

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

Swan Court

High Street, Winslow, MK18 3DN

Tel: 01296711464

Date of Inspection: 21 August 2013

Date of Publication:
September 2013

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
Safeguarding people who use services from abuse	✓ 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	Heritage Care Limited
Registered Manager	Mrs. Agnes Christie Bowler
Overview of the service	Swan Court consists of 12 apartments for older people. The accommodation is part of the 'Extracare' service offered by Heritage Care. Heritage Care provide support and personal care to people living at Swan Court
Type of services	Domiciliary care service Extra Care housing services
Regulated activity	Personal care

Contents

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'.

	Page
Summary of this inspection:	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	5
Our judgements for each standard inspected:	
Respecting and involving people who use services	6
Care and welfare of people who use services	9
Safeguarding people who use services from abuse	11
Supporting workers	13
Assessing and monitoring the quality of service provision	15
About CQC Inspections	17
How we define our judgements	18
Glossary of terms we use in this report	20
Contact us	22

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 21 August 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

We were shown minutes of staff meetings which included a record that '...in respect of ensuring the tenants' rights and choices staff discussed how to enable them to live independently.'...

One member of staff told us "The care here is very 'family-orientated' with one person having just come back from a holiday with their family and another who's just been to a family event which meant a week away."

During our inspection it was clear that the people who had used the service were treated with dignity and respect, which included all personal care taking place either in their own room or the shared bathroom. On each occasion we observed that the door was locked and that staff knocked on the door and waited to be invited to enter.

There had been no allegations of abuse within this service. However we saw minutes of meetings attended by senior staff from this and similar services across the company which demonstrated that notifications of safeguarding incidents elsewhere had been discussed and learning identified.

We spoke with people who used the service about their confidence in the staff and one person told us "We get on very well with them; they look after us and we've no complaints."

It was clear, from all the documentary evidence and the discussions with people who used the service and staff, that the provider had arrangements in place which reviewed the quality of the service provided and made changes to address learning or meet changes in support needs.

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.

People's privacy, dignity and independence were respected.

Reasons for our judgement

We saw a Statement of Purpose which had been prepared from a template which was used by all similar services across the company. This described the service as 'very sheltered flats'. Each person had their own flat which included a bedroom, shower and toilet and living room with a kitchen included. There were twelve flats, of which eight were occupied during our inspection and there was also a communal lounge, containing a small kitchen, a bathroom and a garden. Each person had a tenancy agreement with a Housing Association (HA) for the accommodation and an agreed 'package of care' funded by a Local Authority, which the provider was responsible for.

We were shown minutes of staff meetings, with the last meeting held in August 2013. The minutes included a record that '...in respect of ensuring the tenants' rights and choices staff discussed how to enable them to live independently.'...

One member of staff told us 'people get two separate contracts here, one with the HA for the tenancy and one with us for care and support. I think some people seem to understand that more than others.'

"We did have a problem with the manner that some staff offered support but we talked it through with the Registered Manager (RM) and it's all sorted, now." we were told by one of the people who used the service.

The Head of Buckinghamshire Services (HBS) called at the service during our inspection and confirmed that "The current documentation is being up-dated and the new version will be a Service User Guide."

The documentation available and the discussions with staff and people who used the service confirmed that they were given appropriate information & support regarding their care or treatment

We were shown a weekly menu proforma which one member of staff told us was "...based on the selections available from an outside catering company. People can choose their

lunch from there or we will help them cook stuff they've bought or go with them to buy food, if that's what's in their care plan." We were told that "one person has a relative who helps with the meals." and that "evening meals are done individually with them." One person who used the service told us "They cook all my meals. I've not got the mobility anymore, so I chose and then they prepare and cook for me."

We saw a folder which recorded details for all requests for appointments with the person's GP, either by attendance at the surgery or by the doctor calling personally. One member of staff told us "The local GP comes every Thursday. They know people inside out and I think they get a good service." The record also contained copies of the electronic record of the outcome of each visit, which confirmed that the people who had used the service received the necessary advice and treatment, dependent of the reason for the appointment.

The arrangements for meals and the record of GP contact demonstrate how people who had used the service were enabled to express their views and were involved in making decisions about their care and treatment.

