files seen.

We discussed how the home meets religious needs and how people are given a choice to attend religious services. The deputy manager said that people would be supported to attend religious services if this is their wish. Currently one person attends church social events but no one else has expressed any interest.

We saw a copy of the home's training matrix which was available on the computer. This shows that some staff have undertaken equality and diversity training. One person is booked to undertake this training in November and a newly employed staff member needs to undertake this training. We were told that equality and diversity is covered during induction training and then further training is provided every three years.

**Our judgement**

People using this service have their dignity and rights respected. Support is provided according to needs and abilities to help people make choices about their life at the
home.
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

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<td>The provider is compliant with Outcome 04: Care and welfare of people who use services</td>
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<th>Our findings</th>
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<td><strong>What people who use the service experienced and told us</strong></td>
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<td>We met with two of the people who live at 88 Broad Street and noted that they were dressed appropriately for the time of year and had been supported to look well groomed. We saw that staff had a good relationship with those under their care; laughing and joking and people appeared to be at ease.</td>
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One person who lives at the home, showed us around and said that they liked their bedroom and the colours of the walls and bed linen. They showed us the staff sleep in room, bathroom and lounges. We were told that they were pleased that there are two lounge areas so that you can sit with people or by yourself if you prefer. They told us about the local shops that they visit and the larger supermarkets, which they usually go to in the car. |

We saw that people were encouraged to be involved in daily household chores, and to make drinks with support from staff if needed. We were told that you have to "keep your room clean and put washing into the washing machine". Staff said that they also teach people to do additional tasks for example putting laundry on the washing line or helping to prepare meals. |

We discussed the procedure for moving into 88 Broad Street with the deputy manager and were told that people can visit before they come to stay at the home. People are offered the opportunity to stay for a meal and then longer visits including an overnight stay if this is what the person wants. The process of moving in to the home can take months, dependent upon the person's wishes. Family members are fully involved in the
assessment process and visits to the home as necessary. We looked at the care file for the person who had most recently moved in. We saw that care plans were developed based on information given to the home before the person moved in, this included care plans from the person's last place of residence, and a comprehensive assessment provided by the learning disabilities team.

Other evidence
At our visit we pathway tracked the care needs and support of two people. Pathway tracking enables us to look in detail at records to ascertain the person's experiences of the care provided. Both of these people were at the home during our visit. One person was unable to communicate verbally and therefore was unable to answer any specific questions about how their care needs are met. The other person answered some questions about daily life at the home.

We looked at these people’s care files and saw that they were based on an assessment of individual abilities and support needs. We saw that care plans were available for various areas such as personal hygiene, diet, communication skills and medication amongst other things. Each care plan had information about the identified needs, short-term goals, long-term goal and care instruction. Information detailed the individual's support requirements, the action that staff should take to assist and how the staff should go about providing the support according to the person's wishes. Records showed that plans had been kept under review, and reflected people's changing needs. Detailed risk assessments were also in place. Care plans and risk assessments gave staff sufficient information to be able to care for the individual. Staff spoken to were aware of individual's needs and how to meet them.

Daily living assessments had been undertaken and recorded people's support needs, equipment needed and any risks involved. Other information such as daily communication, food records, an activity menu, records of physical intervention and family contact sheets were also available and show how the home are meeting people’s social and care needs.

Documentation available showed that other professionals are actively involved in people's care on a regular basis. There were records of appointments with the GP, dietician, chiropodist, community nurse, dentist and others. We could see that the service makes referrals and seeks professional advice appropriately.

We also saw records of formal reviews of care by the local authority responsible for commissioning this service. Records show that various people attended, including family members and other external professionals. These meetings help to ensure that people get the support needed to improve their health and wellbeing.

Our judgement
People using the service receive care in line with their assessed needs and preferences. Support is provided to help them stay healthy and well.
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
The two people we met during our visit appeared to be at ease at the home. One person asked to speak to us alone and staff respected this wish. The person raised a minor concern, which was discussed with the deputy manager on the day of our visit.

Staff spoken with told us that if anyone living at the home has any worries or concerns they always tell the staff on duty, they said that people are encouraged to speak out. They felt that the service are good at sorting out problems and issues.

We talked to the deputy manager about safeguarding the people that live at the home and were shown a copy of the home's safeguarding policy on the computer. We were told that a paper copy is also available in the staff sleep over room but staff have full access to the home's computer at all times. We saw that contact details for the Coventry safeguarding team were available on the computer as well as a copy of the safeguarding adults multidisciplinary policy. This helps to ensure that staff are aware of the procedure to follow if they suspect or witness abuse.

From discussions with the deputy manager and a member of staff on duty, it was evident that staff were aware of the procedure to follow to report abuse. A member of staff told us that there is an address book that has all of the contact details recorded for the local safeguarding team. We were told that there has been one safeguarding issue recently which is currently being dealt with.

