# Inspection Report

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

# Southcot Dental Surgery

792 London Road, Larkfield, Aylesford, ME20 6HJ

Tel: 01732843560

Date of Inspection: 03 July 2013

Date of Publication: July 2013

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

| | |
|---|---|
| **Consent to care and treatment** | ✓ Met this standard |
| **Care and welfare of people who use services** | ✓ Met this standard |
| **Safeguarding people who use services from abuse** | ✓ Met this standard |
| **Cleanliness and infection control** | ✓ Met this standard |
| **Requirements relating to 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 | Southden Ltd |
| Registered Manager | Mr. Timothy Wakerley |
| Overview of the service | Southcot dental Surgery is a dental surgery that provides general dentistry to adults and children. The practice provides private dental care with an interest in treatments to restore, brighten, straighten and rejuvenate.<br><br>The Practice is situated on London Road, Larkfield, Aylesford, Kent. The location of the surgery provides ample parking facilities and is accessible to wheelchairs. |
| Type of service | Dental service |
| Regulated activities | Diagnostic and screening procedures<br>Surgical procedures<br>Treatment of disease, disorder or injury |

# 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'.*

## 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 announced 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 3 July 2013, observed how people were being cared for and talked with people who use the service. We talked with staff.

### What people told us and what we found

Before people received any care or treatment, they were asked for their consent and the provider acted in accordance with their wishes. Where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

One patient told us, "They explain what is needed and what is not. They provide advice and give options of treatment. I then agree if I am happy to proceed before they start any treatment". Another patient said, "The dentists ask me for my permission at every visit. He tells me precisely what he is going to do before proceeding after I must have said yes".

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

People we spoke with told us, "It has been wonderful". "The best experience I have ever had" and "I feel really good. Feel looked after and cared for".

People who used 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.

There were effective systems in place to reduce the risk and spread of infection.

There were effective recruitment and selection processes in place.

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

People had their comments and complaints listened to and acted on, without the fear that they would be discriminated against for making a complaint.

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

## More information about the provider

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

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

## Our judgements for each standard inspected

**Consent to care and treatment** ✓ Met this standard

**Before people are given any examination, care, treatment or support, they should be asked if they agree to it**

### 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

Before people received any care or treatment, they were asked for their consent and the provider acted in accordance with their wishes. Where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

One patient told us, "They explain what is needed and what is not. They provide advice and give options of treatment. I then agree if I am happy to proceed before they start any treatment". Another patient said, "The dentists ask me for my permission at every visit. He tells me precisely what he is going to do before proceeding after I must have said yes".

We spoke with three members of staff about how they ensured people were involved in making decisions about their care and treatment. They gave good examples of their daily practice of how they achieved this. We heard comments like, "For example, If the visit is about filling, we show them the problem i.e. decay, discussed required treatment and options of restoration, benefits and negative sides. We do a treatment plan with both options on them and ask them to go away and think about it before we carry out any treatment at a later date". Another staff said, "Every patient receives a treatment plan and cost, which is explained to them and they sign to give their consent". This demonstrated that people who used the service had the opportunity to express their opinions and consent was sought before treatment was given.

Staff told us there were systems in place to gain consent from parents of children under the age of sixteen. They said, "I try and explain to a child what needs to be done in a child friendly manner. If a child says I do not want to go ahead with the treatment, then I stop. Parents are always with the child, so I speak with the parents too for consent". "Regards children, I ensure the parents are with them when treating and always seek their consent. Usually they come with the mother. I explain the process to the child but the parent needs to consent to the treatment". This showed that the practice ensured they sought patient's consent on treatments and gave them the opportunity to say no to treatment.

We saw that private patients had signed their treatment plan forms. These forms gave information on full oral health assessment; treatment proposed, the cost of the treatment, which was then signed by the patient to ensure they had understood and accepted the treatment and associated costs. The patient also received a copy of this form for their records. This showed that staff understood consent procedure and allowed patients the opportunity to withdraw or consent to the treatment offered.

