

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

The Lawns

Fernhill Avenue, Weymouth, DT4 7QU

Tel: 01305760881

Date of Inspection: 20 December 2013

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

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safety and suitability of premises	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Dorset County Council
Registered Manager	Mrs. Ann Vallins
Overview of the service	The Lawns is situated on a quiet residential street in Weymouth. The home provides accommodation and personal care for up to 41 older people. It has a large secluded garden area at the rear of the building.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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Summary of this inspection

Why we carried out this inspection

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

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 20 December 2013, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members and talked with staff.

What people told us and what we found

During our visit we spoke with four people who live in the home. We also spoke with three relatives and five members of staff.

People told us they were enabled to understand the care and support choices available to them. People told us their privacy and dignity was respected. A person who lives in the home said, "They always let you know what's happening or what's going on."

We spent time observing how staff interacted and supported people during breakfast and tea. We saw staff treating people with respect throughout the time we spent at the home. A person told us, "The staff are very nice."

We saw that people had care plans in place and that they experienced safe and effective care that met their needs and protected their rights. A person told us, "It's a very good home."

We found that the home environment was safe. People experienced accessible surroundings that promoted their wellbeing.

Staff were properly supported to provide care, via appropriate training opportunities, supervision and appraisal. Staff were enabled to gain further skills and qualifications that were relevant to the work that they did.

We also saw that the home had systems in place to regularly monitor and quality assure the care people received.

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

More information about the provider

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

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

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

Overall, the home was meeting this standard as they had taken steps to ensure that people understood the care and support choices available to them, and that people's dignity and privacy was respected.

During our inspection we spoke with four people who live in the home. We saw that the home respected people's dignity and privacy by having the doors to people's rooms closed and staff knocking on people's doors prior to entering. A person told us, "The staff are polite. We each have a keyworker you can speak to." Another person told us, "They knock on the door before they come in."

We spoke to a person's relative who was visiting the home. They told us, "Staff know her. She can be very obstinate at times; but they are all lovely to her. They are very respectful." We asked three members of the care staff how they promoted people's dignity. One of them told us, "I respect people's privacy. I always knock on people's doors." Another care assistant told us, "I address people as they like to be addressed." This meant that people were being treated with consideration and respect.

The registered manager told us that the home had two members of staff who were dignity champions. The manager said, "Their role is to promote awareness of treating people with dignity and respect." We saw that the home had a dignity display board, which contained information for staff and people who live in the home on dignity and what it meant.

People told us that their agreement was sought prior to staff supporting them with their care needs. A person told us, "They always check that things are OK before they do anything." Another person told us, "They've always asked me what I wanted." Another person told us, "They've always let me know what's going on. I go to some of the residents meetings." This meant that the home was taking appropriate steps to ensure that people were provided with appropriate information and support in relation to their care. The manager told us that people received a welcome pack prior to taking up residence.

The manager added, "We encourage people to come and view the home before making a decision about living here."

A person who lived in the home told us, "They always ask before they do anything. You are invited to ask questions and they answer them. You can speak to the manager or staff whenever you want to." This demonstrated that people and those acting on their behalf were facilitated to understand their care and support options and could balance the risks and benefits involved in their care.

A care assistant told us, "I do try and prompt people to do as much as they can for themselves." A person who lives in the home said, "I help with the washing up. I used to help in the garden, but I'm not up to it now. But I can do a bit of washing up." This meant that people were provided with opportunities to manage their own care and support, where appropriate.

We saw that the home had procedures around the assessment and recording of people's mental capacity to ensure that decision making was in line with the Mental Capacity Act 2005 (MCA). The registered manager told us that there was no person in residence who was subject to Deprivation of Liberty Safeguards (DoLS) assessment. DoLS ensure that there are systems in place so that if a person lacks the capacity to consent to their care or treatment, their freedom is not restricted more than necessary, and any restriction is in their best interests.

We asked the registered manager how the home promoted people's rights to have an advocate to assist them in expressing their views. The manager told us, "If a person needs advocacy services we can contact the county council's Mental Capacity Act assessor."

People we spoke with told us that the home supported their autonomy and community involvement. For example, a person told us, "I go out with my daughter and son in law." Another person said, "We have an activities lady. We go out. We went out to see the Christmas lights the other night. We go out to the country or seaside." The registered manager told us, "We have children from a local school who provide a carol service." We saw that the home also had a selection of advice booklets and leaflets available in the home's reception.

