Review of compliance

Four Seasons (Bamford) Limited
Keresley Wood Care Centre

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<tr>
<th>Region:</th>
<th>West Midlands</th>
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<tr>
<td>Location address:</td>
<td>Tamworth Road</td>
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<td>Kerseley</td>
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<td>CV7 8JG</td>
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<td>Type of service:</td>
<td>Care home service with nursing</td>
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<tr>
<td>Date of Publication:</td>
<td>September 2012</td>
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<td>Overview of the service:</td>
<td>Four Seasons (Bamford) Limited is registered to provide accommodation for persons who require nursing or personal care for a maximum of 47 people at Keresley Wood Care Centre.</td>
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Our current overall judgement
Keresley Wood Care Centre was meeting all the essential standards of quality and safety inspected.

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 1 August 2012, observed how people were being cared for, looked at records of people who use services, talked to staff and talked to people who use services.

What people told us

People told us what it was like to live at this home and described how they were treated by staff and their involvement in making choices about their care. They also told us about the quality and choice of food and drink available. This was because this inspection was part of a themed inspection programme to assess whether older people living in care homes are treated with dignity and respect and whether their nutritional needs are met.

The inspection team was led by a CQC inspector joined by a second inspector and an Expert by Experience; people who have experience of using services and who can provide that perspective.

To help us understand people’s experiences we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experiences of people who could not talk with us.

We spoke with eight people who lived in the home about their experience of living at Keresley Wood. We spent time talking with staff and the assistant manager of the home. We also spoke with two relatives who were visiting while we were there. To help us understand the experiences of people who could not talk with us we spent some time observing how people were cared for and supported.

People we spoke with said that staff treated them well and that their privacy and dignity was respected. One person said, "They are always helpful. In a place where everyone is so different, they are very patient."

People told us that they can make choices in relation to daily living and mealtimes. One
person told us, "I get up when I am ready and have breakfast when and where I want to."

People we spoke with told us that they enjoyed the food and choices were available to them. One person told us, "It's nicely served, you have a choice. At tea time you can have soup, jacket potatoes, fish on toast and a choice of sweet such as jelly."

People told us they had no concerns about the care and support they received. People we spoke with said that the home was a nice place to live. One person said, "It is a happy place".

People who lived in the home told us that staff were available if they needed anything. One person told us, "Staff are usually busy but they always make time for you". One relative told us "I am satisfied with the care Mum receives, the staff are all kind and she is looked after here. I do think there could be more staff at times".

**What we found about the standards we reviewed and how well Keresley Wood Care Centre 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 provider was meeting this standard. People's privacy, dignity and independence were respected. People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

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

The provider was meeting this standard. People were protected from the risks of inadequate nutrition and dehydration.

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

The provider was meeting this standard. People who lived in the home were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

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

The provider was meeting this standard. There was enough qualified, skilled and experienced staff to meet people's needs.

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

The provider was meeting this standard. People were protected from the risks of unsafe or inappropriate care and treatment because records kept in the home were accurate and securely stored.
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.

Where we judge that a provider is non-compliant with a standard, we make a judgement about whether the impact on people who use the service (or others) is minor, moderate or major:

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

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

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

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary changes are made.

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
We spoke with eight people who lived in the home about their experience of living at Keresley Wood. We also spoke with two relatives who were visiting while we were there.

People we spoke with said that staff treated them well and that their privacy and dignity was respected. One person told us, "They are always helpful. In a place where everyone is so different, they are very patient."

People told us that they can make choices in relation to daily living and mealtimes. One person told us "I get up when I am ready and have breakfast when and where I want to."

Other evidence
Is people’s privacy and dignity respected?

We spent time observing staff and talking to people living at the home. We saw that people were relaxed with staff. Staff referred to people by the name they preferred and talked to everyone in a friendly and respectful way. We saw that people’s privacy and dignity was being respected. For example, we observed care workers knocking on
bedroom doors before entering and personal care routines were carried out discreetly and in private.

We saw that the home was clean and the communal areas had recently been redecorated. The lounge areas were comfortably furnished with a range of different seating options. We saw that people had individual rooms which were personalised with pictures, photographs and pieces of furniture.

During our observations we identified that staff understood people's likes and dislikes. This included where people liked to spend their day, who they liked to sit by and what they liked to wear. Throughout our visit staff were seen to be polite and helpful to people living at the home.

We saw that staff did not rush when undertaking tasks and took time to explain to people what they were doing. For example, a member of staff immediately stopped what they were doing to attend to a person who had asked to use the toilet. This person needed support in moving from the armchair to a wheelchair. The staff member gave clear instructions as to what the person needed to do to help them carry out this procedure safely. We watched as staff used a hoist to move another person who was unable to stand. This procedure was carried out safely and in a way that maintained the person's dignity by making sure they remained covered.

