

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

## Signature Moorlands Lodge Care Home

Moorlands Lodge, Portsmouth Road, Hindhead,  
GU26 6TJ

Tel: 01428605396

Date of Inspection: 04 October 2012

Date of Publication:  
November 2012

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

<b>Care and welfare of people who use services</b>	✓	Met this standard
<b>Meeting nutritional needs</b>	✓	Met this standard
<b>Management of medicines</b>	✗	Action needed
<b>Requirements relating to workers</b>	✓	Met this standard
<b>Staffing</b>	✓	Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓	Met this standard

## Details about this location

Registered Provider	Signature of Hindhead (Operations) Limited
Registered Manager	Mrs. Creenagh Carmel Williamson
Overview of the service	Signature Moorlands Lodge Care Home is registered to provide accommodation for up to 106 people who require nursing or personal care. It is also registered to provide diagnostic and screening procedures as well as treatment of disease, disorder or injury. The home is located in Hindhead, Surrey.
Type of service	Care home service with nursing
Regulated activities	Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury

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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

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### Why we carried out this inspection

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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.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 4 October 2012, observed how people were being cared for and talked with people who use the service. We talked with staff.

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### What people told us and what we found

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We spoke with seven people who used the service. Everyone we spoke with told us the staff were very good. They told us staff were always respectful, polite, kind and friendly. They told us that the care they received was very good and that they had no complaints in relation to their care.

Every person we spoke with told us they liked their apartments very much and felt very safe at the home. Two people we spoke with told us they had used the emergency buzzers and that staff had arrived to help within seconds.

All the people we spoke with told us the food was good but sometimes not to their taste. They told us there was a good selection of foods should they not like their meal.

All the people we spoke with told us they would feel comfortable approaching the management if they had any concerns however one person told us they found it difficult to get hold of the appropriate person.

Two people we spoke with told us the staff were very good at promoting people's independence and keeping them mobile and self sufficient. One person we spoke with told us they thought the way the staff dealt with medication was 'atrocious'. They explained there had been problems with their prescription and receiving their medication on time. The other people we spoke with did not report any issues with their medication.

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

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### What we have told the provider to do

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We have asked the provider to send us a report by 29 November 2012, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our

decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

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### **More information about the provider**

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Please see our website [www.cqc.org.uk](http://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

### Care and welfare of people who use services

✓ Met this standard

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

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### Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

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### Reasons for our judgement

During our inspection we spoke with seven people who used the service. Every person we spoke with told us they felt very safe in the home and that the care they were receiving was very good.

One person we spoke with referred to the staff as being 'wonderful'. One other person we spoke with told us the staff always read their care plan and were good at noticing small changes. They told us the staff would make remarks on changes within the care plan and would update it. They told us the staff impressed them.

One other person we spoke with told us they did not believe there were enough properly trained staff within the dementia unit but that the care provided was very good. This person also told us there had been faults within their care plan and they had met with the management to update this.

During our inspection we spoke with the registered manager. The manager told us that before a person moved into the home an assessment was carried out in order to make sure the home would be able to meet that person's needs. The manager told us that once that initial assessment was done there would be a meeting with the staff nurses in order to discuss the person's specific needs and a care plan would be drawn up. The manager told us that care plans were expanded and built upon as part of an ongoing process. They told us that care plans were updated monthly or more frequently should changes occur.

The care plans within the home were kept on an electronic system which was accessible to staff. There was also a paper copy of the care plan which was kept in people's apartments. This was observed when visiting the apartments.

During our inspection we looked at six people's care plans. Each care plan we looked at contained a care summary which included areas for people's allergies, likes, dislikes, GP contact details, next of kin details. We found that within the care plans we looked at, very few of these were completed. The information that was missing from the care summary area was available further on in the care plans however, although it was not easy to find. Within the care plans we looked at we found people's documented care needs, their daily life information, their emotional needs, their personal care needs and their medication needs. All these areas contained a lot of detailed information which would have enabled

staff to appropriately care for people. There was also detailed information regarding how the staff were to assist the person in order to care for them. Each care plan we looked at contained daily notes. We found that these were generally well completed, up to date, and contained lots of useful information, such as people's waking up times, their daily routines, any changing needs and moods. Five of the six care plans we looked at had been recently updated and the sixth care plan was due to be updated.

