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

Caterham Dene Hospital

Church Road, Caterham, CR3 5RA

Date of Inspection: 25 March 2013

Date of Publication: April 2013

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

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<thead>
<tr>
<th>Standard</th>
<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consent to care and treatment</td>
<td>✔️ Met this standard</td>
</tr>
<tr>
<td>Care and welfare of people who use services</td>
<td>✗ Action needed</td>
</tr>
<tr>
<td>Safeguarding people who use services from abuse</td>
<td>✔️ Met this standard</td>
</tr>
<tr>
<td>Supporting workers</td>
<td>✔️ Met this standard</td>
</tr>
<tr>
<td>Assessing and monitoring the quality of service provision</td>
<td>✔️ Met this standard</td>
</tr>
</tbody>
</table>
## Details about this location

<table>
<thead>
<tr>
<th>Registered Provider</th>
<th>First Community Health &amp; Care Limited</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registered Manager</td>
<td>Mrs. Christine Eade</td>
</tr>
<tr>
<td>Overview of the service</td>
<td>Caterham Dene Hospital is registered to provide care and treatment within a community hospital setting.</td>
</tr>
<tr>
<td>Type of services</td>
<td>Acute services with overnight beds</td>
</tr>
<tr>
<td></td>
<td>Diagnostic and/or screening service</td>
</tr>
<tr>
<td></td>
<td>Urgent care services</td>
</tr>
<tr>
<td>Regulated activities</td>
<td>Diagnostic and screening procedures</td>
</tr>
<tr>
<td></td>
<td>Treatment of disease, disorder or injury</td>
</tr>
</tbody>
</table>
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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</tbody>
</table>
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 25 March 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and/or family members and talked with staff.

What people told us and what we found

We saw several examples of people making choices about what they would like to wear or spend their time doing. This showed us that before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

We saw that the care records were inaccessible and inconsistent. Some care record information seen was incomplete and some care plans lacked clarity and detail. This could mean that people using this service were at risk of inappropriate care.

Staff told us that they were confident that they would recognise and knew what action to take if they observed an abusive situation. This showed us that 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.

Records were seen of annual staff appraisals and additional training was provided based upon each person’s professional development plan (PDP). This meant that people were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Clinical governance was managed through the integrated governance committee. We saw the minutes of the integrated governance committee and saw that issues had been appropriately escalated to the board. This showed us that the provider had an effective system to regularly assess and monitor the quality of service that people receive.

You can see our judgements on the front page of this report.
What we have told the provider to do

We have asked the provider to send us a report by 17 May 2013, 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.

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

**Consent to care and treatment**

<table>
<thead>
<tr>
<th>Met this standard</th>
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<tbody>
<tr>
<td>Before people are given any examination, care, treatment or support, they should be asked if they agree to it</td>
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</tbody>
</table>

**Our judgement**

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

**Reasons for our judgement**

We spoke with six people who were receiving care and treatment in this service. People told us that they were generally well informed by staff and that they felt involved in their care. Everyone that we spoke with knew why they were in the hospital and were able to tell us about the care they were receiving.

For example one person told us that, "The staff ask for my permission before trying to help me". Another person told us that, "The staff are helpful and are working closely with my family to try and help me return home".

We spoke with some visitors to the service and they told us that they had been kept informed about the rehabilitation and other support that their relatives were receiving from this service.

We examined the care records of five people with different assessed needs receiving treatment and care in this service. The provider may find it useful to note that we found some difficulty in finding specific information in those records reviewed and that we had to request staff assistance to find the necessary information.

These showed us that generally people were supported to be involved in the care that they received and had given their consent to being treated by this hospital. We saw some evidence of discussions having taken place with the person and their family where applicable regarding their admission and treatment in this hospital.

We noted that staff asked for permission before offering to support people and we saw several examples of people making choices about what they would like to wear or spend their time doing. We saw that there were plenty of information leaflets available throughout the hospital and these were accessible to people who were receiving in patient care.
Care and welfare of people who use services  

Action needed

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

Our judgement

The provider was not meeting this standard.

People did not experience care, treatment and support that met their needs and protected their rights.

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

Reasons for our judgement

Three people spoken with raised concerns about the quantity and availability of the meals provided. One person also raised concerns about staffing levels. These concerns were not confirmed by the other people we spoke with or by the visitors that we spoke with. However these individual concerns were brought to the attention of senior staff and evidence was seen of actions being taken to address these individual concerns during our inspection.

People told us that they were generally happy with the care and support provided by nursing and other care staff and told us that if they had any concerns these would be addressed by staff. For example one person told us that, "The staff always have time for me". Another person said that, "I feel much better since being here and hope to go home soon".

We also spoke with some visitors to the service and they confirmed that they were generally happy with the care and attention shown by staff to their relatives.