Are people involved in making decisions about their care?

We saw that staff understood people's communication skills and took time to listen and understand what people were saying. People appeared to be happy and relaxed when speaking with staff.

We observed people having their lunchtime meal. We saw that people could choose where to eat their meal. Some people chose to sit at the table or to stay in their armchairs for their dinner. Other people chose to eat in their rooms. We found that people were given support in a way that maintained their dignity, for example people were offered aprons or towels to protect their clothing during the meal.

We saw that staff knew about people's preferences so were able to offer support in a way people liked. For example one person sitting in the lounge area was served first. We were told that this person didn't like to wait and became agitated if other people had their meals before they did. We observed that some people required their food cut up and needed encouragement to continue eating. We saw that staff offered regular assistance to help people with their meal and respected people's wishes if they wanted to do this themselves.

We looked at the care records of three people who lived in the home. We found that personal information had been gathered from people when they moved into the home. This included people's life histories and personal preferences. Staff told us that this information helped them understand about peoples past lives and the things they enjoyed doing. Staff we spoke with told us that this information was added to as they got to know people.

We found that people could make choices about their daily routines. We saw one person walking around the lounge in her dressing gown. She told us she did not want to
get dressed first thing in the morning. Another person told us they liked to get up early before 6am. She told us that the night staff always took her a cup of tea as soon as she was up.

We looked at the care records for one person who was unable to verbalise their wishes. To help this person make decisions and choices the home used a 'yes', 'no' board for him to point to. The person was able to use the thumbs up or down sign to indicate yes and no. There was clear information in the care plan about this person's wishes in relation to their continuing care.

The assistant manager told us that the activity organiser had recently left the home and that staff were currently providing activities where possible. We saw people sitting in the lounge and watching the television. People told us that there were activities for them to participate in if they wished. Two people told us that they would like to go out more often.

Our judgement
The provider was meeting this standard. People's privacy, dignity and independence were respected. People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.
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
We spoke with eight people who lived in the home and two relatives who were visiting about the meals provided. We also spoke with the manager and care staff to help us understand how people's meal choices and nutritional needs were met.

People we spoke with told us that they enjoyed the food and that choices were available to them. People we spoke with told us, 'The food is very good, it's always fresh everyday'.

'It's nicely served...you have a choice...at tea time you can have soup, jacket potatoes, fish on toast and a choice of sweet such as jelly'

When asked whether they get enough food for their needs they told us, 'There's plenty more than enough and nicely cooked' and 'The trouble is they give you too much!'

Relatives we spoke with said that they regularly visited during meal times. They told us that the meals always looked appetising and well presented.

The cook told us that she used the organisations menu plans which gave a nutritional range of foods. The cook said she adapted the menu when necessary. The cook told us how she enhanced people's food with things like butter, cream and 'full fat' milk, to help increase the protein content. She showed us written information provided by the organisation to support her with fortifying food and cooking for diabetics.

The cook told us about the people who lived at the home. She clearly knew people's
likes and dislikes for food as well as their preferred eating patterns. For example she told us one person did not usually eat all their meal when it was first served, but if it was taken away and given back a couple of minutes later they would usually eat the rest. We observed this happen over lunchtime. The cook also told us that if someone could not tell her their preferences, she spoke to family members to find out their likes and dislikes. She said this was to make sure that people are only given things they liked to eat or drink.

**Other evidence**

Are people given a choice of suitable food and drink to meet nutritional needs?

When we arrived we observed people eating a range of breakfast options from cereals and toast, porridge and prunes and different cooked breakfast options.

We saw that there was a four week menu plan in place. We were told that the main meal of the day was served at lunch time. A second lighter meal was served at tea time. Snacks and a variety of drinks were offered mid morning, in the afternoon and at supper time. We saw staff offering people cold and hot drinks several times during the day.

On the day of our visit there was a choice of two main dishes, beef casserole or baked salmon with a selection of vegetables, and two desserts. The food being served looked well presented and appetising. A cold drink was offered to people eating their meal. Following the meal everyone was offered a hot drink.

When serving food and drink we saw that staff did offer choices. People said that they chose their lunchtime meal the day before, but they could change their mind if they wanted. At lunchtime we saw that people were given the option of changing their meal choice. We also saw that people were offered a choice of vegetables.

Are people's religious or cultural backgrounds respected?

We were told that no one who currently lived in the home needed a diet to specifically meet their religious or cultural needs. However the cook told us she had catered for this in the past. She said there had been a person from Sri Lanka who could not eat beef.

