Bridgewater Community Healthcare NHS Trust
HMP Thorn Cross Young Offenders Institute

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<th>Region:</th>
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<td>Location address:</td>
<td>Arley Road Appleton Thorn Warrington Cheshire WA4 4RL</td>
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<td>Type of service:</td>
<td>Dental service</td>
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<td>Date of Publication:</td>
<td>March 2012</td>
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Overview of the service:
Bridgewater Community Healthcare NHS Trust provides primary care services to the prison population at Thorn Cross HMP/Youth Offending Institute, near Warrington. The service operates from a designated healthcare unit within the prison and there are no in-patient facilities. Services provided include visiting GP’s, dentist and a registered mental health nurse to meet
the emotional well being of prisoners.
Our current overall judgement

HMP Thorn Cross Young Offenders Institute 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 as part of our routine schedule of planned reviews.

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 13 February 2012, carried out a visit on 14 February 2012, observed how people were being cared for, talked to staff and talked to people who use services.

What people told us

We carried out this inspection alongside Her Majesty's Inspectorate of Prisons (HMIP). The Care Quality Commission and HMIP routinely coordinate inspections of prisons and healthcare providers. Bridgewater Community Healthcare NHS Trust is registered with the Commission to provide Treatment of disease, disorder or injury, surgical procedures and Diagnostic or screening procedures at Thorn Cross YOI.

We found that Bridgewater Community Healthcare NHS Trust, worked closely with other healthcare organisations, as part of overall prison healthcare services.

We observed that staff spoke respectfully to young adults, took measures to ensure their dignity and wherever possible gave them information to make choices.

Young adults told us they could quickly access a GP if they needed to see one and they could call into the healthcare unit to make an appointment and were usually seen the day after.

Young adults were positive about the healthcare provided at Thorn Cross Youth Offenders Institution (YOI). Several young adults raised concerns about missing their breakfast in order to attend appointments with the GP.

Young adults told us that the care and treatment that they received was good and they were allowed to manage their long-term medical conditions as they would at home for example asthma inhalers.
Young adults told us they used the different clinics provided on the healthcare unit, including vaccination clinics and the drop in treatment clinics that were held twice per day Monday to Friday and once per day at weekends and bank holidays.

Young adults told us they had used the service provided by the registered mental health nurse at the healthcare unit and when asked about the quality of the service said, "It was ok."

We asked young adults how staff on the healthcare unit treated them. They told us, "They don't talk to people in a respectful way."

We saw two young adults in the main reception area making arrangement to attend outpatient appointments and observed that both young adults attended these appointments wearing their own clothes and not prison uniform.

We found there good systems in place to monitor the quality of service provision.

What we found about the standards we reviewed and how well HMP Thorn Cross Young Offenders Institute was meeting them

Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Good information about health care services provided at Thorn Cross is made available to young adults. Care is delivered in a respectful way.

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

Young adults are provided with safe and effective care that is in line with their individual assessed needs.

Outcome 06: People should get safe and coordinated care when they move between different services

Young adults receive safe and co-ordinated care where more than one provider is involved.

Outcome 14: Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Young adults who use the service are cared for by staff that are appropriately trained and supported. Recordings of staff clinical supervision meetings were not maintained for all members of the healthcare team.

Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

People who use the service benefit from a well managed service that has good systems in place to monitor the quality of service provided.
Actions we have asked the service to take

We have asked the provider to send us a report within 14 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 01:
Respecting and involving people who use services

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

People who use services:
* Understand the care, treatment and support choices available to them.
* Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
* Have their privacy, dignity and independence respected.
* Have their views and experiences taken into account in the way the service is provided and delivered.

What we found

Our judgement
The provider is compliant with Outcome 01: Respecting and involving people who use services

Our findings

What people who use the service experienced and told us
Young adults told us that the care and treatment they received was good and they were allowed to manage their long-term medical conditions as they would at home for example asthma inhalers.

Young adults told us they used the different clinics provided on the healthcare unit, including vaccination clinics.

Other evidence
The healthcare team at Thorn Cross comprised a full time registered general nurse (RGN), two part time RGN nurses, who held team leader posts, one registered mental nurse(RMN), who provided mental health services over three days and two part time RGN's.

During our visit we looked at what healthcare services were available to people, how such service were accessed, what information was provided to young adults and how their dignity, privacy and independence was supported.

The presentation of the healthcare unit was good. It was clean, bright, airy and spacious with plenty of consulting rooms. We saw that doors to consultancy rooms
were kept shut when people were receiving treatment. The atmosphere in the unit was calm and orderly. There was a large sized reception area with plenty of seating and further seating was provided within the clinic when people were called through for their appointments. The Healthcare area was suitable for disabled people.

