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<th>Region:</th>
<th>South West</th>
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| Location address:  | Williams Avenue  
                    | Dorchester  
                    | Dorset  
                    | DT1 2JY                 |
| Type of service:   | Acute services with overnight beds  
                    | Community healthcare service  
                    | Community based services for people with mental health needs  
                    | Dental service            |
| Date of Publication: | November 2011     |
| Overview of the service: | Dorset County Hospital is a district general hospital providing acute inpatient and outpatient services to the local population. It has approximately 400 inpatient beds, a renal unit, accident |
| and emergency department, radiology and scanning department, seven main theatres and two day theatres. |
Our current overall judgement

Dorset County Hospital was meeting all the essential standards of quality and safety but, to maintain this, we have suggested that some improvements are made.

The summary below describes why we carried out this review, what we found and any action required.

Why we carried out this review

We carried out this review to check whether Dorset County Hospital had made improvements in relation to:

Outcome 04 - Care and welfare of people who use services
Outcome 05 - Meeting nutritional needs
Outcome 07 - Safeguarding people who use services from abuse
Outcome 10 - Safety and suitability of premises

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 7 October 2011, checked the provider's records, talked to staff and talked to people who use services.

What people told us

People on the wards told us that they found staff very kind and caring, and the nurses were lovely. They told us that the treatment and care was very good.

Patients we spoke to were positive about the meals, one told us that the food was marvellous, especially the soups. We saw that meals were served as soon as they arrived on the ward and that patients were not interrupted whilst eating their meal.

We observed a notice on the door to the elderly care wards advising visitors that if they would like to assist their relative then to feel free to speak to the nurse in charge.

Some patients, on the renal ward, told us they were cold and we saw that staff turned up the heating when this was mentioned to them.

All areas were well maintained and we did not see any clutter in corridors. Sleeping accommodation in all wards was provided in single sex bays and there were designated male and female bathroom facilities. This included the acute stroke unit and emergency medical unit.
We did not see people being treated on trolleys in the emergency department corridor but staff told us that, although there has been some improvement, it still happened due to lack of space.

**What we found about the standards we reviewed and how well Dorset County Hospital was meeting them**

**Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights**

Patients receive safe and appropriate care that is planned and based on the assessment of individual risks and needs. The process to ensure timely assessment of patients in the minor injuries unit is still being developed. There are no clear protocols for the management of patients with special needs, or dementia, when they attend the emergency department.

Overall, we found that Dorset County Hospital was meeting this essential standard but, to maintain this, we suggested that some improvements were made.

**Outcome 05: Food and drink should meet people's individual dietary needs**

Patients’ nutritional choices and needs are assessed, monitored and suitably met. Overall we found that Dorset County Hospital was meeting this essential standard.

**Outcome 07: People should be protected from abuse and staff should respect their human rights**

Patients are being protected from the risk of harm or abuse, as the staff trained to be aware of what constitutes abuse and how to respond to abuse, or allegation of abuse.

Overall we found that Dorset County Hospital was meeting this essential standard.

**Outcome 10: People should be cared for in safe and accessible surroundings that support their health and welfare**

Patients receive treatment and care in a suitable, well maintained environment, and the trust undertakes regular checks to ensure that any environmental issues are rectified. However, in busy periods some patients have received treatment and care on trolleys in the A&E corridor. Delays in moving patients from A&E, following treatment, reduce the availability of cubicle space in the department.

Overall, we found that Dorset County Hospital was meeting this essential standard but, to maintain this, we suggested that some improvements were made.

**Actions we have asked the service to take**

We have asked the provider to send us a report within 28 days of them receiving this report, setting out the action they will take to improve. We will check to make sure that the improvements have been made.
Where we have concerns we have a range of enforcement powers we can use to protect the safety and welfare of people who use this service. When we propose to take enforcement action, our decision is open to challenge by a registered person through a variety of internal and external appeal processes. We will publish a further report on any action we have taken.