People who live in the home received a bi-monthly newsletter. The home had an activities co-ordinator who produced a fortnightly activities programme. We saw that this was displayed in large print on the home's notice board. A person told us, "I enjoy reading. We have visits from the library service. The activities here are OK."

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

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

Overall, we found that the people who use this service were involved in their assessment and care planning, and were treated with dignity and respect. We also found that the home was acting on advice and recommendations to ensure people were protected from inappropriate care or treatment.

The home is accredited with the gold standard framework for end of life care. This framework sets out standards of care for all people nearing the end of life.

During our inspection we looked at five people's care records. The manager also explained the home's assessment procedures. We saw that people's records contained pre-assessments, these were the initial assessments the home did when people were new residents. The manager said, "We also get a supportive assessment from a social worker."

We viewed five people's paper based care records. The care records we viewed contained assessments and care plans that followed the home's procedures for assessment and care planning. For example, records included assessments and care plans for people's general health; psychological health; personal care needs; dental care needs; skin care needs; and continence needs.

The registered manager explained how assessments and care plans identified people's specific care needs and risks to people's wellbeing. For example, we saw that one person's general health assessment recorded, "I am quite frail and underweight, although I am of small build and height." The person's care plan recorded, "Staff must weigh me monthly, so that my MUST can be monitored by my senior worker and measures put in place if my weight drops." The malnutrition universal screening tool (MUST) is a tool that identifies people who are at risk of being under nourished. We viewed the person's weight records and saw that the person's weight was stable. This meant that the risk of people receiving inappropriate care and treatment was reduced because the home was assessing people's needs, and planning appropriate care to meet people's identified needs.

During our visit we spoke with four people who lived at the home. They told us that they

were involved in how their care and treatment was provided. People also told us that staff respected them by calling them by their preferred name. We asked people how staff maintained their privacy and dignity. They all told us that staff knocked and waited to be invited before entering their room. A person commented, "If you press your call alarm somebody comes." Another person said, "The staff have never been impolite, not once. They get on with their work, they don't stand around talking."

We heard staff speaking to people in a respectful and polite manner. We observed people taking breakfast and tea at the home. People had drinks available on the table, and were offered main course and dessert choices from the home's menu. A person told us, "We get enough to eat and drink. I get up at 5.00 and I get a drink of tea and biscuits to keep me going until breakfast. "

We viewed six people's care records. We saw that people had been involved in devising their care plans and that these were signed. We saw that the care records included information about whether people were able to make decisions or whether someone else acted on their behalf. The care records also recorded people's religious and cultural needs. We noted that care records had been reviewed regularly. A care assistant told us, "I would look for information about a person in their care plan. On the whole, the care plans here are very usable."

People told us they were supported to access healthcare professionals if needed. A person told us, "They always get the doctor if you need one. Everybody has their own doctor." During our inspection we spoke to a district nurse who was on a professional visit at the home. They told us, "The care here is good. They follow through on any advice. They manage pressure areas well. If we advise them about equipment they get it quickly. I find them really efficient. They are definitely providing appropriate care."

We asked the home's manager about the home's procedures in the event of emergencies or situations that could lead to disruptions in services. The manager showed us the home's business continuity plan. This included the procedures for emergency evacuation of the building. It also included the procedures for a flu pandemic; and procedures for staffing emergencies. This meant that people were protected from emergencies or situations that could lead to disruptions in services.

People should be cared for in safe and accessible surroundings that support their health and welfare

Our judgement

The provider was meeting this standard.

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

Reasons for our judgement

Overall, we found that the home's premises were safe and suitable for their intended purpose.

We saw that the home was clean and free from any offensive odours. A person who was visiting a family member who lives in the home told us, "That was one of the things I liked about the place. The building is always very clean. I've never noticed any smells." We noted that the home's décor was homely and appropriate, and that people had personalised their bedrooms with their own possessions.

We viewed the home's three communal lounges and two dining areas. The home also had a conservatory. There was an accessible, secluded, and safe garden area at the rear of the building. We saw that there was a variety of seating available in the garden for people to use. The registered manager told us, "The garden is very popular in the summer."