We were shown minutes of tenants' meetings, with the last meeting held in April 2013. This had been attended by people who had used the service and some family members, together with representatives from both the provider and the HA. The minutes record that some people had requested involvement from the local church and the action which had been agreed to achieve this. Previous meetings also recorded activities involving children from the local school and a Christmas party in 2012.

We spoke with people who had used the service and their relatives, two of whom told us "We go out but not everyone does. We tried to get an afternoon a week where we could all get together but only we were interested." One of these people also told us "I take an interest in the garden. I do that edging because I want some flowers to look at when I'm sitting here and it's been very successful."

Another person who had used the service told us "I usually go to the Christmas party but, other than that, I'm happy here in my room."

One member of staff told us "The care here is very 'family-orientated' with one person having just come back from a holiday with their family and another who's just been to a family event which meant a week away."

We were told that a befriending service was available and that "one person in particular takes advantage."

The minutes of the meetings and the discussions with staff and people who had used the service and their relatives demonstrated how people who had used the service were supported in promoting their independence and community involvement.

We saw a company-wide diversity statement, dated January 2013 for review in January 2015, which set out the company expectations for how respect for people's diversity, values and human rights would be demonstrated. There was a 'commitment to the prevention of discrimination and the promotion of equality opportunities and diversity issues for staff and in the delivery of services.'

We reviewed a company-wide social and personal relationships policy, dated June 2012 for review in June 2014. This emphasised the company's expectations that '...staff should not make assumptions (about people's choices and preferences, and that staff behaviour should be guided by) inclusiveness.'

There was evidence, from the documentation reviewed that people who had used the service were protected from unlawful discrimination and that efforts were made to promote diversity and human rights.

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

We looked at the documentation which was intended to ensure that people's needs were assessed, and that care and treatment was planned and delivered in line with their care plan. We looked at four sets of documentation, which was referred to as a 'Person Centred Plan' (PCP). Each contained a photograph of the person who had used the service, and the name of their keyworker, from the service at the front. There was then information related to their next-of-kin, GP, solicitors (where applicable) and a note of any allergies or other relevant medical information.

Each PCP contained a 'pre-admission assessment' which appeared to inform the 'visit sheet', which set out the tasks which the relevant Local Authority had agreed should be undertaken for each person and the assessed amount of time these tasks should take, together with the times of day which had been agreed with the person who had used the service when this would occur. There was a space for the person to indicate that they agreed to this plan of care.

Each PCP then contained a monthly review, with the most recent reviews having been undertaken during the last month, which included revised assessments of the person's mental capacity, and key physical and psychological needs.

Each PCP was also up-dated each time personal care was provided by a member of staff. During our inspection we observed members of staff making detailed entries in the records for people who they had worked with during that shift. One member of staff told us "these people are all individuals and have their own personalities. It's important that you know what each of them want and record that that's what they had. I'm still learning because people's preferences change and part of our job is to know that and make sure we change when necessary."

During our inspection it was clear that the people who had used the service were treated with dignity and respect, which included all personal care taking place either in their own room or the shared bathroom. On each occasion we observed that the door was locked and that staff knocked on the door and waited to be invited to enter.

Care and treatment was planned and delivered in a way that was intended to ensure

people's safety and welfare. We saw that each PCP contained detailed risk assessments and that these were reviewed and up-dated within the monthly review process. Copies of accident and incident forms which related to the individual person who had used the service were filed in their PCP. These helped inform the staff, and the GP where necessary, about changes in support and treatment as a consequence of any risks which were identified.

The PCP identified whether the person was able to look after their own medication or whether staff were required to assist. This included a risk assessment and, where people could not look after their own medications, a consent form which they had to sign to signify that they were content to allow staff to undertake this task for them. "We have to undergo medication training from the local pharmacy" one member of staff told us "and then do an assessment and be approved by the provider. Two people who used the service are self-medicating at the moment and I've done the medication for all of the others." Review of the PCPs confirmed that people assessed as able to manage their own medication had done so and that the member of staff had assisted the other people with their prescribed medication.