Other evidence
The home has produced an "easy guide to complaints" which is available in picture format. This records phone numbers for external bodies involved in safeguarding vulnerable adults, such as the police and local authority safeguarding team.

We noted that body maps were available on care files to document any injuries such as bruising, cuts or scratches. Staff complete behaviour records when required and there are systems in place to monitor incidents, including behavioural problems. Behaviour records are analysed and information is documented on a yearly record. This is used to evidence further action to take to address behavioural issues and to identify if further support is required to help people stay safe.

We looked at recruitment records for four members of staff. We saw that two employment references are sought and that staff have a criminal records bureau check undertaken on them before they can start working at the home.

We looked at the staff-training matrix which is available on the home's computer. Seven staff are employed at 88 Broad Street. Four staff have undertaken protection of vulnerable adults training and five staff have undertaken challenging behaviour training. We were told that newly employed staff are booked on to this training. This helps to ensure that they are aware of the procedures to follow to safeguarding people living at the home.

**Our judgement**
People benefit from effective procedures to safeguard them from possible harm. Staff receive training to enable them to recognise signs of abuse and carry out agreed procedures to prevent abuse and keep people safe.
Outcome 12:
Requirements relating to workers

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 staff who are fit, appropriately qualified and are physically and mentally able to do their job.

What we found

Our judgement
The provider is compliant with Outcome 12: Requirements relating to workers

Our findings

What people who use the service experienced and told us
One person spoken with said that there had been a delay in helping them out because staff were on the phone talking to someone from another Inshore Support home. We asked if staff were kind and friendly and they replied "yes."

On the day of inspection the area manager, who is responsible for the two Inshore Support homes in the Coventry area, was not available. A manager from another Inshore Support home was in attendance to provide training to staff regarding report writing. The deputy manager was on duty along with care staff. There appeared to be sufficient staff to meet the needs of those living at the home.

We spoke to staff and asked about staff training, supervision and staffing levels and were told, "We work well together, we all step in to help each other, it is important to have a good working relationship with each other." "I was really impressed that the acting team leader had an open discussion with staff about what she could improve."

This staff member confirmed that they had undertaken company induction training, where they were told about policies and procedures and about the people who live at the home. We were told "I felt very comfortable because I felt that I had all of the information I needed, I knew about everybody. I had to shadow one person but when the manager was on duty I shadowed her and staff kept checking that everything was OK." "I am doing MAPA (management of potential or actual aggression) training next week and training has been booked regarding medication. I feel that there is a good relationship between the manager and staff and everyone is kept updated."
We were told that there is always a manager or senior staff member on call.

The deputy manager said that staff meetings take place. We saw the minutes of the staff meeting held in January 2011 information was recorded regarding care plan records, cleaning, key workers laundry, monies, staff manners, service users and general information. We were told that other staff meetings have taken place but the minutes of these meetings were not available at this visit. We wrote to the home following our visit and asked for copies of recent staff meetings. We were told that a meeting had taken place in January, March, July and September 2011. A copy of the minutes of the meeting held in July were forwarded with the letter.

In a recent satisfaction survey sent out to staff at Inshore Support 80% felt that a sufficient amount of staff meetings were held.

Staff appeared to have a good relationship with people that live at the service.

**Other evidence**

Two new members of staff have recently been recruited and the home are actively recruiting two more. The shortage of staff has resulted in the home using agency staff. We were told that they try to use the same agency staff each time but this is not always possible.

The deputy manager told us that they always evidence the qualifications of agency staff and ensure that they have a criminal records bureau (CRB) check undertaken. We were not shown any documentary evidence to demonstrate this. We were told that agency staff do not work alone on a one to one basis with those living at 88 Broad Street and that agency staff must read care plans and risk assessments before they work a shift at the home.

A permanent member of staff employed at 88 Broad Street said that, "there are a few agency staff at the home, three who come regularly into the home. Staff brief them before they start work. There are enough staff to be able to do the job."

Following this visit the home have written to us to confirm; "Within 88 Broad St we have an Agency Staff file that includes all individual staff profiles; these profiles include staff CRB numbers, experience, qualifications, eligibility to work, confirmation of identity, references and training received. Within this folder is also a staff checklist which will be completed to induct the staff member into the home environment. At this time the company has stopped the use of agency staff by transferring in experienced staff from other areas of the company."

We looked at staff training and supervision records. There was no documentary evidence available to demonstrate that supervision of staff had taken place during 2011. We were shown a computerised record which demonstrated that some staff have received supervision. We saw that, for example, four staff members had only received two supervision sessions during 2011 and one staff member had received six. The deputy manager told us that they were aware that supervision of staff working practices was behind schedule and she had three supervisions planned that week.