The home had a platform lift which provided access to some upstairs rooms for people with limited mobility. Prior to our inspection the registered manager had informed the Care Quality Commission (CQC) that a platform lift in the home had broken down, due to a welded joint coming loose. We saw that the platform lift had been serviced regularly, with the last service being on the 13 September 2013. The lift was situated on the second floor of the home and provided assistance to four residents, to get up five stairs which led to their bedrooms. We saw that work to repair the lift was due to commence in January 2014. The residents affected by the lift had been found suitable alternative temporary accommodation until the lift was back in working order. The registered manager told us, "We have done all we can to reduce the impact of the platform lift breakdown."

The registered manager told us, "We are fully accessible in all areas, except for the five steps upstairs with the platform lift." The home had suitable adaptations to provide access to residential areas of the home and the home's garden. The home had a passenger lift which held up to eight people. We saw records that the passenger lift had been serviced regularly. This meant that people could move freely around the home and be as independent as possible.

We saw that the home had also had a stair lift that provided access to areas of the first floor for people who were able to transfer with assistance. We saw that two people's bedrooms had overhead hoists. We also saw that there was a varied supply of moving handling equipment to meet the needs of service users who were more physically dependent. The registered manager showed us records that the home's equipment had been serviced regularly.

We saw that the home had a health and safety compliance check by the local authority in 2009.

We found that the home had suitable arrangements for the safety needs of people who use the building. The home had security coded keypads on all entrances. We saw that the keycode number was displayed clearly on the keypads in the home's interior. This meant that people were protected from uninvited visitors gaining access to the home, but that people inside the home could leave the premises.

People's personal bedrooms were fitted with call alarms. The registered manager told us, "All rooms have call alarms. Some have pressure mats and motion sensors." This meant that people could get help if their mobility was limited. The registered manager told us, "People have a lockable draw in their rooms. We also have a safe for the safe keeping of any valuables." This meant that people had access to safe storage facilities for their private belongings.

We found that the home had suitable arrangements for the collection and disposal of clinical and household waste. The home also had suitable arrangements for the control of substances hazardous to health (COSHH). All cleaning materials were stored securely in lockable cupboards. The home had the local authority's COSHH policy and procedure available for staff to view in the manager's office. The home had undergone a COSHH audit on the 25 August 2013. The registered manager told us, "We have a very good team of housekeepers." This meant that the home was protecting people against the risks posed by hazardous substances.

We saw that the home's portable electrical appliances had undergone portable electrical appliance tests (PAT). The home also had maintenance and inspection records for mechanical installations. These were up to date. We saw that the home's gas boilers and installation equipment had been serviced on 24 April 2013.

The home's hot water supply was thermostatically controlled. The registered manager told us, "We regularly run outdoor taps." We saw that the home's water system had a regular test for legionella, and that this was last checked on 31 July 2013. The registered manager said, "We are waiting for the local authority to complete a legionella risk assessment; it should be sometime in the near future." This meant that the home was carrying out appropriate testing to ensure that people were protected from the risks of unsafe water supplies.

We saw that the home had a business continuity plan, and that this had been reviewed in April 2013. This included what steps the home would take in the event of electricity, gas, or water supply failure. The home also had plans in place in the event of fire. People had personal emergency evacuation plans (PEEPs). The home had records that it tested its fire evacuation procedures every six months. The home tested its fire alarms weekly. We saw that staff had received training in the home's fire procedures. The registered manager told us that in the event of staffing emergencies, "We have access to a local authority 4X4

vehicle. We could get people to work in an emergency."

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

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

Overall, the home was meeting this outcome, as the home had appropriate support in place for staff, to ensure they were properly supported to provide care to people.

We asked the registered manager about staffing levels on the day of our inspection. We were told that a member of staff was absent due to illness. The registered manager showed us the home's rota. The registered manager said that the absence had been covered by a member of staff from an agency. The registered manager said, "We have agency staff that are familiar with our working practices."

The registered manager told us that the home cover staff absence and holiday by staff volunteering to cover extra shifts. We were told that where the absence was at short notice, "Staff who aren't on shift will be asked to come in and work extra shifts." The manager told us that the home also used an agency to provide cover for staffing emergencies.