One member of staff confirmed "In a medical emergency the arrangement is to ring 999, but it hasn't happened that often and I can't remember it happening when I've been here."

We saw the disaster contingency plan for the service, dated January 2012 for review in March 2014 which was based on a template used by all services across the county, but had been individualised for the service. This set out the arrangements to be followed where the service experienced interruptions to essential utility supplies, or if there were major infection control issues. "I can't remember having to implement these..." one member of staff told us "but the procedures to follow are all set out, if we needed to."

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

Our judgement

The provider was meeting this standard.

People who use the service 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.

Reasons for our judgement

We sought evidence that the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. We reviewed the company-wide policy and guidance regarding Safeguarding Vulnerable Adults. This was dated June 2012 for review in June 2014.

The policy included definitions of, and types of, abuse which staff should be alert to. There were suggestions about 'what to look for', and the monitoring process to be conducted by senior managers was outlined. The different levels of training, depending on role within the company, and responsibilities for each level were set out.

A flowchart, which was also available on the office wall, was included and local team contact details, including out-of-office-hours arrangements were part of this.

The documentation included an appendix which identified all Local Authority contact details in-case there was someone who had used the service who originated from a Local Authority other than Buckinghamshire.

Although there had been no allegations of abuse within this service we saw minutes of meetings attended by senior staff from this and similar services across the company which demonstrated that notifications of safeguarding incidents elsewhere had been discussed and learning identified. For instance, a notification regarding a medication error at another service had resulted in changes to the manner inwhich staff in this service were authorised to assist people who used the service with their medication.

We reviewed the company-wide policy on confidential reporting (also known as 'Whistleblowing'), dated May 2013 for review in May 2015. This outlined the principles and scope, underpinned by the Public Interest Disclosure Act 1998 and included the procedure staff should follow with identification of managers who could be contacted. The 'right to contact the CQC' was also documented.

We spoke with one member of staff who confirmed that they had discussed both

safeguarding and whistleblowing expectations at both interview and on induction. They were clear that "The poster in the office tells you what to do if you are concerned and I'm comfortable that I'd know who to contact."

Although there had been no whistleblowing notifications it was clear, from the documentation and staff accounts, that the service had appropriate arrangements in place.

We saw historic documentation which referred the potential for control which might have been unlawful or excessive, because of the conditions of the Deprivations of Liberty Safeguards (DoLS). We discussed this with a member of staff who told us "That person is no longer with us but I do remember that, before anything was done, we had a 'best interests' meeting with Social Services and agreed what was appropriate and necessary." The HBS confirmed that DoLS no longer applied in this service because the person who had used the service no longer lived there and no similar circumstances currently existed. We were satisfied that the provider had made suitable arrangements at the time DoLS did apply.

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

We looked at the files of three members of staff from the service. Each contained references and confirmation of Criminal Reporting Bureau (CRB) clearance, an introductory checklist for new staff with an identified supervisor and subsequent induction and probationary record, relevant annual appraisal documentation and confirmation of training attended, a record of supervision provided and other relevant documentation.

The introductory checklist and induction record confirmed that staff received orientation and guidance regarding the people using the service and their needs and requirements, together with fulfilling statutory expectations such as health and safety, and company expectations such as the procedure for working practice. This documentation was signed-off by both supervisor and staff member and signified that the member of staff was competent to work with people who had used the service. One member of staff told us "I wasn't on my own for the first couple of weeks of my induction and that can carry on if you're not comfortable, but I was after that. I had time to get introduced to people, read the care plans and get to know them..."

The appraisal record demonstrated how the member of staff and an appraiser had reflected, on an annual basis, on the performance of the individual and agreed objectives for the coming year. The objectives included a Personal Development Plan (PDP) which identified training needs which were both service-led and those which the member of staff wished to pursue.

The supervision record used a structured format and again, provided an opportunity for a review of performance since the last session, and any further identification of professional development and training needs. There was a standard supervision contract which stated that the company expected supervision sessions, including annual appraisal, to be available six times a year.

