

Key inspection report

CARE HOMES FOR OLDER PEOPLE

Hoar Cross Nursing Home

**St Michael's House
Abbots Bromley Road
Hoar Cross
Nr Burton on Trent
DE13 8RA**

Lead Inspector

Rachel Davis. Inspection carried out by Yvonne Allen

Key Unannounced Inspection
19th November 2009 09:00

This report is a review of the quality of outcomes that people experience in this care home. We believe high quality care should:

- Be safe
- Have the right outcomes, including clinical outcomes
- Be a good experience for the people that use it
- Help prevent illness, and promote healthy, independent living
- Be available to those who need it when they need it.

We review the quality of the service against outcomes from the National Minimum Standards (NMS). Those standards are written by the Department of Health for each type of care service.

Copies of the National Minimum Standards – Care homes for older people can be found at www.dh.gov.uk or bought from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering from the Stationery Office is also available: www.tso.co.uk/bookshop.

The mission of the Care Quality Commission is to make care better for people by:

- Regulating health and adult social care services to ensure quality and safety standards, drive improvement and stamp out bad practice
- Protecting the rights of people who use services, particularly the most vulnerable and those detained under the Mental Health Act 1983
- Providing accessible, trustworthy information on the quality of care and services so people can make better decisions about their care and so that commissioners and providers of services can improve services.
- Providing independent public accountability on how commissioners and providers of services are improving the quality of care and providing value for money.

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SERVICE INFORMATION

Name of service	Hoar Cross Nursing Home
Address	St Michael's House Abbots Bromley Road Hoar Cross Nr Burton on Trent DE13 8RA
Telephone number	01283 575210
Fax number	01283 575310
Email address	info@hoarcrosscare.co.uk
Provider Web address	
Name of registered provider(s)/company (if applicable)	Hoar Cross Care LTD
Name of registered manager (if applicable)	Mrs Kathleen Anne Cleaver
Type of registration	Care Home
No. of places registered (if applicable)	45
Category(ies) of registration, with number of places	Old age, not falling within any other category (45), Physical disability (45)

SERVICE INFORMATION

Conditions of registration:

1. The registered person may provide the following category of service only:

Care Home with Nursing (Code N)

To service users of the following gender:

Either

Whose primary care needs on admission to the home are within the following categories:

Physical disability (PD) 45
Old age, not falling within any other category (OP) 45

Dementia Care (DE) 12
2. The maximum number of service users who can be accommodated is:
45

Date of last inspection 19th November 2008

Brief Description of the Service:

Hoar Cross Nursing Home is a 45-bedded care home (with nursing care) situated in the rural Staffordshire hamlet of Hoar Cross.

The service is owned by Hoar Cross Care Ltd and the registered manager is Ms Kathy Cleaver.

Hoar Cross Nursing Home is registered with the Care Quality Commission to meet the needs of adults with a physical disability and those with a terminal illness. A variety of specialist equipment is available to assist the people who use the service.

The service has also recently become registered to care for people with dementia care needs.

The fees charged are from £600.00 and £795.00 per person per week.

The home has two floors and twenty- nine single occupancy bedrooms, there are a remaining 11 bedrooms classed as premium or shared rooms. Twenty-seven rooms have an en suite.

The home has the luxury of space, stunning views and it is exceptionally well appointed. The lounges, dining areas, bathrooms and bedrooms and all other indoor and outdoor facilities are fit for purpose.

SUMMARY

This is an overview of what the inspector found during the inspection.

The quality rating for this service is **3 stars**. This means that the people who use this service experience **EXCELLENT** quality outcomes.

The inspection process commenced several weeks prior to the visit. The visit to the home was carried out over one day by one inspector.

Prior to the inspection visit the Providers had completed a self-assessment tool, which is known as the Annual Quality Assurance Assessment (AQAA). Completion of the AQAA is a legal requirement and it enables the service to under-take a self-assessment, which focuses on how well outcomes are met for people using the service.

This AQAA was detailed and gave us good information about the services offered.

During the course of the inspection it was identified that the information contained in this AQAA was accurate.

All of the Key minimum standards were assessed and for each outcome a judgement has been made, based on the evidence gathered. These judgements tell us what it is like for the people who live in this home.

The ways in which in we gathered evidence to make our judgements were as follows –

We looked at any information we had received about the home since the last Key Inspection. This included any complaints and Safeguarding referrals we had received.

We spoke with the people who live in the home including their representatives.

We spoke with the staff who work at the home

Discussions were held with the Registered Provider and the Registered Manager.