Other information

Please see previous reports for more information about previous reviews.
What we found for each essential standard of quality and safety we reviewed
The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

**Compliant** means that people who use services are experiencing the outcomes relating to the essential standard.

A **minor concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard.

A **moderate concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard and there is an impact on their health and wellbeing because of this.

A **major concern** means that people who use services are not experiencing the outcomes relating to this essential standard and are not protected from unsafe or inappropriate care, treatment and support.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary improvements are made. Where there are a number of concerns, we may look at them together to decide the level of action to take.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*
Outcome 04:
Care and welfare of people who use services

What the outcome says
This is what people who use services should expect.

People who use services:
* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

What we found

**Our judgement**
There are minor concerns with Outcome 04: Care and welfare of people who use services

**Our findings**

**What people who use the service experienced and told us**
People on the wards told us that they found staff very kind and caring, and the nurses were lovely. They told us that the treatment and care was very good.

One person was due to be discharged and was aware that her daughter was taking her home and that community care staff would be visiting following discharge.

**Other evidence**
At our last review in December 2010, we had concerns that people had long waits for treatment in the accident and emergency department (A&E) and emergency medical unit (EMU). We had found some cases where communication between members of the multidisciplinary team needed to improve, particularly to ensure effective and safe discharge home.

At our inspection visit we found that the trust had implemented a new electronic system for monitoring patients. This was helping to ensure that all required assessments and observations were undertaken by the multi disciplinary team and that any patient deterioration was identified and timely action taken. It aided communication across the team as the system could be accessed anywhere in the hospital and accessed at ward rounds through medical staff using tablet computers.

We visited three inpatient wards, an elderly care ward, the renal ward and the EMU. In all cases we found good communication between the multi disciplinary team, and effective discharge planning involving patients and their relatives. The trust now informs
patients of their expected length of stay in the letter sent prior to admission for planned surgery. A new operating policy for the EMU and the appointment of a locum acute physician had improved the timely treatment and discharge of patients. The trust was in the process of appointing permanent consultant acute physicians to the role.

We visited the accident and emergency department and found that people had initial assessment by clinician when they arrived in the 'majors' area but most presenting themselves at reception were directed to the waiting area by reception staff. Minor injuries unit staff told us that they have attended triage training but a full triage process has not been implemented as there was not funding available. The staff were exploring how they could ensure timely assessment to ensure that any major problems did not go undetected. Emergency nurse practitioners undertook a quick assessment of everyone in the waiting area to check there were no serious problems or to offer pain relief, once they had accumulated six referral cards. Children were seen sooner or 'fast tracked'. However, it was not clear that there were any protocols for dealing with people significant special needs, such as dementia or learning disability. On the day of our visit there was a patient with dementia who was getting increasingly agitated and upset as they did not understand why they were there or had to wait. They had been reassured by staff but there was no evidence that they would be seen quicker, and they had to wait their turn.

The trust monitored the time that patients wait for assessment and treatment in the emergency department. Data confirmed that in July and August over 99% of all patients were seen within four hours and all 'majors' were seen within 15 minutes and treated within approximately 30 minutes. Less than 1% left the department without being seen and fewer than 5% were unplanned re-attendees.

Staff told us that sometimes patients were assessed and treated on trolleys in the corridor of A&E, due to lack of space. The trust had implemented new bed management policies and procedures to improve the flow of patients from the A&E department through the hospital. Data showed us that since May 2011 there has been improvement in bed availability at the hospital. The director of nursing later told us that following feedback on the day of this visit, all corridor trolleys were removed from the A&E corridors. They said that increased availability of beds in the hospital would enable people to be moved from A&E. This is discussed further under outcome 10.

Since our last review there had been some concerns that staff were not correctly classifying or reporting pressure ulcers when they occurred and in some cases specialist advice had not been sought. In response the trust had provided additional training and guidance to staff and implemented a daily skin check for all patients, which was monitored by senior staff. At the time of our inspection visit the daily monitoring by senior staff had been discontinued and replaced by spot checks by matron, as improvements had been achieved. Further work to embed best practice was continuing. New guidance in line with National Institute of Clinical Excellence (NICE) was being finalised, a pressure ‘ulcer hotline’ and link nurses were in place. We saw that staff used a patient safety briefing at shift handover and this included information relevant to their care and welfare, including pressure ulcer risks.