Annual appraisal of staff performance also takes place. Records seen show that two staff require an annual appraisal (one of which is booked for December) and all other
staff have been appraised.

Training records seen demonstrated that staff receive regular training. We noted that some staff require update training regarding food hygiene, health and safety, first aid, and moving and handling. The deputy manager was aware of training needed and the training matrix shows which training has been booked for the future. We discussed national vocational qualifications and were told that three staff have completed a course at level two, one staff at level three and one person is enrolled on a level three training course. Undertaking training helps to ensure that staff have the skills and knowledge to be able to care for the people living at Broad Street.

During our visit we were told that one person communicates with staff via Makaton. The manager and deputy manager have completed a Makaton training course and an acting senior carer is currently learning this skill.

**Our judgement**
Sufficient numbers of trained, competent staff are on duty each day to meet the needs of those under their care.
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
The provider is compliant with Outcome 16: Assessing and monitoring the quality of service provision

Our findings

What people who use the service experienced and told us
Three people currently live at Broad Street. Two of these people were in attendance for part of the inspection. We saw that the premises were clean and hygienic and had a homely feel and people appeared to be at ease in their surroundings. One person told us that they had chosen to have their nails painted in different colours because they really liked it and they might choose different colours next time. They said, "you can do what you like really."

Sufficient staff were on duty to meet the needs of those living at the home. Staff appeared to have a good relationship with everyone; the atmosphere was relaxed and friendly. During the afternoon one person was painting and the other person said that they might do some painting later.

We discussed the ways in which people are able to have a say about life at Broad Street. Weekly meetings are held for people to talk about what they want to do the following week, to plan menus and for them to raise any issues or concerns. Records were available to demonstrate that these meetings take place. Relatives and external professionals are invited to annual review meetings. At these meetings, discussions take place regarding the care received and people are able to comment about the quality of service at Broad Street.

It is company policy that everybody has one week holiday per year paid for by Inshore Support. People choose where they want to go. One person goes into the travel agent, picks up brochures, and chooses where he wants to go on holiday. Staff support
the other people to make choices. Inshore Support pay a set amount and holidays that cost more must be subsidised by the individual. We were told that one person enjoys a holiday abroad each year and has already planned their holiday for 2012.

Other evidence
We discussed quality assurance systems and were told that there is a quality assurance manager employed at Inshore Support. We saw copies of reports produced following visits to Broad Street in August and September 2011. The visits are unannounced and the home are not aware when the quality manager will visit. This quality assurance process is very thorough. Issues identified during the visit were highlighted in red on the report and the manager of the home has documented whether action has been taken to address issues raised.

We looked at a sample of records relating to safety checks of equipment at the home. We saw that some records were slightly out of date. The weekly smoke alarm, emergency lighting and carbon monoxide test had not been completed since the 29 September 2011 and was therefore a few days overdue.

We discussed the audits that take place and were shown copies of audits relating to a health and safety self audit checklist, accident records and a weekly medicine stock check.

Records also show that a fridge check, fridge and freezer temperature records and food probe temperature records are kept but these are not recorded on a daily basis as required by the home.

We asked to see records to demonstrate that fire drills had taken place but none could be found. We were told that due to the change over of staff at the home recently there were no records available but a fire drill had been done.

We wrote to the home asking for additional information regarding fire drills and were told "Fire Drills had taken place on the 30th January, 1st April, and 9th August. Records for the fire drill on the 9th of August cannot be found although staff confirm it did happen. Since the last inspection two additional fire drills had taken place on the 12th October and the 16th October 2011 which included giving guidance and support to the new service user who had recently moved into the premises."

The results of satisfaction surveys were not available to view at this visit. We were told that a survey had been sent out in July to one person who lives at the home but this has not been returned. One person apparently refuses to complete surveys and the third person had only recently moved in to the home and had not been sent a survey. We were told that the company send out satisfaction surveys but the results of these had not been made available to the home as yet. Following the visit we were sent the results of the satisfaction survey sent out by the company in July. Satisfaction surveys were sent to staff, people living at Inshore Support homes and their relatives. Survey results had not been broken down into individual services, there was therefore no information specific to 88 Broad Street. The company has analysed the results of the surveys, recorded all comments, developed an action plan and identified issues from the previous survey that have been addressed. From the information seen it is difficult to identify which service comments made relate to and whether any of the results relate to 88 Broad Street. This information would be useful to demonstrate that the views of
people at this service, their relatives and other stakeholders are sought.

Overall systems are in place to monitor the quality of service provided.

**Our judgement**
Systems are in place to monitor the quality of the service provided.
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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<td>Author</td>
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## Care Quality Commission

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| Postal address   | Care Quality Commission  
|                  | Citygate  
|                  | Gallowgate  
|                  | Newcastle upon Tyne  
|                  | NE1 4PA        |