There was a separate treatment room from which medication could be dispensed through a secure window into a private, 'Pod' room. This had been developed to ensure privacy when dispensing medication to people and there were further plans to fit a wall mounted television to the main reception area to minimise the risk of conversations being overheard.

Young adults could access out of hours support from the health unit via an on call manager, accessible by telephone. We were told by nursing staff that prison officers could contact the on call manager for advice. The nurse on duty would provide advice and guidance to the officer or if the person needed to be seen urgently the on call manager could visit or refer to the local A&E department.

We observed a good range of health care information in the reception area of the health care unit. There was an information display board that provided a large selection of information, some of which included advice on alcohol use, drug advice, use of steroids, dietary and healthy eating advice. We saw information about smoking cessation programmes and saw that this was provided in different languages including Hind, Punjabi and Urdu. Whilst information in alternative languages was limited staff told us that they could use interpreters if required.

The healthcare unit provided a range of specialist clinics for young people these included a weekly vaccination clinic, a sexual health screening clinic, a GUM clinic, an Asthma clinic and a minor ailments clinic was held each day.

In addition to these clinics, young adults could access support with mental health issues three days per week, provided by a registered mental health nurse. If a young adult was on the Care Programme Approach, support would be accessed through with community mental health services with three monthly review visits to a psychiatrist.

Optician services were provided on site or if urgent could be accessed in the community. Similarly physiotherapy and podiatry services were not provided within Thorn Cross YOI, but could be accessed the community.

Bridgewater Community Healthcare NHS Trust had a contract for GP services which were provided by Stockton Health centre. The GP service was offered 6 appointments each day Mon to Fri, between 7:50am – 8:20am. We were told that one appointment was always left free for emergency patients. The GP also visited young adults on the Care and Segregation Unit 3 times per week. Nursing staff from the healthcare unit visit the young adults on the Care and Segregation Unit every day. Prison staff on the unit told us, "We have good working relationships with all our healthcare colleagues."

Bridgewater Community Healthcare NHS Trust provided dental services to the prison. At the time of our visit the dental clinic was closed and in the process of having a decontamination area fitted. It was anticipated that the service would be open from the week beginning 20th February 2012. In the meantime people could access emergency appointments from a community dentist.
We saw when young adults were admitted to Thorn Cross YOI they underwent a full health screen and during this process information sharing protocols were discussed with them and their signed consent was sought.

**Our judgement**
Good information about health care services provided at Thorn Cross is made available to young adults. Care is delivered in a respectful way.
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

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<th>Our findings</th>
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| **What people who use the service experienced and told us**
Young adults told us they could quickly access a GP if they needed to see one and they could call into the healthcare unit to make an appointment and were usually seen the day after.

Young adults' were positive about the healthcare provided at Thorn Cross. Several people raised concerns about missing their breakfast in order to attend appointments with the GP.

**Other evidence**
Opening times of healthcare unit at Thorn Cross YOI were 7:30am – 5:30pm Monday to Friday and 7:30am – 12:15pm at weekends and bank holidays. An on call service was available outside these hours.

Young adults were received into Thorn Cross YOI through the main prisoner reception area, where they accessed a full health screening during day opening hours. If they were admitted outside of this time a brief assessment took place to establish if there were any serious medical issues and if people had access to any medication they needed, after which they would be seen in the healthcare unit the following day.

Upon arrival people were interviewed by a registered nurse who undertook a full health screen. Healthcare screening took place in a small but private area in the main reception building. Weight and height measurements were taken and a health assessment was completed, which looked at people's medical history including any
medical conditions they might have, allergies, mental health history and any history of self harm. Any issues around self harm would be picked up and the young person was invited back and offered an appointment with the registered mental health nurse. The whole health screening process was estimated to take up to 30 minutes or longer depending on the needs of the young person.

During the initial health screen people were given various information leaflets some of which were provided in easy read format about what services were available, including information about drug and alcohol services available, Information about vaccinations available including Hep B, meningitis and MMR as the healthcare services had found that many young people had missed their MMR vaccinations in the community. Patients were asked to sign an ‘Intent form for vaccinations,’ and we were told that nursing staff discussed this with them and encouraged the uptake of such vaccinations.

An alcohol tool assessment was completed during the health screen. This looked at young persons drinking habits and units consumed. If high score was recorded then they had the option of being referred to alcohol support services.