We saw within the care plans that people's weights were planned to be checked monthly. We asked to see these records and saw that people had been weighed regularly. We noted that four of the six people whose records we looked at had gained weight whilst living in the home.

We looked at the risk assessments relating to the six people whose care plans we had reviewed. We saw that there were completed risk assessments for each of these people however the information contained within these assessments was very limited. Although the information about people's care was all contained within the care plans the provider may wish to note that having that information within the risk assessments would evidence that these had been taken into account and acted upon when planning care.

Within the dementia unit there were 20 en suite apartments. The manager told us that they worked hard at promoting people's independence and dignity. To support peoples' independence there was a system in the apartments whereby, if a person got out of bed the light in the bathroom would turn on automatically. The light would stay on in the bathroom until the person came out. At this point the light over their bed would turn on until the person was back in bed. As soon as the person was out of bed the nurses station was notified and should this process take too long a member of staff would attend in order to check on the person's wellbeing. This means people were able to live as independently as possible whilst still being safe.

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

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**Our judgement**

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The provider was meeting this standard.

People were protected from the risks of inadequate nutrition and dehydration. People were provided with a choice of suitable and nutritious food and drink.

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**Reasons for our judgement**

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During our inspection we spoke with seven people who used the service. One person we spoke with told us they thought the food was 'ok' and there was a lot of choice. Three of the people we spoke with told us they thought there was a good selection of foods and that they were able to choose what they wanted. One of these people told us the food was very nice. Two people we spoke with told us the food could be better but at times it was very good.

During our inspection we spoke with the manager who told us that whenever a new person moved into the home they would have a meeting with the chef. This meeting would take place in order to gain people's likes and dislikes and their preferences. The manager told us that a long time was spent trying to gain people's preferences and that they kept a dietary folder which contained people's likes and dislikes and any special dietary requirements they may have. We saw this folder and it contained very good details of people's dietary requirements, whether they had any allergies, whether or not they were diabetic, what times they liked to eat and what their preferences were. We saw that this was also a changing document.

During our inspection we observed lunch being served. We saw that a menu in large print was displayed at the entrance of the dining room and that a menu was also displayed on every table. We saw from this menu that there was a choice of two starters, a choice of three main courses (one being a vegetarian meal) and a choice of two puddings. As well as these options they also had a 'light bites' menu which contained more options such as sandwiches, beans on toast and jacket potatoes. Whilst the meal was being served we saw staff offering people choices.

On the ground floor there was a small café area where people were able to help themselves to coffees, teas and pastries. There was also a café on the first floor. The dementia unit had a large kitchen where people were able to help themselves to drinks and food should they want to, however the manager told us that people from the dementia unit were encouraged to use the same dining room as the other residents. We saw that a number of the apartments had their own small kitchen area and the manager told us this was to promote people's independence as they were able to make their own teas and coffees and make themselves small snacks in their rooms.

People should be given the medicines they need when they need them, and in a safe way

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## Our judgement

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The provider was not meeting this standard.

People were not protected against the risks associated with medicines because the provider did not have appropriate arrangements in place to manage medicines. The provider did not have appropriate arrangements in place in relation to the recording of medicine or the appropriate disposal of medicines.

We have judged that this has a moderate impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

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## Reasons for our judgement

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During our inspection we spoke to seven people who were using the service. Of the seven people we asked only one person gave us feedback about the medicines at the home. This person told us the medicine system was 'atrocious'. They told us there had been problems with their prescription every week. They said that on several occasions they were meant to have their medicine before breakfast but had not been given it until the afternoon. This person also told us they had been prescribed a new medicine by the doctor two weeks prior to our inspection however they had not yet received it.