Are people supported to eat and drink sufficient amounts to meet their needs?

During the lunch time meal we used our Short Observational Framework for Inspection (SOFI) tool to help us see what people’s experiences of living in the home were. We observed two people in the large lounge/dining room having their meal. We found that the two people had mainly positive experiences. We saw that staff offered them support and encouragement to eat their meals. One person was able to eat independently once their meal had been cut up, the other person needed to be fed their meal. We saw that both people ate all their main meal and pudding. They were offered a cold drink with their meal and a hot drink after. One of the people drank out of an adapted beaker with a spout.

We observed a member of staff giving a cooked, pureed dinner to a person who was unable to leave her bed. This person was unable to communicate with speech. The member of staff knew the visual cues that told them when the person was ready to take
another mouthful of food, and knew the cue for when she had had enough. The member of staff fed her patiently, and spoke to her during the process even though she couldn't respond verbally. The member of staff also made sure she received her thickened fluids as well as her dinner.

**Our judgement**
The provider was meeting this standard. People were protected from the risks of inadequate nutrition and dehydration.
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 we spoke with said they had no concerns about the care and support they received. People said that Keresely Wood was a nice place to live. One person told us "It is a happy place" another said, "I am looked after well. I have no concerns."

People told us that if they were concerned about anything they would discuss this with a member of staff or the manager. One person said, "I would talk to the manager". A relative told us "I am satisfied with the care Mum receives. The staff are all kind and she is looked after here. I do think there could be more staff at times".

Other evidence
Are steps taken to prevent abuse?

Staff we spoke with understood the different types of abuse and how to recognise signs of abuse. Staff were able to identify the importance of managing risks and of maintaining a high standard of personal care for people. Staff we spoke with knew about the whistle blowing procedure. They said they would have no hesitation raising concerns with the manager or senior staff.

Staff we spoke with said that they had a CRB check completed before starting work in the home. They also told us that they received safeguarding training. We saw training records which confirmed that staff working at the home had received training in safeguarding vulnerable people from abuse.
Plans we looked at showed there was a procedure in place for assessing and managing risks associated with people's care, for example people's mobility, nutrition, skin viability and medication. There was evidence in people's care files to show that the home involved relevant professionals, including dietitians and speech and language therapists, if there were concerns about the nutritional needs of people.

Staff we spoke with were aware of the Mental Capacity Act 2008 (MCA) and Deprivation of Liberty Safeguards (DoLs) and could access information about this. From discussions with staff, it was clear that maintaining people's best interests was seen as a priority. Staff valued people's independence and tried to support people to make decisions when they still had capacity. For example, one person living in the home had refused to have a percutaneous endoscopic gastrostomy (PEG) tube fitted. This is a tube fitted directly into the stomach which is used if people have difficulty swallowing or eating. This person's mental capacity had been assessed to ensure that he was able to make this decision and this process was fully documented. The person was fully aware that by refusing to have a PEG fitted he would be at risk of choking and hospitalisation. Their key worker informed us that he had a love of food and did not want that pleasure taken away. They said the person had decided that the risks outweighed the advantages of being able to taste their food.

We looked at the records for a person who did not have the capacity to make their own decisions. Care records showed that the decision about capacity had been made prior to moving into the home. The care plan clearly demonstrated that the home had procedures in place to keep this person safe and well supported.

Do people know how to raise concerns?

People we spoke with knew how to raise concerns. We were told that this was not difficult as staff were always helpful. We saw that information about how to complain was included in the documents given to people when they moved into the home. People told us that they had no cause to complain but would speak with the manager if they were unhappy with anything.

We observed how the staff treated and cared for people. We saw that they treated people with patience and respect. We saw that people were relaxed with the staff supporting them. People appeared comfortable in their surroundings and were not hesitant about asking staff to help them. The atmosphere in the home on the day we visited was calm and relaxed.

The assistant manager was aware of her role and responsibilities in responding to concerns and allegation of abuse.

Are Deprivation of Liberty Safeguards used appropriately?

None of the people who lived in the home at the time of our visit had a formal Deprivation of Liberty Safeguards (DoLs) arrangement in place.