Results of prevalence audits showed a significant decrease in the incidence of grade 3 and 4 pressure ulcers between April and July 2011. The audit was due to be repeated in October 2011.
Our judgement
Patients receive safe and appropriate care that is planned and based on the assessment of individual risks and needs. The process to ensure timely assessment of patients in the minor injuries unit is still being developed. There are no clear protocols for the management of patients with special needs, or dementia, when they attend the emergency department.

Overall, we found that Dorset County Hospital was meeting this essential standard but, to maintain this, we suggested that some improvements were made.
Outcome 05:
Meeting nutritional needs

What the outcome says
This is what people who use services should expect.

People who use services:
* Are supported to have adequate nutrition and hydration.

What we found

Our judgement
The provider is compliant with Outcome 05: Meeting nutritional needs

Our findings

What people who use the service experienced and told us
Patients we spoke to were positive about the meals, one told us that the food was marvellous, especially the soups.

On the elderly care ward water jugs with red lids identified those who required encouragement and assistance to drink. We observed a notice to on the door to the wards advising visitors that if they would like to assist their relative then to feel free to speak to the nurse in charge.

We observed mealtime on the renal ward. We saw that meals were served as soon as they arrived on the ward and that patients were not interrupted whilst eating their meal.

Patients had packs of wipes to clean their hands before and after meals.

Other evidence
The trust produced a detailed action plan to address the concerns raised at our last review of this outcome in April 2011. These concerns included patients being interrupted during a meal, nutritional assessments and fluid charts not being completed or not accurate. The action plan states that there will be full implementation of protected meal times on every ward by end of October 2011. On the day of our inspection visit we saw that this was in place on the wards we visited. We saw that meals were given out immediately they arrived, and patients were not interrupted.

The trust has regularly audited the use of Malnutrition Universal Screening Tool (MUST). Areas failing to achieve 90% were re audited on a monthly basis. An audit of
four wards in July 2011 indicated high compliance with use of the nutritional assessment tool and resultant actions. Results of an audit of fluid charts across all adult inpatient wards, July 2011, demonstrated good monitoring of hydration. The results showed that overall 90% were completed with intake and output, a lower number 58% had been totalled but this mainly related to urine output.

We looked at patient records on two wards, one elderly care ward and one renal ward. We saw that the MUST assessments had been completed and that those identified as at risk had food charts and fluid charts in place. We saw that food charts were completed as required.

Staff on the elderly care ward told us that night staff check that relevant assessments and charts had been completed for patients on the ward. For example it had been highlighted to day staff when one patient had not been weighed. They told us that a dietetic assistant visits every week to review MUST scores and food charts and to give advice on any actions required for individual patients. We saw that safety briefing is used at handover between shifts and this identified patients that needed support with eating and drinking.

Staff on the renal ward explained that a specialist fluid chart had been developed for the unit, to take account of fluids used in dialysis for patients in acute renal failure. On the day of our inspection visit the fluid charts were being used to ensure that patients did not exceed their fluid intake limit. We saw that there was good dietetic support to the renal inpatients and outpatients. We saw that one in patient was prescribed additional tube feeding overnight, as had been assessed as high risk following surgery. Staff told us that the MUST assessment is used for renal inpatients and continued when they become outpatients.

**Our judgement**
Patients' nutritional choices and needs are assessed, monitored and suitably met. Overall we found that Dorset County Hospital was meeting this essential standard
Outcome 07: Safeguarding people who use services from abuse

What the outcome says
This is what people who use services should expect.

People who use services:
* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

What we found

Our judgement
The provider is compliant with Outcome 07: Safeguarding people who use services from abuse

Our findings
What people who use the service experienced and told us
We observed staff interacting with people in a sensitive and respectful manner. For example, when a doctor needed to take a sample of blood.