People were given a copy of Warrington NHS 'Inmate medication policy.' This covered, 'In possession medication' and people agreed to not selling medication to other young people in the prison. People were asked to sign and date the form. People also completed a 'Disability Disclosure form,' which considered hearing and visual disabilities along with learning disabilities' for example dyslexia. Again people were asked to sign this form.

We observed that overall young adults were given a large amount of written information upon admission to Thorn Cross YOI. We asked about the support available to assist people to understand and make choices about their healthcare needs. The head of offender care at Thorn Cross told us that information was always discussed with people so they fully understood their options. We were also told that people could visit the healthcare unit to discuss their care needs in detail after their initial healthcare screen.

Emotional support and mental health services were provided three day per week by a registered mental health nurse (RGN). People could self refer to this service and could access the early intervention team based in the community, were they had access to bereavement counsellors, Cognitive Behavioural Therapy (CBT), Anxiety management and Anger management. The RGN told us that very often young adults, "Just needed to talk to someone," and the take up of this service was good. The RGN told us that if there were serious concerns about a young person's mental health they would be initially referred to the in-house GP service and thereafter to community psychiatry.

Any young adults seeking advice and support with drug and alcohol related issues could access the services of (CARAT) Counselling, Assessment, Referral Advice, Throughcare.

Following the initial healthcare screen a treatment plan for those people with life long conditions such as asthma, diabetes or an identified mental health or emotional need would be set up. Treatment plans for people who had attended a one off appointment at the clinic were not put in place but all treatments were recorded on SystmOne, which was a recording and monitoring system for patient healthcare.
We looked at treatment plans held electronically. Treatment plans contained information about further appointments and review dates. We saw that recording were clear and specific. Treatment plans were kept for up to 12 months and hard copies of people’s records were stored in the main nurse/reception office. We were told that records were stored in line with Caldicott principles.

Our judgement
Young adults are provided with safe and effective care that is in line with their individual assessed needs.
Outcome 06:  
Cooperating with other providers

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

People who use services:
* Receive safe and coordinated care, treatment and support where more than one provider is involved, or they are moved between services.

What we found

Our judgement
The provider is compliant with Outcome 06: Cooperating with other providers

Our findings

What people who use the service experienced and told us
We did not ask young adults about how the service cooperating with other healthcare providers.

Other evidence
During our visit, we saw that some healthcare services were managed entirely by the trust and others involved a shared responsibility with other healthcare organisations.

Young adults at Thorn Cross YOI could access treatment and support from one or more service providers who operated from within the prison. These registered providers met on a regular basis to discuss a coordinated response to young adult's healthcare needs. This ensured that people accessed a good range of medical services, mental health services and drug and alcohol services during their time in Thorn Cross YOI.

Young adults also received a coordinated response to their healthcare needs upon release. A full healthcare screen was undertaken upon release or escort to a closed prison. The prison discharge board included a nurse, prison governor and a Connexions representative, at which plans for discharge were made two weeks prior to a young person's release date. People were advised of GP access in the community prior to release and were seen the day before release and a discharge letter provided for them to take to their GP. People were also given enough medication to take home.

Young people with mental health needs received a coordinated response from in-house and community mental health services. If a young person was on a Care Programme
Approach, healthcare services at Thorn Cross YOI ensured that three monthly reviews took place with a psychiatrist and follow up care in the community upon release was put in place.

People had good access to external appointments at local hospitals and clinics in the Warrington area.

**Our judgement**
Young adults receive safe and co-ordinated care where more than one provider is involved.
Outcome 14: 
Supporting staff

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

People who use services:
* Are safe and their health and welfare needs are met by competent staff.

What we found

Our judgement
The provider is compliant with Outcome 14: Supporting staff

Our findings

What people who use the service experienced and told us
We did not talk to young adults about how the service supported healthcare staff.

Other evidence
The healthcare team was a relatively small one, despite this there appeared to be enough staff available to provide a good service at Thorn Cross YOI. During periods of staff shortages nursing staff from the neighbouring Risley Prison came over to assist at Thorn Cross.

We were told that there was a,“100% take up on mandatory training,” across the team. Training was provided mainly through e-learning packages. However Moving & Handling training, Conflict resolution training and Basic Life Support were all provided in house. Specialist training in Smoking Cessation had been provided to some nursing staff.

We saw evidence of training completed by one of the staff on the healthcare team and observed that this person was up to date with their mandatory training needs. We saw they had completed the following training: Conflict resolution, which was valid for 3 years, Equality and Diversity training, valid for 3 years until 09/2012, Fire safety was completed yearly, Health &Safety every 3 years, Infection control on a yearly basis, Life support resuscitation yearly, Moving & Handling every 3 years and safeguarding Adults and Children was completed every 3 years.