During our inspection we looked at the medicines for four people who were using the service. We saw that people's medicines were kept inside a locked cupboard within their private apartments. We looked at the medicines' expiry dates and found these all to be within date.

We checked the amount of medicines held against the record held and found numerous discrepancies with the number of medicines. One person's medicines we looked at were all in date however where there should have been five left in stock there were in fact 15. We looked at another medicine where there should have been six left but found that there were 11 left. Another medicine should have had five left but there were in fact 11 and a final medicine should have had six left but we found that there were only four. We looked at the medicines chart for this person and found that it had been correctly filled in and that there were no gaps to indicate where the medicines had not been given or had not been signed. Another person's medicines records showed several gaps where staff had failed to sign to record the medicine had been administered. We also found that this person should have been given two medicated creams throughout the day however there were not any signatures to say this had been administered.

We looked at a third person's medicines and found them all to be in date however there was a large amount of stock for certain medicines within this person's locked cupboard. There were five packs of 28 tablets for the same medicine of the same dosage. We found that there were four missing signatures on the medicine sheets for this person.

The fourth person's medicines we looked at contained a large amount of stock dating back to February however all these medicines were in date. We found that there were 12 missing signatures within the medicine charts relating to this person.

Missing signatures and inaccurate number of medicines indicate that the service would have been unable to check if a person using the service had received the correct amount of medicines. This may put the health and welfare of people using the service at risk. We spoke to the manager about this who confirmed that it was an area they needed to work on. They told us they were putting in place a new auditing system for the medication. During our inspection we asked another senior member of staff about the controlled drugs cabinet. They told us that they needed a better system of auditing this and that there were controlled drugs still present in the home that belonged to people who had passed away. This means there was not an appropriate system for auditing the medication stock and for disposing of it appropriately.

## Requirements relating to workers

✓ Met this standard

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

### Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff. Appropriate checks were undertaken before staff began work and there were effective recruitment and selection processes in place

### Reasons for our judgement

During our inspection we spoke to seven people who used the service however their feedback did not relate to this outcome.

During our inspection we spoke to the manager who told us that recruitment was conducted at the service and that they employed a Human Resources (HR) manager. We looked at five staff files and we found that a completed Criminal Records Bureau (CRB) check had been carried out for each person and that these confirmed that the staff members did not have a criminal record. The HR manager told us that CRBs were applied for every year for nursing staff and every three years for other staff members. They told us that they kept a record of the expiry dates for these. We found that each person's staff file contained at least two references as well as their interview notes, their completed application form, at least two copies of their proof of identity documents, a copy of their national insurance card. Also within these files we found people's training certificates, their competency assessments, their supervision notes, a copy of their contract and a copy of their job description. We also found that where staff were professionally qualified there was a copy of their qualification with a valid expiry date.

We spoke to a senior member of staff who was the person in charge of conducting supervisions and appraisals. They told us they conducted supervisions every three months and appraisals once a year. They told us they conducted their own audits regarding staff recruitment and the provider company was going to be conducting a further audit in January. Within the staff files we reviewed we found records of supervision meetings which confirmed this.

The senior member of staff told us that during recruitment they would check people's level of written and spoken English. They also said they conducted competency checks and that the quality of the care delivered by staff was observed for new starters whilst working alongside them. They told us that new staff attended an induction and then spent several days shadowing more experienced members of staff.

## Staffing

✓ Met this standard

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

### Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

### Reasons for our judgement

We spoke to seven people who used the service. All the people we spoke with told us they believed the staff to be well trained in caring for people and that they could not fault the care they were receiving. Two people we spoke with told us they had previously rung their emergency buzzer and staff had attended within seconds. This made them feel very safe.