We saw that people were provided with treatment options. For example, there was information leaflet and on their website for hygiene treatment, therapy treatment, tooth whitening, crowns and bridges, dentures, implants and braces. One patient said, "They always offer me options for procedures. They are very professional". This meant that the practice provided treatment options which enabled informed consent.

**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**

## 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

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

We spoke with three patients who used the practice about their experience of Southcot dental surgery. They told us that they liked the practice. They commented, "It has been wonderful. They answer all your questions. They are good and friendly. They welcome you". "The best experience I have ever had" and "I feel really good. Feel looked after and cared for".

We looked at the records of ten consultations which were kept electronically on the computer. They contained information about each person's medical history, what the dental examination had involved and a record of any treatment given together with the costs involved. We saw that all patients were involved in developing their treatment plan and had agreed to it. This plan was based on a full mouth assessment that was undertaken by the dentist. For example, we saw treatment plan that showed different stages of treatment and the prognosis of the treatment. We saw records of detailed discussions held between patient and dentist, signed and dated by the patient.

The provider may find it useful to note that we found that some medical history questionnaire were either not available or were not signed by the patient. Failure to provide consented medical history might mean that patients had not consented before admission into the practice.

The clinic had four clinical surgeries. Two surgeries were on the ground floor and could be used for disabled patients or those with mobility problems. The practice was staffed by four full time dentists, one practice manager, five dental nurses and two reception staff on the day we visited. We saw that flexibility in booking patients in for treatments meant that appointment times were arranged so that a realistic amount of time was allocated to each patient. One person said, "I was offered an open slot today when I called and I was happy I could see the dentist at short notice". Another person said, "They always send a reminder text to me to remind me of my appointment, which was good". This helped to ensure that people received the care and treatment they needed and met the needs of patients as at

when required.

The patients spoken to were very positive about the treatment and quality of service that they received. Comments included, "I left another dentist to come here and I feel better because they have been able to cope with me, my reaction and I have confidence in their practice".

A quality assurance system was in place to monitor the quality of x-rays taken as required by current radiography guidelines. This was supported by a weekly audit of dental x-rays carried out by staff and further discussions at monthly staff meetings. This meant that patients were protected from unnecessary exposure to radiation.

We saw records that showed staff were appropriately trained in medical emergencies that might occur within the practice, including dealing with a collapsed patient. Staff were trained in cardiopulmonary resuscitation and basic life support. This meant that there were arrangements in place to deal with foreseeable emergencies.

**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 used 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

People who used 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.

There were safeguarding adult and child protection policies in place detailing what actions to be taken by the practice to help keep vulnerable adults and children safe. Safeguarding contact information was seen on file. Records showed that all staff had undertaken training on how to safeguard children and vulnerable adults. This meant that the provider ensured staff were aware of the procedures involved in raising concerns about the possible abuse or neglect of children and vulnerable adults.

We spoke to staff about their knowledge and understanding of how to keep vulnerable adults and children safe. Staff knew what to do and who to contact if they had any concerns about a patient who used the practice. The practice had a named person who was responsible for safeguarding and who should be informed in the event of any safeguarding issues. A member of staff said, "We ensure we follow safeguarding protocol and we are all trained in recognising abuse and how to report this". This demonstrated that the provider knew how to identify the possibility of abuse and respond appropriately, including contacting the local safeguarding authority.

The practice had a whistle blowing policy which stated that the practice encouraged people to raise concerns and that they would deal with them in an open and professional manner. Staff knew who to contact if any concerns that they raised were not taken seriously at the practice. A member of staff said, "If concerned or suspicious about abuse, I will raise it with the dentist or practice manager and if not taken seriously, I will contact social services and police if need be". This showed us that staff understood the relevance of safeguarding children and vulnerable adults in dentistry and where to go, if required.

The provider may find it useful to note that we found that some staff had not been trained on Mental Capacity Act 2005 (MCA) and its relevance to their work. The MCA is accompanied by a Code of Practice that provides guidance for those working with people

who may lack capacity. We spoke with the practice manager about this and we were informed that staff would be trained on MCA.

