

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

## Silver Lining Care Services Limited t/a Home Instead Senior Care

1 Brook House, Brook Road, Budleigh Salterton,  
EX9 6AY

Date of Inspection: 14 January 2014

Date of Publication: February  
2014

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

**Cleanliness and infection control** ✓ Met this standard

**Management of medicines** ✓ Met this standard

**Requirements relating to workers** ✓ Met this standard

**Supporting workers** ✓ Met this standard

**Assessing and monitoring the quality of service provision** ✓ Met this standard

**Complaints** ✓ Met this standard

## Details about this location

|                         |   |
|-------------------------|---|
| Registered Provider     | Silver Lining Care Services Limited   |
| Registered Manager      | Mrs. Lesley Morgan  |
| Overview of the service | Silver Lining is a domiciliary agency which operates as a franchise within the Home Instead Senior Care group, offering personal care and support to people in their own homes. |
| Type of service         | Domiciliary care service  |
| 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 |
|---|------|
| <b>Summary of this inspection:</b>                        |      |
| 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    |
| <b>Our judgements for each standard inspected:</b>        |      |
| Respecting and involving people who use services          | 6    |
| Care and welfare of people who use services               | 8    |
| Cleanliness and infection control                         | 10   |
| Management of medicines                                   | 11   |
| Requirements relating to workers                          | 12   |
| Supporting workers  | 13   |
| Assessing and monitoring the quality of service provision | 15   |
| Complaints  | 17   |
| <b>About CQC Inspections</b>                              | 18   |
| <b>How we define our judgements</b>                       | 19   |
| <b>Glossary of terms we use in this report</b>            | 21   |
| <b>Contact us</b>   | 23   |

## 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 14 January 2014, 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, talked with staff and reviewed information given to us by the provider.

We spoke with the owners, the registered manager, two health care professionals, three relatives and a family friend.

---

### What people told us and what we found

---

We inspected the agency at short notice and visited three people in their own homes. The agency provided a service for approximately 65 people.

People and relatives told us that the agency provided "exceptional care, way above what was expected" and "they go above and beyond".

Many comments about the care staff included the words "brilliant" and "excellent". Other comments included "girls are good", "girls are fantastic", "they always leave X smiling" and "nothing seems too much trouble for them – I never feel rushed". The agency provided the same staff to people which gave continuity of care.

Care and support was personalised and took into account individual preferences and choice. People told the agency what they wanted from the service.

Staff were well trained and supported to do their jobs properly. Comments included "love it here", "lots of training" and "feel supported". One person told us "help polish their (staff) halos – they work together".

We found that the agency kept comprehensive records in the home and office – both written and electronic. This included those relating to care, recruitment, complaints, training and quality assurance. This meant there was good communication across the staff team and a robust system in place to highlight any concerns or areas that needed addressing, ensuring that people were safe. Some of the care records required more information in them to provide consistency in care practice.

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](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

**Respecting and involving people who use services** ✓ Met this standard

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

---

### Our judgement

---

The provider was meeting this standard.

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

---

### Reasons for our judgement

---

People who use the service understood the care and treatment choices available to them.

We were told by people and their relatives who use the service that they had been involved in discussions about the support they required prior to the service starting. We saw care staff supporting people in their own homes in a relaxed and friendly way. Everyone told us that they were able to have their care and support in a way that was 'tailor-made' to suit their individual needs. Comments included "they do what I want them to do" and "they do whatever is necessary". We saw that people were able to change their minds about what they wanted to do for that day and that staff enabled this.

People told us that staff always arrived on time and stayed for the whole length of time required. Comments included "they don't fly out - that's the best bit about this firm" and "if anything, they go above and beyond". The policy of the service was to arrive within 15 minutes of the time given. Staff told us that they were sometimes delayed for example due to traffic or roadwork - on these occasions the office would telephone the person to keep them updated on when the care staff were due to arrive. One relative told us "we didn't want anyone in - that's why we chose them". This meant that people understood the care, treatment and support choices available to them. People and staff told us these occasions were rare.