People told us that they felt safe and supported at the hospital.

Other evidence
At our last review in December 2010 we had concerns that, although there was a high level of training in safeguarding children, medical staff had limited knowledge and not all staff had received training about vulnerable adult safeguarding. The trust action plan, updated 8 September, confirms that 100% trainee doctors received safeguarding training. The trust has also included safeguarding training within core 'essential skills' modules. The action plan update states that specific training on the Mental Capacity Act has been delivered to medical staff in four major departments. This has also been included in both trust induction and as part of the essential skills training days.

We spoke to a junior doctor on the ward who confirmed that they had attended safeguarding and abuse awareness training. Staff in the emergency department confirmed that vulnerable adults safeguarding was now part of mandatory training, some had still to attend but were booked on training.

Since our last review the trust had produced a restraint policy and guidelines for restrictive physical intervention. The trust monitored incidents relating to patient restraint and data showed that there were very few incidents. Information from the local
authority provided evidence of staff at the hospital making applications using Deprivation of Liberty Safeguards, under the Mental Capacity Act.

Since our last review, the trust had taken steps to ensure that, if required, patients were detained in accordance with the Mental Health Act 1983. The trust had updated the Mental Health Act policy, produced local guidance for ward staff and had appointed a Mental Health Act champion to support practice and protect patients. A service level agreement was now in place with the local mental health trust to provide training for key staff, a responsible clinician and legal checks on documentation.

**Our judgement**
Patients are being protected from the risk of harm or abuse, as the staff trained to be aware of what constitutes abuse and how to respond to abuse, or allegation of abuse.

Overall we found that Dorset County Hospital was meeting this essential standard.
Outcome 10: Safety and suitability of premises

**What the outcome says**
This is what people should expect.

People who use services and people who work in or visit the premises:
* Are in safe, accessible surroundings that promote their wellbeing.

**What we found**

<table>
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<tr>
<th>Our judgement</th>
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<tbody>
<tr>
<td>There are minor concerns with Outcome 10: Safety and suitability of premises</td>
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<tr>
<th>Our findings</th>
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<tr>
<td><strong>What people who use the service experienced and told us</strong></td>
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<tr>
<td>Sleeping accommodation in all wards was provided in single sex bays and there were designated male and female bathroom facilities. This included the acute stroke unit and emergency medical unit.</td>
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<tr>
<td>On the elderly care ward there was clear pictorial signage of toilets and bathrooms to assist patients suffering from dementia, or poor sight. Staff told us that they were in the process of reviewing the environment and were creating an area for reminiscence therapy in the day room.</td>
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<tr>
<td>Some patients, on the renal ward, told us they were cold and we saw that staff turned up the heating when this was mentioned to them.</td>
</tr>
<tr>
<td>All areas were well maintained and we did not see any clutter in corridors, other than beds and equipment being moved by porters in a ward re configuration.</td>
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<tr>
<td>The flooring had been renewed in many areas. There was a worn carpet on the ground floor but this was due to be replaced.</td>
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<td>We saw the waiting time was on a visual display in the waiting area in the emergency department, and was continually updated to ensure accurate information to patients. There were some trolleys in the corridor ready for patients in A&amp;E.</td>
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**Other evidence**
At our last review in December 2010, we had concerns that some patient areas and
corridors were cluttered. The trust had introduced regular walk rounds to identify all inappropriately stored equipment and identified an additional porter role to action any issues arising. A managerial audit report described that the main purpose of the walk rounds was to identify infection control issues. But it also identified any other concerns about the environment, clutter and general repairs. The audit timetable covers the whole hospital, most areas had been visited and dates set for those not yet reviewed. We saw audit reports for the corridors and some wards and these evidenced issues identified and actions taken. For example following an audit in June 2011, computer equipment and beds were removed from corridors.

Our last review visit also identified concerns about patients waiting or being treated on trolleys in the accident and emergency (A&E) department and the emergency medical unit (EMU) due to delays and lack of space.