Patients who used the practice informed us that they felt very safe and had no concerns.

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

**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 protected from the risk of infection because appropriate guidance had been followed.

## Reasons for our judgement

There were effective systems in place to reduce the risk and spread of infection.

We noted that the practice was clean and well maintained. The two patients we spoke with told us that the practice was always clean and tidy when they visited. One patient said, "It's always clean and excellent". Another person said, "It's always clean and pleasant here. The four surgeries we observed were clean and free from clutter.

There were effective systems in place to reduce the risk and spread of infection. This was demonstrated through direct observation of the cleaning process and a review of practice protocols that the Health Technical Memorandum 01-05: Decontamination in primary care dental practices and Essential Quality Requirements for infection control were maintained. The practice had a decontamination policy in place. This was supported by a series of practice protocols in relation to infection control. The practice manager told us that audit of infection control was carried out every week. We were informed that a dental nurse was the designated infection control lead, which we evidenced in the infection control policy.

All staff we spoke with recognised the importance of maintaining good infection control procedures. All staff had undergone training on infection control. A member of staff commented, "We use personal protective equipment (PPE) at all times". Another said, "We disinfect all areas and use new coverings after every consultation. This is in line with our infection control".

A dental nurse demonstrated the decontamination process to us and this validated the various practice protocols in place for infection control. They showed us the process from taking the dirty instruments through to clean and ready for use again. They used PPE such as double gloves, aprons and masks to prevent infection. The practice used manual cleaning for the initial phase of the decontamination process in the decontamination room; checked under light for any remaining debris or particle. This was followed by sterilisation of the instruments. It was clearly observed by us that clean and dirty instruments did not re-contaminate each other. There were two separate sinks used for these in the decontamination room and a separate sink for washing hands. There were designated dirty and clean areas.

When instruments had been sterilised, they were pouched and stored until required. All pouches were dated with an appropriate expiry date of one year according to the new regulation. The dental nurse told us that regular checks were made to ensure that the expiry dates were not exceeded. This was supported by the use of a stock rotation protocol which we observed. They showed us that systems were in place to ensure that the autoclave used in the decontamination process was working effectively. The practice manager showed us the maintenance contract for the autoclave and compressor demonstrating that they were safe and effective for use. This meant that decontamination of equipment was maintained to the standards set out in current guidelines.

The dental water lines were maintained in accordance with current guidelines. Flushing of the water lines was carried out in accordance with current guidelines and supported by an appropriate practice protocol. A Legionella water test and risk assessment had been carried out by an appropriate contractor.

The segregation and storage of dental and sharps waste was in accordance with current guidelines. The practice used an appropriate contractor to remove dental waste from the practice. Waste consignment notices were available for inspection. We observed that sharps containers were well maintained and correctly labelled. The practice sharps injury protocol was clearly understood by the practice staff. This meant that staff were protected against contamination by blood borne viruses.

We saw that hand wash soap and hand gels were available in all the three toilets we looked at during our visit. The provider may find it useful to note that we found that pedal bins was only available in one toilet. This meant that the provider had not fully complied with the Department of Health's Code of Practice on the Prevention and Control of Infections and related guidance so that the required standards could be maintained.

Legionella risk assessment had been carried out to ensure that the risk of Legionella was minimised as stated in compliance criterion two of the Department of Health's Code of Practice on the Prevention and Control of Infections and related guidance. We saw that staff were trained on infection control and decontamination as part of their continuing professional development (CPD).

**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.

Appropriate checks were undertaken before staff began work.

## Reasons for our judgement

There were effective recruitment and selection processes in place.

We looked at three staff files and found that they included completed application forms or curriculum vitae (CV) which had members of staff education and work histories. We saw interview notes in staff files which showed that staff had been interviewed as part of the recruitment process. This ensured that staff had the qualifications, skills and experience to undertake their work.

Each file contained evidence of satisfactory pre-employment checks such as criminal record checks, Independent Safeguarding Authority (ISA) checks and references. Files also contained proof of identity. This showed that the provider had an effective recruitment and selection procedure in place which enabled them to ensure people were f protected from risk of harm.