During our inspection we asked a senior member of staff about the staffing within the home. The senior member of staff told us they asked people what their preferences were in relation to getting up and their personal care. They told us that once they had obtained this information they would allocate staff accordingly in order to keep as much as possible to people's preferred routines. We saw this happening in practice as staff were allocated to work with people using the service during each shift and this depended on the time people liked to get up and get ready. People were allocated between 15 minutes and 45 minutes with a member of staff to get ready depending on their needs.

The senior member of staff told us that staffing levels fluctuated depending on the number of people using the service within the home and the levels of dependency. They said that during the morning there were an average of six members of care staff and in the afternoons and evenings there were an average of four. They told us that during the night shift there was one trained nurse and two care staff working. The senior member of staff told us that should more people move into the home these numbers would increase.

During our inspection we looked at the staff rotas. We saw that these reflected the staffing levels which had been described to us. The senior member of staff told us that the staff worked between the dementia unit and the rest of the home but that there was always one member of staff who was trained in dementia present within the dementia unit. The manager told us that in addition to care and nursing staff, a full time chef, three full time cleaners and one part time housekeeper were employed to support people using the service.

## 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

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### Our judgement

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The provider was meeting this standard.

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

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### Reasons for our judgement

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During our inspection we spoke to seven people who used the service. One person we spoke with told us the staff could not be nicer, always asked them what they wanted and never made them do anything they didn't want to do. The people we spoke with told us they were given a feedback sheet on Fridays relating to the food quality and they were asked to fill this in.

During our inspection we looked at the information point which was situated in the ground floor lobby. We saw that this contained the complaints policy. We saw that each person was provided with a room guide which contained pictures of the staff with their names and contact numbers. This also contained the statement of purpose and the complaints procedure.

A senior member of staff told us about the concerns procedure. They told us that anyone could raise a concern with a member of staff. The senior member of staff also told us that they attempted to gain people's views all the time and that they encouraged staff and family members to fill in concern forms.

They told us that informal concerns came to them via email and that they would deal with them appropriately. They told us that they had a formal concerns process. They told us that there was a forum to involve family and residents in communications about concerns. They told us that they had only had one formal complaint. We looked at this complaint and saw that the formal complaints procedure had been followed. We saw that a timeline had been kept for the responses and that there was an escalation procedure in place for dissatisfaction however this was not needed in this instance. We found that this record detailed the actions taken in relation to the concern and that each action was signed by the manager.

The manager said that whenever they had any people in the home for respite care they would always encourage them to fill in a feedback form on leaving. The manager also said that they encouraged people to fill in a feedback form about the service one month after arrival and then every six months. They told us that these feedback forms were then sent to the provider company who produced a report of the findings. The manager said that the residents had a resident's community meeting every few months and that the service

asked them for feedback in relation to the rising star awards for staff members. The manager told us there were also staff forums where staff members could share their views. The manager told us that the information they gained from seeking people's views was used to identify possible problem areas and making changes should they be needed. The manager also told us that they conducted a staff survey annually in order to obtain staff views. They also asked staff members for feedback during staff meetings.

During our inspection we looked at the accidents and incidents records and found that this was up to date. We saw that the information recorded was very detailed in a section entitled 'what we've done about it'. The manager also told us that this book was audited each month in order to identify patterns and trends.

This section is primarily information for the provider

## ✘ Action we have told the provider to take

### Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activities	Regulation
Accommodation for persons who require nursing or personal care	<b>Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010</b> <b>Management of medicines</b>
Diagnostic and screening procedures	<b>How the regulation was not being met:</b> The registered person had not protected service users against the risks associated with the unsafe use and management of medicines. The registered person had not made appropriate arrangements for the recording, handling, dispensing and disposal of medicines. Regulation 13.
Treatment of disease, disorder or injury	

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 29 November 2012.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

## 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 dentists and other services at least once every two years. 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 but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

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. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

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**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.

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**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.

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**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

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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)

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### **(Registered) Provider**

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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'.

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### **Regulations**

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

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### **Responsive inspection**

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

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### **Routine inspection**

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

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### **Themed inspection**

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

## Contact us

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