Staff told us that they received regular training that was repeated regularly. We asked staff about specialist training. Staff told us that they could request specialist training and that this was arranged when available with the local authority learning and development department.

The registered manager showed us the home's training matrix that provided evidence that staff had attended the home's mandatory training as required. For example, all staff had received the home's induction which included health and safety, manual handling, food safety awareness and safeguarding. A member of the care staff told us, "I have NVQ 2. We get lots of training opportunities. We recently had diabetes and nutrition training." Another member of the care staff told us, "I've been trained in manual handling, hoists, and all the equipment that we use."

We saw that most of the care staff had completed the National Vocational Qualifications (NVQ) level two. The registered manager told us that the home had two members of staff that were studying for the Health and Social Care Diploma level 3 award at the time of our inspection. The registered manager said, "95% of our staff are NVQ or Diploma qualified."

We were told by the registered manager that it was a requirement that all new care staff complete the home's induction, prior to working with people who live in the home. Staff we spoke with confirmed that they had received an induction and shadowing opportunities prior to commencing work with people. This meant that new staff were provided with the guidance and information they needed to enable them to undertake their duties at the home.

Staff told us that they had regular one to one supervisions and appraisals with their line supervisors. We saw evidence in staff records which demonstrated that staff were able to discuss their performance with their line supervisor and identify training and development needs. This meant that staff were properly trained, supervised and appraised.

We spoke with four members of the care staff and one member of the housekeeping staff. Staff told us that they had regular staff meetings with the registered manager. We saw that regular meetings had taken place when we reviewed the minutes of staff meetings. Staff we spoke to told us that they felt well supported in their roles. A member of the care staff told us, "I've worked here for nearly 16 years. I get frequent supervision. We recently had a team meeting. I didn't attend as I worked to cover other staff. But I was told what had been discussed and I got a copy of the team meeting minutes."

Staff we spoke with were aware of where to find the policies and procedures for the home, a member of the care staff told us, "They are in the office." We asked a member of the care staff about the procedure for reporting adverse events, they told us, "If there was an accident or incident I would deal with the immediate situation; and then report it to the duty manager; complete an accident/incident form and body map if needed; I would then complete a safeguarding form."

Assessing and monitoring the quality of service provision

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive

Reasons for our judgement

Overall, the home was meeting this outcome as the home was taking steps to monitor the quality of service people received. The home was taking account of people's feedback, comments and complaints.

We saw that people received regular monthly reviews of their care, and that care plans and risk assessments had been updated as required. The home had also maintained adequate records following adverse events, via the accident/incident reporting procedure.

We saw that people had their care records reviewed, and that at the reviews people had also been given the opportunity to speak in person to staff involved in their care. A visiting relative told us, "Staff and the manager are always available to talk to. They always feedback." A person who lives in the home said, "We each have a keyworker we can speak to about things."

We saw that the home had appropriate systems for recording maintenance of the home, and that this was monitored by the registered manager. We noted that records were kept on all routine maintenance of the building and grounds, maintenance to equipment, and checks on fire systems. The home also had a health and safety risk assessment in place. We saw that the home had been inspected by the Food Standards Agency had had received a rating of, "5 very good."

We saw that the home made people aware of the complaints procedure. The registered manager told us that there was both a local response and action, and where necessary a provider level response and action. This registered manager told us that the home had not had any formal complaints in the past 12 months, adding, "We tend to address things immediately." This meant that the home had systems in place to take account of complaints within the home to minimise future lapses.

We saw that staff training records were maintained and that records were kept of formal supervision and appraisals for all staff.

We saw records that the home routinely sought people's feedback at residents meetings. We also viewed records that the home sought people's opinions on the home's menu. We saw that the service regularly sought feedback from people who live in the home, families, and other professionals who visit the home, via an annual quality assurance questionnaire. The registered manager told us, "We have sent out this year's questionnaires this week."

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

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

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

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

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

Glossary of terms we use in this report

Essential standard

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

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

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

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

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

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

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

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

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

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

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

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

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

Glossary of terms we use in this report (continued)

(Registered) Provider

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

Regulations

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

Responsive inspection

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

Routine inspection

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

Themed inspection

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

Contact us

Phone: 03000 616161

Email: enquiries@ccq.org.uk

Write to us
at: Care Quality Commission
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

Website: www.cqc.org.uk

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