People told us they knew the staff who would be caring for them. We saw that the agency were careful to match individual care staff to meet people's individual needs. We saw from timesheets that there was a set team of staff for each person each week and that the agency kept the same people as far as possible. Care staff told us they usually had the same people to look after each week. Both care staff and people told us that they liked this continuity and it helped with building up relationships. One person who had recently come to the agency, told us that the carer had been introduced to them before they came into their home.

We saw that people were encouraged to maintain their independence and supported to do as much as possible for themselves. Care and support was personalised and took into account individual preferences and choice.

We saw that people had information about the service in their homes. Each person had a plan of care and they were written in consultation with the person - with either the person or their relative signing to say they had agreed with the plan of care. This meant that people had been involved in the planning of their care.

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

---

**Our judgement**

---

The provider was meeting this standard.

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

---

**Reasons for our judgement**

---

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

We saw that there was a thorough assessment in place which was undertaken prior to the service starting. We looked at three care files in people's own homes.

We found the agency supplied 'a client journal' in people's home. This file contained all the information required and included a service agreement and signed contract. These files were very organised and kept neatly.

The care delivered was person centred. People told us that the agency provided a service, based on what the person needed. One person said "they do what I want them to do". Two health care professionals told us "they are good at building up relationships" and "any problems are sorted out quickly". They further commented that the service "had a good reputation", "well thought of in the area" and "well respected.

We saw that care and support plans were comprehensive and details of any specific care needed were in place. We saw that any information/guidance from specialist professionals was held in the records, for example there was information on strokes and specialised feeding programmes. Health care professionals told us that the agency asked for advice where and when necessary and that any problems "were sorted out quickly. There was a 'client activity log' which staff completed at each visit. We saw that these contained a good summary of what staff had done on which visit and were signed and dated.

Each person had an environmental risk assessment and further individual risks identified as necessary such as falls, mental capacity and skin integrity. Whilst we saw that risks had been identified, we found that there was not always enough information to support staff to do their jobs properly and in a consistent manner. For example, one person was at risk of a skin infection due to a specialised catheter being fitted but lacked detail of how to manage this risk. One person was at risk of pressure damage but no information to guide staff to manage this. We spoke with the manager about this issue and they told us that they had already identified that the care plans and risk assessments needed more detail

and more frequent updating. They were in the process of recruiting two part-time staff to help address the concerns.

Each file had a separate 'communication book' where relevant information was written down to pass on to other staff, for example information that the care plan had changed.

People told us that the agency provided a regular and consistent staff team to individuals. People and their relatives told us that they liked to get to know the staff and one person said "they go above and beyond". Healthcare professionals told us that they liked the fact that the agency matched care staff with particular people and that a continuity of service was provided. They commented "it's really great – the continuity of staff" and "people have the same carers – good for the complex cases".

We saw that the care and support plans were reviewed regularly and this information was held electronically.

People showed us they had a rota which showed which carer could be expected on each day and at what time. Staff told us they found it 'helpful' to know what they would be working. They told us that they sent in an availability sheet to the agency and the office staff tried to accommodate their working pattern. One member of staff told us that they work with the same person all the time, but it would be helpful if they worked set days too.

People and relatives told us that the agency was flexible and responded to any changes in care provision. For example, we saw that one person had cancelled several visits due to family visiting.

**People should be cared for in a clean environment and protected from the risk of infection**

---

**Our judgement**

---

The provider was meeting this standard.

People were cared for in a clean, hygienic environment.

---

**Reasons for our judgement**

---

We spoke with staff about the procedures employed to ensure that the risk of infection was reduced and cleanliness maintained.

Gloves and aprons were issued and supplied to staff on an individual basis. We saw that these were in use in each person's home we visited where required. We were told that staff carried adequate stocks of protective equipment in their vehicles as their personal supply. Staff were supplied with personal alcohol hand wash gel.

The agency had a 'no uniform' policy. The agency considered that uniforms were a 'barrier' and care staff wore their own clothes. This was because the agency supplied staff not only for personal care, but for other services such as companionship, escorting people on visits/appointments or company in their own home. All the people we asked about staff uniforms told us that they did not mind staff wearing their own clothes and preferred it when they visited. One person told us it was better when they went out with the care staff as they felt more relaxed.

We were told us they had undertaken training in infection control, health and safety and food hygiene. This meant that staff were fully trained in their duties and understood the importance of a clean environment which prevented risk of infection.