At this review we saw that staff had submitted incident reports when the lack of space in the emergency department was impacting on patient care. The trust had identified this as a serious risk and had agreed that the priority was to achieve better bed management and flow of patients from the A&E department to make space for those requiring treatment. The trust has developed a more robust bed management system and an escalation policy to ensure that action was taken if the emergency department was full. At our visit we saw that there was a locum acute physician working in the EMU and new ways of working were helping to move people through the unit, and from the emergency department. Staff told us that there were no longer problems with people waiting in the corridor of EMU.

We did not see people being treated on trolleys in the A&E corridor at the time of our visit but staff told us that, although there has been some improvement, it still happened. They told us that people had been treated on trolleys in the corridor on the afternoon of the inspection, whilst we were in other areas of the hospital. We saw some trolleys in the corridor made ready to receive patients. Staff told us that they made every effort to preserve the privacy and dignity of patients using portable screens or by moving people in and out of cubicles.

We saw that staff recorded when people were treated on trolleys in the corridor in A&E and that this information was put onto the hospital patient administration system. Staff told us that when there was a significant impact on patient care due to lack of cubicle space, then an incident report was completed. The last serious incident report, we were shown, related to a lack of space delaying treatment in A&E and was dated August 2011.

The director of nursing later told us that following feedback at the end of this inspection visit, all trolleys were removed from the A&E corridor. They said that increased availability of beds in the hospital would enable people to be moved from A&E to free up space. Data on bed availability in the hospital showed a marked improvement from May to September 2011, with very few occasions when the hospital was on red alert.

The trust was also in the process of setting up a surgical assessment unit across the corridor from EMU. This would further relieve the pressure on space in the emergency department. An integrated assessment unit adjacent to the emergency department was in the planning phase.
Our judgement
Patients receive treatment and care in a suitable, well maintained environment, and the trust undertakes regular checks to ensure that any environmental issues are rectified. However, in busy periods some patients have received treatment and care on trolleys in the A&E corridor. Delays in moving patients from A&E, following treatment, reduce the availability of cubicle space in the department.

Overall, we found that Dorset County Hospital was meeting this essential standard but, to maintain this, we suggested that some improvements were made.
**Improvement actions**

The table below shows where improvements should be made so that the service provider **maintains** compliance with the essential standards of quality and safety.

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<tr>
<th>Regulated activity</th>
<th>Regulation</th>
<th>Outcome</th>
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<tbody>
<tr>
<td>Assessment or medical treatment for persons detained under the Mental Health Act 1983</td>
<td>Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010</td>
<td>Outcome 04: Care and welfare of people who use services</td>
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<tr>
<td><strong>Why we have concerns:</strong></td>
<td></td>
<td>The process to ensure timely assessment of patients attending the minor injuries unit is still being developed. There are no clear protocols for the management of patients with special needs, or dementia, when they attend the emergency department.</td>
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<td>Treatment of disease, disorder or injury</td>
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<td>Service</td>
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The provider must send CQC a report about how they are going to maintain compliance with these essential standards.

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 within 28 days of the date that the final review of compliance report is sent to them.

CQC should be informed in writing when these improvement actions are complete.
What is a review of compliance?

By law, providers of certain adult social care and health 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 Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called Guidance about compliance: Essential standards of quality and safety.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

When making our judgements about whether services are meeting essential standards, we decide whether we need to take further regulatory action. This might include discussions with the provider about how they could improve. We only use this approach where issues can be resolved quickly, easily and where there is no immediate risk of serious harm to people.

Where we have concerns that providers are not meeting essential standards, or where we judge that they are not going to keep meeting them, we may also set improvement actions or compliance actions, or take enforcement action:

**Improvement actions:** These are actions a provider should take so that they maintain continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.

**Compliance actions:** These are actions a provider must take so that they achieve compliance with the essential standards. Where a provider is not meeting the essential standards but people are not at immediate risk of serious harm, we ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

**Enforcement action:** These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.
Information for the reader

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Care Quality Commission

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