

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

## Tweed View House

8-10 Tweed Street, Berwick Upon Tweed, TD15  
1NG

Tel: 01289303550

Date of Inspections: 24 June 2014  
19 June 2014

Date of Publication: August  
2014

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

<b>Care and welfare of people who use services</b>	✓	Met this standard
<b>Management of medicines</b>	✓	Met this standard
<b>Safety, availability and suitability of equipment</b>	✓	Met this standard
<b>Supporting workers</b>	✓	Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓	Met this standard
<b>Records</b>	✗	Action needed

## Details about this location

Registered Provider	Berwick Care Homes
Registered Manager	Miss Moira Simpson
Overview of the service	Tweed View House is registered to accommodate up to 36 older people some of whom have dementia.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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*When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.*

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## Summary of this inspection

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### Why we carried out this inspection

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This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 19 June 2014 and 24 June 2014, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members, talked with staff and talked with other authorities.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

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### What people told us and what we found

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At the time of the inspection there were 33 people living at the home. Due to their health conditions and complex needs not all of the people were able to share their views about the service they received. During our visit we spoke with six people who used the service and observed their experiences. We spoke with the registered manager, six care staff and three relatives.

We considered all the evidence we had gathered under the regulations we inspected. We used the information to answer the five questions we always ask;

- Is the service safe?
- Is the service effective?
- Is the service caring?
- Is the service responsive?
- Is the service well-led?

Below is a summary of what we found.

Is the service safe?

The provider had in place effective systems to identify, assess and manage risks to the health, safety and welfare of people who used the service and others.

We saw risk assessments had been completed for people who were assessed as being at risk of falls.

We found the arrangements for handling medicines were safe. All medicines were administered by staff who had received appropriate training.

The Care Quality Commission monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. We saw policies and procedures were in place and staff had received training in the Mental Capacity Act 2005 (MCA) and DoLS. The manager was aware of the recent high court judgement and was making a referral to the local authority of people who required an assessment.

Is the service effective?

People's health and care needs were assessed with them and they were involved in this process. We saw that particular needs were identified in some plans for example, dietary needs or dementia care in people's plans. However some care plans did not accurately reflect changes in people's needs such as, they were at a higher risk of falls than previously. We saw the quality of recording in care plans varied. We made a compliance action about this which required the provider to take action to address the shortfalls in recording. We spoke with staff and they were able to describe people's care requirements and what support they needed.

Staff training was provided that took account of the needs of the people in the home. For example, we saw training in dementia and administration of medicines had been provided.

We found the provider had systems in place to protect people and others who could be at risk from the use of unsafe equipment. We saw records that confirmed regular servicing and maintenance was carried out. Records showed training had been provided to ensure staff had the competency and skills to operate equipment safely.

Is the service caring?

We saw staff responded kindly and promptly to people. Care workers were patient and encouraging to people as they assisted them.

People we spoke with were positive about the service, the staff and the care they received. One person told us, "It's a wonderful place here. I love it. The staff are marvellous and they are all concerned to make sure all is well. It is so much better than my last placement." A relative told us, "I am very happy with the care of Y. He always looks well cared for and I visit very regularly so I would know if something wasn't right. The staff are very kind."

People's preferences, interests, aspirations and diverse needs were recorded and we saw staff were aware of these during the inspection.

Is the service responsive?

We saw the staff identified encouraged people to be involved in activities. People told us they could choose whether or not they attended arranged activities.

People told us they were aware of the complaints procedure and staff could describe how they would assist a person to make a complaint. We saw there was information available on the notice board in the home and in individual rooms about making a complaint.

There was a suggestion box in the main hallway and we found changes had been made to take account of suggestions received. These include redecoration and new carpets in the

hallways, new bedroom furniture, an additional staff member early in the mornings to assist people and the appointment of an activity organiser.

Is the service well led?

The staff we spoke to were all aware of the complaints, safeguarding and whistle blowing procedures. All of the staff said they would immediately report any concerns they had about poor practice and were confident these would be addressed.

The service had a quality assurance system in place that included the use of questionnaires from people who used the service. This meant people were able to feed back on their experience and the service was able to learn from this.

Staff had regular supervision, appraisals and staff meetings which meant they were able to feedback to the management of the home their views and suggestions. Staff told us they felt supported in their role and were confident their views were listened to and account was taken of them.

We found there was a training plan in place and staff told us they had plenty of training opportunities provided.

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

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## **What we have told the provider to do**

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We have asked the provider to send us a report by 19 August 2014, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

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## **More information about the provider**

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

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

## Our judgements for each standard inspected

### 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

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### Our judgement

The provider was meeting this standard.

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

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### Reasons for our judgement

We spoke with six people who used the service. They spoke positively about the care and treatment choices available to them. One person said, "I am happy with my care here. Staff help as much as possible and are concerned to make sure all is well. They are friendly and kind." Another person told us, "The care staff are nice and they know what support I need. I can make choices about my routines each day. I don't have to put up with going to bed or getting washed at the same time each day. I was really pleased I decided to come here, the staff have been so friendly and helpful." We spoke to three relatives. One of them told us, "X has been here three years and I would have no hesitation in recommending this place and indeed I have. We have been really pleased with the care provided. The staff are marvellous with X."