We saw that there were good standards of cleanliness and hygiene in people's own homes where staff were employed for domestic duties. We saw that staff used the appropriate techniques. Where equipment was used, this was seen to be clean and hygienic. People told us they were very happy with the staff's level of cleanliness.

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

---

## **Our judgement**

---

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

---

## **Reasons for our judgement**

---

Medicines were handled appropriately.

Staff had undertaken training in the safe administration of medicines. This consisted of an updated six hour course which had recently been introduced by the agency. We looked at the programme and saw that the training was in-depth and comprehensive – the content covered theory and practice and staff completed a workbook. This meant that staff received appropriate training in medication practices and procedures.

Staff we spoke with were clear how procedures were followed. The agency had a suitable medication policy in place. They used a 'traffic light' system which directed staff as to how much support a person needed with their medication. We saw that this information was clearly written on records and staff had a personal copy of the system should they need to refer to it. We were told that staff only supported people with their medicines from a measured medication administration system that had been prepared and checked by the pharmacy. One person we visited in their own home required their medication to be given in liquid form via a specialised feeding tube. Care staff supported this practice and told us they had received training in this and had a good knowledge of what was required.

We saw that any errors in medication were reported to the office, the appropriate people notified and the correct action taken to prevent a reoccurrence.

We looked at the medication records in two of the homes we visited. We found that there were clear medication administration records in place and that these had been completed appropriately, with the exception of one person. The provider might find it useful to note that staff told us this person regularly had a prescribed cream applied by care staff, but there were no records to confirm this.

## 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.

---

### Reasons for our judgement

---

There were effective recruitment and selection processes in place.

We chose three staff files across a range of staff positions. Each file contained all the information required and held a copy of a completed application form, two suitable references and a satisfactory Disclosure and Barring Service (DBS) check. Proof of identity of each member of staff was held on the electronic system in order to provide individual staff identity badges. The provider might find it useful to note that two of the files did not include some of the information required, for example gaps in employment history. Discussing employment history with the manager, ensured that people were safe from staff who may not be fit to work with vulnerable people.

Each prospective member of staff had an interview that was carried out by the recruitment team. They were asked set questions about the role they had applied for and their answers were recorded.

All of the people spoken with were complimentary of the staff and comments included "girls are good", "girls are fantastic", "staff are absolutely excellent" and "my girls are brilliant".

All staff spoken with told us they had regular supervision and staff meetings. They told us they felt well supported to do their jobs, felt part of a team and received good training.

**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 well supported to deliver care and treatment safely and to an appropriate standard.

---

## Reasons for our judgement

---

Staff received appropriate professional development. People told us that they were very satisfied with the care staff who visited them. Many people used the word 'brilliant' about the care staff. Comments included "some of the carers that come in are really brilliant", "they (the care staff) do a brilliant job – very happy with the service" and "excellent so far". We spoke with staff about their induction and their ongoing training and support. Care staff told us they had good support, regular training and their competency was checked regularly. One member of staff told us "there's a lot of training - we are well trained".

We looked at the induction training for new staff and saw that it was a two-day course. This followed the recognised Skills for Care induction training and staff were trained on the Common Induction Standards. We were told that the induction training formed a 'second interview' to ensure that people with the right skills and experience had been appointed. We saw that further training was then undertaken within four weeks of appointment, for example medication training and safe handling and moving techniques.

New care staff were then required to 'shadow' a permanent member of staff - in the person's home whom they would be providing care or support for. One member of staff told us that they shadowed each person they went to before they went on their own. This period of time was dependant on the individual member of staff's needs and was flexible to meet their training needs. New staff then had a three month probationary period before their employment was confirmed. This meant that new staff were carefully monitored and supported.

The agency offered recognised City and Guilds dementia care training to all of the staff. This was introduced in recognition of the increasing amount of people who had a dementia related illness. Staff told us that, following the training, it had made them more confident and knowledgeable to look after people with a dementia need. One person told us "it helped with X – a lot of it is common sense but it helped to reaffirm this". One health care professional told us that the agency was "good at dementia care" and that they used a "softly, softly approach to build up relationships".