We were told that each nurse had a Personal Development plan (PDP's) and future training for the next 12 months was planned on the outcome analysis of people’s PDP’s.
Clinical supervision was in place but not all supervision received was recorded. The head of offender health care was told that a record of all staff supervisions should be kept and a signed copy given to the member of staff. Staff told us that good informal support arrangements were in place. These included informal supervision discussions, handover meetings and team meetings.

The skills mix amongst the staffing group met the needs of young people who visited the healthcare unit these included experienced and qualified general and mental health nurses.

Staff spoken with said that there was a good team and people worked together.

**Our judgement**
Young adults who use the service are cared for by staff that are appropriately trained and supported. Recordings of staff clinical supervision meetings were not maintained for all members of the healthcare team.
Outcome 16: 
Assessing and monitoring the quality of service provision

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

People who use services:
* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

What we found

Our judgement
The provider is compliant with Outcome 16: Assessing and monitoring the quality of service provision

Our findings

What people who use the service experienced and told us
Young adults completed exit surveys about the quality of care provided when they were released from Thorn Cross YOI. We reviewed a number of such surveys and found a high level of expressed satisfaction with the service.

Other evidence
We spoke with the head of offender healthcare services at Thorn Cross YOI who also had responsibility for healthcare services at Risley Prison, about what systems were in place to monitor the quality of services provided at Thorn Cross. We were told that the unit tried to ensure that young adults in prison had the same access to services available to people living in the community.

The head of offender healthcare services was based at Risley Prison and visited Thorn Cross YOI once per week. The assistant head of healthcare was based full time at Thorn Cross and had lead responsibility in the absence of the head of offender healthcare services.

Both the head of services and assistant head of services at Thorn Cross told us they felt well supported by the prison and they had good working relationships with prison officers and with the senior management team at Thorn Cross.

The head of offender healthcare met regularly with the prisoner forum, where a proportion of the time was allocated to healthcare and this was used to discuss developments and improvements in healthcare provision.
We were told that Bridgewater Community Healthcare NHS Trust had a good working relationship with CARAT’s service and with other registered services at the prison and they meet regularly to discuss working practices.

Other measures in place to monitor service delivery included daily handover sessions. Peer support and team meetings, which were held once every 6 weeks. These meetings were now documented and the minutes shared with visiting GP’s.

Formal and informal supervision arrangements were in place and each nurse had a Personal Development plan from with a training plan for the next 12 months was developed.

Accident monitoring at the service was in place. We were told that there had been approximately 200 accidents/incidents in 2011 and that these tended to be sports injuries.

The head of offender healthcare was in the process of completing a piece of work that aligned HMIP’s expectations with CQC Essential Standards for Safety and Quality.

A health needs analysis was completed annually, which considered patient healthcare experience and assisted in planning future delivery. A health delivery plan was developed with the commissioner of the service and its findings were reported through the joint prisoner partnership board.

The service had a risk register that identified corporate risks to the service, for example nurses working alone and identified individual risks for patients for example the transfer of patient records. The risk registers ensured that all identified risks to the service and their impact were considered and a plan of response was in place.

Young adults were asked to complete a ‘Healthcare patient exit questionnaire’ before their release. We were told that the Trust had a 95% return rate and that they were hoping to move to an electronic feedback system in the future. The exit questionnaire asked people about their experience of the service and included 10 questions around treatment provision. People were asked if they had been treated in dignified manner, if staff were respectful towards them and if they had been given adequate information about the services available. Tick boxes were provided in response to questions, the range included, ‘GOOD/HAPPY, OK, POOR,’ with smiley faces included to denote happy-ok/poor. We sampled 12 or more completed surveys that had been completed by young adults between the ages of 18-22 years old. Surveys indicated a high level of satisfaction with the overall care and treatment provided with the exception of one survey, who indicated that they did not feel listened to and they did not feel they had been involved in their care plan.

The service monitored complaints. We were told four complaints had been made in the last 12 months but none were escalated through the trust and all were responded to and resolved at local level.

**Our judgement**

People who use the service benefit from a well managed service that has good systems in place to monitor the quality of service provided.
### 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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<td>Diagnostic and screening procedures</td>
<td>Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010</td>
<td>Outcome 14: Supporting staff</td>
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<td><strong>Why we have concerns:</strong></td>
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<td>Young adults who use the service are cared for by staff that are appropriately trained and supported. Recordings of staff clinical supervision meetings were not maintained for all members of the healthcare team.</td>
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<td>Surgical procedures</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 14 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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<th>Review of compliance report</th>
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<td>Author</td>
<td>Care Quality Commission</td>
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