Information in staff files and discussion with staff evidenced that a staff induction programme was in place. Staff spoken with described the training they attended. They said the training equipped them with the knowledge and skills they needed to support people effectively and safely. This showed that the provider ensured staff had the skills and experience which were necessary to carry out their responsibilities.

We noted that both dentist and dental nurses were registered with general dental council (GDC). There was a recruitment policy in place which was followed by the practice.

**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 received.

## Reasons for our judgement

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

Patients had been asked for their views about the treatment provided so their suggestions could be acted on. Records showed that patients had completed patient satisfaction questionnaires recently. The result of the survey/questionnaire was in the quality assurance folder. It showed that the patients were happy with the service provided by Southcot dental surgery. This meant that people were given regular opportunities to comment on the practice and expressed high levels of satisfaction with it.

The practice had a number of systems in place to make sure that the service assessed and monitored its delivery of care. This included audits of patient's records, oral health outcomes and clinical governance systems like infection control, radiography, autoclave daily test, compressor and dental training. We saw records of practice incident log where incidents were reported to the practice manager and required action taken.

We looked at a number of policies and procedures such as infection control, which was last reviewed in 2013 and covered areas like blood borne viruses, decontamination, cleaning, sterilisation, hand hygiene, clinical waste, personal protective equipment and spillage, which were in place at the practice and gave guidance to staff in a number of key areas. Staff demonstrated that they were knowledgeable about aspects of this guidance.

Records evidenced that staff meetings took place on a regular basis. The minutes of these meetings showed that plans were discussed to improve the quality of care that people received. Areas discussed included result of patient's forum, vulnerable adult, equipment, significant events, referrals, control of substances hazardous to health (COSHH) training and HTM01-05 changes. Staff said these meetings were useful and helped to increase their awareness, knowledge and understanding of a number of topics related to dentistry and inspection. This meant that the provider ensured minutes of meetings as well as results of feedback and audits were discussed to improve the quality of the services provided.

All staff said the practice was a good place to work and that the management of the practice was very supportive, which helped them to do their jobs well. Comments included, "I love it here", "We work as a team", "I feel great working here" and "It's lovely, amazing here".

There was an out of hours arrangement for patients clearly displayed at the reception and on the entrance door, which is for urgent or emergency dental treatment Monday to Friday, outside of normal hours or at weekends or bank holidays.

**Complaints** ✓ Met this standard

**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 had their comments and complaints listened to and acted on, without the fear that they would be penalised for making a complaint.

We saw that Southcot dental surgery had a complaints policy and procedure. The procedure was on the wall both in the reception and in the waiting area upstairs so that it was available to people who used the service. The complaints policy we saw contained information on timescale for responding to complaint, who and where to contact. There were details and information on where to refer patients to if their complaint remained unresolved locally, such as the GDC and CQC. We noted that the details and contact numbers of the Dental Complaints Service for complaints about private treatment were in the complaint's policy. This meant that the surgery had a system in place for dealing with complaint.

The provider may find it useful to note that some patients we spoke with informed us that they were not made aware of whom they should contact if they had any concerns or complaints. One patient said, "I have never been informed of the complaint procedure and do not know about it". This meant that some patients had not been given access to all the information on their rights to make a complaint about the practice.

The care records we looked at showed that people were regularly involved in their treatment plan. Patients were regularly asked if they were happy with their treatment or wanted to make any changes. One patient said, "Throughout the treatment session, they continuously checked on me. This is reassuring". We observed this practice during our visit.

Staff we spoke with knew what to do if someone approached them with a concern or complaint and had confidence that the practice manager would take any complaint seriously. A member of staff said, "We encourage patients to put their complaint in writing, so that we can deal with it". Another staff said, "We respond immediately to complaints and resolve them with patients as quickly as possible to their satisfaction". This showed that staff were aware of the complaints procedure.

## 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.<br>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.<br>We monitor the implementation of action plans in these reports and, if necessary, take further action.<br>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:

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|---|
| 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

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|---|---|
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