Staff told us that there was "always some training going on", "lots of training" and "we are well trained". They told us that training needs were discussed in supervisions. Training involved internal and external training providers and was either undertaken in a classroom environment or with electronic processes such as DVD's. Staff told us that they never visited a person if they had not had the training or met the person first. People told us that all their staff were well trained and competent - and that they felt safe when they visited. This meant that people were cared for by care workers with the appropriate skills, knowledge or experience.

We saw that the agency recognised individual staff's performance. One member of care staff had recently been recognised as 'making a positive difference to a person's life'. The member of care staff was very proud to have obtained this.

## Assessing and monitoring the quality of service provision

✓ Met this standard

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

---

### Our judgement

---

The provider was meeting this standard.

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

---

### Reasons for our judgement

---

We saw that the agency had a number of quality assurance systems in place which monitored the service delivered. All of this information was held electronically. The internal audit team regularly monitored the agency's performance and we were told they would either telephone or visit the office if they thought it necessary or had a concern. We saw from the computer systems that reviews of people's care were undertaken on a regular basis. The manager completed an internal audit/report each month. We saw that from these reports, the manager had identified that people's care plans and risk assessments were not completely up to date. We looked at the analysis of the last quality assurance survey which was sent out to people in July 2013. This survey was carried out by an independent company and the results were very positive, with many compliments given. We saw that any negative results were looked at and an action plan was set up. For example, the agency was in the process of introducing an automated telephone system to record care staff's arrival/departure times from people's homes.

Regular 'spot checks' were undertaken by the manager in people's homes to monitor that the service provided was as agreed in the assessment and care plan. All of the people we visited in their own homes told us they knew the manager well and had confidence in their management of the service. They told us they would have no hesitation in speaking with them. One person who had recently started using the agency told us "I am happy with the service, it's very positive, it's excellent so far. I just like X (the member of care staff)". All of the people told us that the communication with the office was good.

We saw from records that the majority of people who use the service had chosen it themselves as they had control over their own monies. One person told us "I was with another agency - this one is much better. X is wonderful and it (the service) is fantastic. The girls are good". We saw that most new business for the agency came from personal recommendations and 'word of mouth'. Two health care professionals told us that they were happy with the quality of the service given and that "they (the agency) know what they are doing".

Staff told us they felt supported by the owners and manager of the agency and that they

received regular supervisions and an annual appraisal. Office staff told us that they had a weekly meeting to discuss their performance and to ensure that targets were being met. Staff told us that staff meetings were held regularly and they felt part of the team.

The office had an 'open door' approach and we saw that some staff dropped in during our visit. We saw that there was a relaxed and inviting atmosphere in the office and staff felt comfortable and welcome.

**People should have their complaints listened to and acted on properly**

---

**Our judgement**

---

The provider was meeting this standard.

There was an effective complaints system available. Comments and complaints people made were responded to appropriately.

---

**Reasons for our judgement**

---

People's complaints were fully investigated and resolved, where possible, to their satisfaction.

The agency had a comprehensive electronic recording system in place. We saw that office staff recorded all notes from people's reviews about their care and support. We saw that this system also recorded any areas of concern or problems with the action plan/outcome recorded. For example, we saw that a relative had contacted the office about a care issue - this had been recorded, investigated and resolved appropriately. Notes had been made both on the person's care file and the care staff member's file. An email was sent round the office to alert other staff to the concern. This meant that all relevant information about people's care is recorded and held on file.

The agency had a comprehensive complaints policy which contained all the information required. People confirmed to us they knew how to complain if they needed to but told us they had no complaints at all but many compliments. We looked at a complaint that had recently been made and saw that it had been fully investigated, a decision made on the evidence found and an outcome letter sent out to the complainant. This meant that people could be confident that they had their comments and complaints listened to and acted on.

We saw that the agency had received many compliments since the last inspection. Written letters included comments such as "I bless the day your agency came into our lives", "...very big thank you...we could not have achieved this level of independence without you", "I thank you all from the bottom of our hearts for your love and attention" and "thanks for all your TLC! You are all saints".

## 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](mailto:enquiries@ccq.org.uk)

---

---

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

---

---

Website: [www.cqc.org.uk](http://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.

---