We found each person had an individual care plan in place and this covered areas such as personal hygiene, mobility, continence and nutrition. These plans were personalised and detailed. We spoke with care workers who were able to tell us how care was delivered. For example, a care worker told us one person had assistance with feeding provided after a weight loss had been identified. Another care worker was able to describe the support for a person who was nursed in bed. We looked at four people's care records. We saw people's needs were assessed regularly, but care plans were not always amended to reflect the changes that had been identified.

During our inspection we saw care staff interacted well with people, were warm, supportive and sat and talked to people, when possible. We observed staff when they assisted people to move around the home and found they were sensitive to individual's needs and followed good moving and handling practice. We saw that staff recorded the care given to each person on a daily basis. This included personal care such as, baths, bed baths and mouth care.

We spoke with people who told us that they were able to go out. One person told us they went out with friends regularly and another told us they went out with family members.

People also went out with staff. Three people said they enjoyed the activities arranged in the home. Activities held in the home included chair exercises, arts and crafts, bingo, board games and music. We saw people playing dominoes during the inspection. People told us they were satisfied with the activity programme and said they were consulted about the type of events they would enjoy. We saw people were relaxed throughout the visit. One person was watching the racing and told us they liked to place a bet now and then.

We saw from records that a range of professionals were involved in the care of people who used the service. There was evidence to show referrals were made to the behaviour management team, a dietitian and consultants. One person told us, "Staff are really good and concerned to make sure all is well. It is so much better than where I was before. It's like I died and went to heaven here. The staff are friendly and they are all very kind."

Where people did not have the capacity to understand the choices available to them we saw the provider acted in accordance with legal requirements. We saw the manager and staff had received training in the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards. These safeguards exist to ensure people are only deprived of their rights if it is within their best interests. The Care Quality Commission monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Staff showed us the information they had recently received about a judgement made in the High Court as they were concerned that there may be people who required an assessment to be completed. We saw policies and procedures were in place. The manager was in the process of identifying people who may require an assessment and intended to refer them to the local authority.

Each person had a personal evacuation plan in place. The service had procedures in place for dealing with foreseeable emergencies

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

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## Our judgement

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The provider was meeting this standard.

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

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## Reasons for our judgement

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We saw appropriate arrangements were in place in relation to ordering medicine. One of the staff described to us the procedures for ordering and receiving medication and we looked at the records of this. We saw there was a routine process for receipt of medications on repeat prescriptions and staff were clear about how to obtain short courses of medication.

Appropriate arrangements were in place in relation to the recording and handling of medicine. We saw there were records for each person that lived at the home that included individual risk assessments and care plans for the administration of medications. Forms that were signed by people, or their representatives, were in place to show people had consented to having their medication administered to them. We also found that each person had a full list of medication which included the type of medication the person was taking, the dosage, why and how they were taking it.

Pre-printed medication administration record (MAR) charts were used to record when each medication was administered. We saw that some medication was administered to people on an 'as required' basis. For example, paracetamol was taken now and again to treat pain. These arrangements were supported by a written care plan which described to staff the circumstances under which these medications should be given. We saw staff signed the MAR sheets when medication was received and for each time medication was administered. When medication had not been administered for any reason the MAR chart coding system was used and staff made corresponding notes on the reverse of the MAR. Separate to this a record of the amounts and type of medication ordered, received and returned was also maintained with dates and signatures of the staff included.

We were shown the record staff were required to complete if a medication was changed by a person's GP or other consultant. This required staff to record the name of the medication, the date of the change, who had made the change and the reason for it. We saw that a daily stock check was carried out and monthly audits of the MARs and medicines was carried out weekly.

We saw all the medication was securely stored in the home and keys were held by a

senior staff member. They told us the keys were handed over at each shift.

**People should be safe from harm from unsafe or unsuitable equipment**

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**Our judgement**

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The provider was meeting this standard.

People were protected from unsafe or unsuitable equipment.

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**Reasons for our judgement**

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We saw records were kept of equipment testing and these included lifts, fire alarm system, emergency lighting, fire doors and water temperature checks. We saw that if a problem was identified appropriate action was taken.

Other equipment and systems were also subject to checks by independent companies or assessors. For example, records showed portable electrical appliance testing (PAT), fire safety systems servicing and checks of equipment such as, the hoist was carried out at appropriate intervals. We saw, and staff told us there were enough hoists to meet the needs of the people who used the service. We saw wheelchairs were clean and staff told us these were regularly checked to ensure they were safe.

We reviewed the equipment maintenance log and found that all equipment listed had been maintained and serviced at the appropriate times.

We saw, and staff told us the home had equipment necessary to assist people with moving and handling. They said there were only two people who needed to use a stand aid. We checked records and found staff had all completed appropriate training in moving people. We observed that certain people had been provided with equipment, such as airflow mattresses following assessments which demonstrated they were at high risk of developing a pressure sore.