This service is provided by a community interest company under the Department of Health's 'Transforming Community Services' agenda and was formed as a non profit making social enterprise organisation. This was at the request of the staff working in the organisation and we were informed that 70% of staff were stakeholders in this venture.

Many of the people using this service had been transferred from the local NHS acute trust for additional care now that they were recovering from the initial acute phase of their illness. Other people had been admitted from their own home, where they were being supported by the rapid response team, for further assessment and support.

There were 28 people receiving treatment and care in this service on the day of our unannounced inspection. Other services provided on this site included a minor injuries unit, rapid assessment clinic and some community based care clinics. Other outpatient services were provided by the Sussex NHS Hospital Trust for acute services and were located at this location to help reduce travel time for people. We saw that the service had
an active 'league of friends' and we saw evidence of the equipment that had been provided by this group on behalf of people using this service.

We reviewed five care records of people with different needs who were receiving care and treatment in this service. Each person had an individual care record including assessments of individual need and how these should be met by staff in the form of individual care plans to help to support health and personal care needs. Assessments were in place with regard to health care needs, such as risks associated with rehabilitation, manual handling and risk of falls. We noted that these records were inaccessible and that there were inconsistencies in the recording of assessments of individual healthcare needs and how these were to be met by staff. Some care record information seen was incomplete and some care plans lacked clarity and detail.

The provider may find it useful to note that we found there were some gaps in the weekly checking during December 2012 and January 2013 of the resuscitation equipment based on the main ward area. This was brought to the attention of senior staff during our visit.

We saw that a rehabilitation gym was available for people to use and that there was an emphasis on rehabilitation and re-enablement for some people. Senior staff confirmed that people had access to physiotherapy, occupational therapy, social workers and community staff as part of this process.

We saw that staff were busy providing individualised care for people and the staff spoken with were clear about the specific health needs of each person using this service and what care they needed to provide for them. We saw that staff were respectful of the privacy and dignity of people for example by using privacy curtains and waiting for a response before entering. We saw that people had their call bell system close to them and were encouraged to spend time out of bed. We did not see people being kept unduly long for assistance and saw that call bells were being answered in a timely manner.

Staff confirmed that there had been no recent cases of methicillin resistant staphylococcus aureus (MRSA) and one case of clostridium difficile (C. Diff). However there had been four outbreaks reported of the 'Noro virus' (winter vomiting bug). These had been appropriately reported to the relevant bodies including the local health protection unit (HPU). Subsequent actions including a deep clean had taken place. We saw that there were posters up at the entrance to the ward area informing people of the signs and symptoms of the virus and promoting adequate hand washing precautions. People were encouraged not to visit if they had any of the signs and symptoms of the virus to avoid inadvertent spread of this virus.

We noted that there had been no reported breaches of the Department of Health single gender accommodation guidelines.
Safeguarding people who use services from abuse  Met this standard

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

Policies and procedures were in place to ensure that people receiving care and treatment were protected from abuse and adequate safeguards were in place to promote their human rights. Examples of these included a safeguarding policy for adults dated November 2011. This was based on the multi-agency procedures, information and guidance issued by Surrey County Council. A reporting flow chart was available and this gave further guidance for staff.

We saw that there was guidance available for staff on the Mental Capacity Act 2005 and that there were 'deprivation of liberty' authorisation forms available. Staff told us that these would be completed in partnership with the social work team based at this hospital.

The training records reviewed showed us that approximately 80% of staff had received their safeguarding adults training. Senior staff informed us that further training sessions were planned. Those staff spoken with demonstrated a clear understanding of their role in identifying abuse and told us that they were confident that they would recognise and knew what action to take if they observed an abusive situation.

We were not aware of any safeguarding concerns in relation to this service at the time of this unannounced visit.
Supporting workers

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 training records and these showed that staff had received an initial induction to the service. The provider may find it useful to note that we found some gaps in staff's attendance at mandatory training opportunities and this was brought to the attention of senior staff during the inspection. We noted that there were further training sessions being made available for staff to access.

Records were also seen of annual staff appraisals and additional training was provided based upon each person's professional development plan (PDP). The service had recently introduced a new system of clinical supervision that included a choice of how individual staff could access this. We saw evidence that this system was already being used by staff.

We noted that meetings known as 'coffee break' meetings were held every two months to enable staff to meet with the organisation's managing director, other directors and the communications manager. Staff concerns could also be escalated through the 'floor to board in five minutes' initiative where senior managers would respond promptly to any queries raised by staff.