Our judgement
The provider was meeting this standard. People who lived in the home were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.
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

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<th>Our judgement</th>
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<tr>
<td>The provider is compliant with Outcome 13: Staffing</td>
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<th>Our findings</th>
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<tr>
<td>What people who use the service experienced and told us</td>
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<tr>
<td>People told us that they did not have to wait very long if they asked for support or rang the bell in their room. One person said, &quot;Although staff are busy they always have time if you ask for anything&quot;, and &quot;I have only ever had to wait a couple of minutes if I ring my bell, someone always comes to see what I want.&quot;</td>
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<td>One person told us &quot;I need help with my meals, I have it cut up then I can manage myself. Staff are there to see if I need anything and they always offer to help me.&quot;</td>
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<td>A relative told us, &quot;I visit about four times a week sometimes more often. I come at different times of the day but am here quite often at meal times. There has always been staff around if I've needed to speak to someone.&quot;</td>
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<td>Are there sufficient numbers of staff?</td>
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<td>We asked the assistant manager what the normal staffing levels were in the home. We asked for a copy of the staff rota. The level of staffing on the rota was consistent with what we were told.</td>
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<td>During our visit we observed the care and support provided. Throughout the day people were assisted by staff in a timely manner. We saw that call bells were answered promptly and there were enough staff to spend time talking with people. We saw that there was sufficient staff available at lunch time to provide people with the support,</td>
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assistance and encouragement they required. We observed the lunchtime meal in the large lounge/dining room. At times this looked disorganised but staff knew what they were doing and were allocated people to support. Everyone who needed help to eat was given assistance. Throughout our visit staff approached people in a respectful and friendly manner.

We asked the care staff if there were sufficient staff in the home. All the staff we spoke with told us that there was on that day. They also said when the home is full seven staff is not sufficient, especially when there are people who are ill and being looked after in bed. We were told that there had been several times recently when the home did not have the full compliment of staff on duty as people had phoned in sick. We were also told that the procedure for requesting cover could result in the extra member of staff not arriving until the afternoon. This would be much too late to support the morning duties. We discussed this during our inspection feedback to the senior staff in the home. The feedback meeting also included the regional manager who was at the home during the afternoon. The regional manager told us that he had only recently taken over responsibility for the home. He gave assurances to the staff present that any requests from the manager for additional staff cover would be agreed as soon as he received them. This should make sure this situation did not happen again.

Staff said that they would like to have more activities for people who lived in the home. We were informed that the vacant activities co-ordinator post had been advertised.

Do staff have the appropriate skills knowledge and experience?

All the staff we spoke with understood the individual needs of the people who lived at Keresely Wood. We observed staff throughout the day and saw that they understood people's communication skills.

Staff told us that they had a handover at the start of each shift to keep them up to date with people's needs.

We asked for a copy of the training record. Records showed that staff had completed the required training to work with people in a safe way. This included infection control, safeguarding and moving and handling. The training record showed that some update training was due. We were told this was being arranged. Staff we spoke with told us that they received regular training. They also said they felt competent to carry out their roles and to meet the needs of people who lived in the home.

Our judgement
The provider was meeting this standard. There was enough qualified, skilled and experienced staff to meet people's needs.
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

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<td>The provider is compliant with Outcome 21: Records</td>
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<td><strong>What people who use the service experienced and told us</strong></td>
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<tr>
<td>We spoke with people using the service but their feedback did not relate to this standard.</td>
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<td>Are accurate records of appropriate information kept?</td>
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<td>We looked at the care plans for three people who lived in the home. Plans we looked at included detailed information about people's needs and how staff should support people. We found that care files provided good information about care needs, identified risks, nutritional needs, likes and preferences and medication management. Plans we looked at were centred on the person and individualised.</td>
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<td>We found that each person had a nutritional assessment completed as part of their care plan. We also found that a malnutrition screening tool (MUST) assessment had been completed for each person. If a risk had been identified fluid and food charts had been implemented. This was to make sure people remained well by having sufficient amounts to eat and drink.</td>
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<td>We saw that there were records in the kitchen which provided information about people's special dietary requirements. This included diabetic and soft diets.</td>
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All the information we asked to see was made available to us. Documents we viewed had been fully completed and were easy to understand. Information recorded in care files was seen to be accurate and up to date. Files were well organised and all information was easy to find.

Are records stored securely?

We found that records were securely kept. We saw that care files were kept in the nurses' station. The secure storage of records should ensure people's personal information remains confidential.

Our judgement
The provider was meeting this standard. People were protected from the risks of unsafe or inappropriate care and treatment because records kept in the home were accurate and securely stored.
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.

Where we judge that providers are not meeting essential standards, we may set compliance actions or take enforcement action:

**Compliance actions**: These are actions a provider must take so that they achieve compliance with the essential standards. 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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<tr>
<td>Author</td>
<td>Care Quality Commission</td>
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<td>Audience</td>
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| Postal address           | Care Quality Commission  
                          Citygate  
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                          Newcastle upon Tyne  
                          NE1 4PA |