We saw records of mandatory training undertaken by staff, together with the dates these sessions took place and records of other training. We were shown the certificates provided for staff who had received appropriate professional development; such as understanding the implications of the Mental Capacity Act 2005, which enabled them to undertake assessments of the mental capacity for people who had used the service and

administration of medication, which authorised them to undertake the process with people who could not look after their own medication. These records confirmed that learning and development identified in staff PDPs was being undertaken and that staff were able, from time to time, to obtain further relevant qualifications.

We spoke with people who used the service about their confidence in the staff and one person told us "We get on very well with them; they look after us and we've no complaints."

Another person who used the service said "They're all pretty astute."

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.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

Reasons for our judgement

We reviewed the company-wide accident and injury reporting, and untoward incident reporting policies, which had been completed in March 2012 for review in August 2013 and April 2012 for review in April 2014 respectively. These established the company's expectations for the reporting all occurrences, including dangerous occurrences and reportable diseases, missing persons, sudden death and violence and aggression. We were shown a record of adverse incidents and accidents which, historically, had been kept as a paper copy. We saw an e-mailed notice, from the relevant senior officer at the company Head Office which referred to the requirement, from June 2013 for all returns to be made on-line, electronically.

One member of staff told us "The reporting has changed recently, to on-line but we don't get that many accidents involving the people who used the service because the risk assessments are quite good and look at ways of minimising them. For instance we are aware of things like furniture and footwear which might increase the risk and we do daily assessments – there's lots of checking to make sure people are ok."

We saw an analysis of accidents and incidents for 2011 and 2012, dated September 2012, which had been developed from all returns of incidents by all services across the company. The HBS told us that a similar analysis for the period between 2012 and 2013 was "currently being collated" and would be produced "in the next couple of months."

We saw minutes of meetings involving senior staff from the service with other senior staff in similar services across the company. These minutes provided evidence that investigations into incidents took place and that these were discussed at these meetings, so that appropriate learning could be shared and changes could be implemented, as necessary. For instance there had been an incident at another service and the senior staff had discussed how to minimise the potential for this to occur elsewhere. "I know that the arrangements for authorising [a specific procedure] have changed since there was a discussion some time ago." a member of staff told us.

We reviewed the company-wide comments and complaints policy, dated January 2013 for review in January 2015 to seek evidence that the provider took account of complaints & comments to improve the service. The policy stated that the company expected the 'promotion and creation of an open culture...' and contained examples of cards which should be provided for people who had used the service and anyone else who might need to comment and examples of posters which should be displayed and leaflets which should be made available. We saw examples of the posters in the shared corridors of the service and on the inside of the front doors for the people who had used the service that we spoke with.

The policy also included a flowchart which identified the procedure to be followed, identified the monitoring arrangements which were in place across the company and noted that company-wide 'quality assurance' would test the robustness of the arrangements.

We looked at a summary of accidents, complains and compliments and incidents, which the company required the Registered Manager to produce on a regular basis. This stated that there had been five incidents, three complaints, and three compliments between March and May 2013, all of which had been resolved. We sought evidence to confirm this and saw documentation related to the occurrences, which demonstrated that they had been investigated and appropriate action had been taken. It was clear that the service had taken these occurrences seriously and had taken steps to minimise a similar event happening again.

We had noted an historic record of a change in the arrangements for postal deliveries and asked whether this had been as a consequence of a complaint. One member of staff told us "I can't, ever, remember a formal complaint. I remember the person who asked for the change, but I think it was because we talked about it and sorted it. "

We spoke with the people who had used the service and asked about their understanding of the complaints process. One person told us "I'd go to the RM." Another person who had used the service said "I'd complain via my sister; that's 'fast-tracking' it!" A third person told us "Go to the top, always start there. I'd speak to the most experienced one."

We reviewed the minutes of meetings held for people who had used the service which confirmed that people who use the service and, where appropriate, their relatives were asked for their views about their care and treatment.

We also reviewed the minutes of meetings which involved the staff. We were told by the HBS that night staff were encouraged to attend staff meetings and were paid for their attendance.

It was clear, from all the documentary evidence and the discussions with people who used the service and staff, that the provider had arrangements in place which reviewed the quality of the service provided and made changes to address learning or meet changes in support needs.

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

Copyright Copyright © (2011) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.