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

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## Our judgement

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The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

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## Reasons for our judgement

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We talked to people about the staff and they told us they really liked the staff and felt they knew their jobs. One person told us, "The staff are very friendly and they always make sure I am happy with the support they provide for me." A relative said, "I would have no hesitation in recommending this place. We have been really happy with the care provided. The staff are marvellous with X."

We looked at four care staff files and saw these contained copies of certificates of training completed. We saw from the staff training record that appropriate safe working practices training had been provided. We talked to six staff members and they were able to confirm the training provided in the last year. This information corresponded with the certificates we had seen.

The staff told us they had completed safe working practices training and they got other training opportunities related to their work and the people they cared for. Staff told us they had received training in first aid, medicine administration, moving and handling, dementia, behaviour management and infection control. They said they received regular supervision from one of the nurses. They said they felt well supported. The staff told us they had regular meetings with the manager and there was good communication between shifts.

Staff told us new staff always worked with an experienced member of staff until it was decided by the nurses or the manager they were competent to manage on their own. They said new staff were well supported.

We saw records that confirmed that all staff had regular supervision with a senior member of staff to discuss their work and development needs. Staff said they found this helpful. Appraisals were undertaken annually and records were seen that confirmed this.

## Assessing and monitoring the quality of service provision

✓ Met this standard

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

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### Our judgement

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The provider was meeting this standard.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

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### Reasons for our judgement

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The manager told us that they had a suggestion box in the entrance hall that was used by people who lived in the home, relatives and staff. She was able to give us examples of changes made following receipt of suggestions and these included, an extra staff member on duty early in the mornings to assist night staff, redecoration of hallways and new carpets with a lighter colour scheme, the recruitment of an activity assistant and a new larger medicine trolley. She said questionnaires were used and we saw copies of these. They had recently been sent out people who used the service and to relatives, but no responses had yet been received.

There was an annual development plan in place that identified physical improvements to the home for the year. These included upgrading of bedroom furnishings, improvements to the décor and replacement of equipment.

We saw that people's care records, medicines, falls, weight and skin integrity were monitored regularly by the senior staff.

We saw copies of audits carried out as part of the home's quality assurance system. Audits included medicines, kitchen, falls and dependency levels. We saw that all aspects of the service were monitored. Risk assessments were regularly updated.

The manager informed us, and minutes of meetings confirmed that staff meetings were held regularly. These meetings were used to keep everyone informed of best practice and to discuss important issues. Staff told us they felt able to raise issues and their views were listened to and acted upon.

People told us they were aware of the complaints procedure. One person told us they had made a complaint some time ago. They said the matter had been resolved promptly to their satisfaction. We saw records of complaints were kept, however one complaint made by a family had not been recorded. The manager said this matter was being investigated by the safeguarding team.

**People's personal records, including medical records, should be accurate and kept safe and confidential**

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## Our judgement

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The provider was not meeting this standard.

People were not protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were not always maintained.

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

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## Reasons for our judgement

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We examined the records of four people who used the care home and found care plans and risk assessments did not always accurately reflect the needs of the people. We found there was a variation in the standard of recording and this was particularly evident in reviews of care plans where there was a lack of detail about what had occurred each month for individuals and a reliance on comments such as, "No changes" and "Needs remain the same." This meant people may not receive the care and support they needed as staff were not clear about their current needs.

We saw that one person had been assessed as having a high risk of falls and the care plan had not been updated to reflect this. This person's nutrition plan had not been updated when they were identified as having lost weight and other information about a medical condition was not recorded. This meant there was a risk this person's care was not delivered safely in accordance with their identified needs. Another person's care plan had not been updated to include information from the behaviour team about how personal care was provided. As a result the care plan was not accurate and did not reflect their needs. We discussed our concerns with the manager who agreed with our findings and said these matters would be addressed by a full review of the care planning system.

We saw records kept of people's weights and skin integrity and that these were monitored by the manager. We saw food and fluid intake charts were kept by staff. The records we saw were up to date and provided good detail about the amounts taken and the times they were given.

We found records of complaints were kept, however one concern made by a family was being investigated by the safeguarding team and there was no formal record of this or of any action taken by the provider.

People's care records were held securely in the office and were easily accessible for reference in an emergency.

Staff records, including recruitment information and training were kept in an appropriate format and contained evidence of recruitment checks and training certificates. These were stored securely in a locked cabinet and could be located promptly.

Staff records and other records relevant to the management of the services were up to date.

This section is primarily information for the provider

## ✘ Action we have told the provider to take

### Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<b>Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010</b> <b>Records</b>
	<b>How the regulation was not being met:</b> The provider had not ensured adequate support was in place to protect people from the risks of inappropriate care and treatment because accurate and appropriate records were not kept." Regulation 20(1)(a)

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 19 August 2014.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

## About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

## How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

 **Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

 **Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

 **Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

## How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

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**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.

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**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.

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**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

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We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

## Glossary of terms we use in this report

### Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

### Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

## Glossary of terms we use in this report (continued)

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### **(Registered) Provider**

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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'.

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### **Regulations**

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We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

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### **Responsive inspection**

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This is carried out at any time in relation to identified concerns.

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### **Routine inspection**

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This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

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### **Themed inspection**

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This is targeted to look at specific standards, sectors or types of care.

## Contact us

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