The provider may find it useful to note that when we spoke with staff several of them told us that they were concerned that the staffing levels on the ward did not meet the assessed dependency levels of the people using this service. We reviewed the duty rotas and these showed us that there were adequate numbers of staff on duty for example, three registered nurses and five care workers were working the early shift during our inspection. However the concerns were bought to the attention of senior staff who agreed to look into them. Some staff also told us that they felt well supported by senior ward based staff and that they were able to access suitable training opportunities.
Assessing and monitoring the quality of service provision

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

Records were in place that demonstrated that the provider assessed and monitored the quality of their services. For example we saw that the service had recently implemented the 'fifteen steps challenge' as drawn up by the NHS institute and this had been carried out on the ward by a team of people including a patient and a non executive director. The findings were then fed back to the ward and publicised through a series of posters on display. We saw that the identified actions were being addressed for example more support at meal times and increased staff visibility at busy times of the day.

We noted that the organisation was going to implement the ‘friends and family test’ from April 2013. Steps were also being taken to work with an independent organisation to gain ‘real time’ feedback from patients and staff and to examine the correlation between the respective levels of satisfaction felt by patients and staff. We reviewed the last three quarterly complaints and compliments received and noted that only a few complaints had been received. The records seen of these demonstrated to us that these had been addressed through the organisation’s complaints management processes. We also saw that there were a positive number of compliments and we saw that the ward had a number of compliments cards on display on a notice board.

Clinical governance is managed through the integrated governance committee and this committee reports directly to the board of directors. We saw the minutes of the integrated governance committee and saw that issues had been appropriately escalated to the board. We noted that other groups for example, health and safety, clinical quality and effectiveness and infection control and prevention groups. An audit plan was seen and audits included monthly hand hygiene checks, environmental and safety thermometer findings linked to individual outcomes for people.

Previous audit results showed us that the organisation was monitoring the quality of the care provided. For example we saw that the cleanliness audits were regularly over 95% and that the organisation had a 100% response to centrally issued 'safety alert bulletins (SAB).

We reviewed the recent minutes of the clinical quality and effectiveness group and saw that there was a comprehensive standing agenda of items that were reviewed monthly.
These included medicines management, serious incidents and complaints. We saw an example of a recent roots cause analysis (RCA) investigation and the lessons learnt by the organisation. This was noted to be comprehensive.

We saw that the service had received a positive patient environment action team (PEAT) visit on 19 January 2012. The service had been scored as ‘excellent’ in both food provided and in privacy and dignity and ‘good’ for the environment. We saw that there was an active programme of capital improvements taking place during our inspection to address the identified concerns following the PEAT inspection. Examples seen included a new central heating boiler and new windows. The service confirmed that they were expecting a patient led assessment of the care environment (PLACE) visit early in the new financial year.

We saw the organisation’s quality account for 2012 / 2013 and this showed us that the service was complying with its national commissioning for quality and innovation (CQUIN) measures.
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.

<table>
<thead>
<tr>
<th>Regulated activities</th>
<th>Regulation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diagnostic and screening procedures</td>
<td>Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010</td>
</tr>
<tr>
<td>Treatment of disease, disorder or injury</td>
<td>Care and welfare of people who use services</td>
</tr>
<tr>
<td></td>
<td>How the regulation was not being met:</td>
</tr>
<tr>
<td></td>
<td>Care records were inaccessible and there were inconsistencies in the recording of assessments of individual healthcare needs and how these were to be met by staff. Some care record information seen was incomplete and some care plans lacked clarity and detail.</td>
</tr>
</tbody>
</table>

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 17 May 2013.

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.

**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)

<table>
<thead>
<tr>
<th><strong>(Registered) Provider</strong></th>
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<tbody>
<tr>
<td>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’.</td>
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<table>
<thead>
<tr>
<th><strong>Regulations</strong></th>
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<tbody>
<tr>
<td>We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.</td>
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<table>
<thead>
<tr>
<th><strong>Responsive inspection</strong></th>
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<tr>
<td>This is carried out at any time in relation to identified concerns.</td>
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<table>
<thead>
<tr>
<th><strong>Routine inspection</strong></th>
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<tr>
<td>This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.</td>
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<table>
<thead>
<tr>
<th><strong>Themed inspection</strong></th>
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<tbody>
<tr>
<td>This is targeted to look at specific standards, sectors or types of care.</td>
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</table>
Contact us

<table>
<thead>
<tr>
<th>Phone:</th>
<th>03000 616161</th>
</tr>
</thead>
<tbody>
<tr>
<td>Email:</td>
<td><a href="mailto:enquiries@cqc.org.uk">enquiries@cqc.org.uk</a></td>
</tr>
</tbody>
</table>
| Write to us at: | Care Quality Commission  
                        Citygate  
                        Gallowgate  
                        Newcastle upon Tyne  
                        NE1 4PA |
| Website: | www.cqc.org.uk |

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