We examined relevant paperwork and documentation at the home.

We walked around the home.

At the end of the inspection visit we discussed our findings with the Provider and Manager.

What the service does well:

The service goes that extra mile to ensure that personal and nursing care needs are met with a person centred approach.

Life in the home is made flexible and varied and individual choices are upheld and promoted.

The home provides a very comfortable, attractive environment which has been adapted to meet the needs of people collectively and individually.

People who live in the home are cared for by a skilled and competent staff team who are provided in sufficient numbers to meet their needs.

The management of the service is open and translucent and the home is run in the best interests of the people who live there.

What has improved since the last inspection?

Risk assessments now offer clarity around the management of risk and include evidence of people's involvement. This ensures that everyone is clear on how to manage the risk whilst, where appropriate, empowering the individual to take reasonable risk.

A photograph of each staff member is now on file and people work under supervision until their CRB clearance is returned.

All staff are provided with recognition of abuse training, manual handling and fire safety, this ensures the home can demonstrate that staff have the skills necessary to meet the needs of the people who use the service.

The results of surveys completed by the people who live in the home are now published and made available to people who live in the home, their representatives and people interested in coming into the home. This gives people confidence and shows the homes willingness to continue to develop.

There has been continuous on going improvement of the environment both internally and externally.

What they could do better:

Care planning of individual psychological care needs should be developed further to ensure that peoples' mental health needs are fully met. This is especially relevant as the service will be caring for more people with dementia care needs.

If you want to know what action the person responsible for this care home is taking following this report, you can contact them using the details on page 4.

The report of this inspection is available from our website www.cqc.org.uk. You can get printed copies from enquiries@cqc.org.uk or by telephoning our order line – 0870 240 7535.

DETAILS OF INSPECTOR FINDINGS

CONTENTS

Choice of Home (Standards 1-6)

Health and Personal Care (Standards 7-11)

Daily Life and Social Activities (Standards 12-15)

Complaints and Protection (Standards 16-18)

Environment (Standards 19-26)

Staffing (Standards 27-30)

Management and Administration (Standards 31-38)

Scoring of Outcomes

Statutory Requirements Identified During the Inspection

Choice of Home

The intended outcomes for Standards 1 – 6 are:

1. Prospective service users have the information they need to make an informed choice about where to live.
2. Each service user has a written contract/ statement of terms and conditions with the home.
3. No service user moves into the home without having had his/her needs assessed and been assured that these will be met.
4. Service users and their representatives know that the home they enter will meet their needs.
5. Prospective service users and their relatives and friends have an opportunity to visit and assess the quality, facilities and suitability of the home.
6. Service users assessed and referred solely for intermediate care are helped to maximise their independence and return home.

The Commission considers Standards 3 and 6 the key standards to be inspected.

This is what people staying in this care home experience:

JUDGEMENT – we looked at outcomes for the following standard(s):

We looked at standards 1, 3 and 4.

People using the service experience **good** quality outcomes in this area.

We have made this judgement using a range of evidence, including a visit to this service.

People who are proposing to come into the home are provided with plenty of information about the services provided, enabling them to make an informed decision.

People are only offered a place at the home following an assessment of their needs and can be sure that these needs will be met in the home.

EVIDENCE:

We saw that people have their needs assessed prior to being offered a place in the home.

We saw that a representative of the home goes to meet people who are interested in coming into the home. The representative, who is usually the manager, carries out an initial assessment of the person's needs and records this.

Needs assessments often involve reports and assessments from other health care professionals.

The manager only offers placements to people whose needs she is sure the service can meet.

Surveys told us that people feel that their needs are met at the home.

We also asked some of the people who live in the home if they feel that their needs are met –

“Oh yes they meet my needs very well.”

“Yes they do they are very kind.”

“I am very well cared for.”

The service also provides plenty of information about the home to people who are interested. This is in the form of a brochure, Statement Of Purpose and Service User Guide.

Health and Personal Care

The intended outcomes for Standards 7 – 11 are:

7. The service user's health, personal and social care needs are set out in an individual plan of care.
8. Service users' health care needs are fully met.
9. Service users, where appropriate, are responsible for their own medication, and are protected by the home's policies and procedures for dealing with medicines.
10. Service users feel they are treated with respect and their right to privacy is upheld.
11. Service users are assured that at the time of their death, staff will treat them and their family with care, sensitivity and respect.

The Commission considers Standards 7, 8, 9 and 10 the key standards to be inspected.

This is what people staying in this care home experience:

JUDGEMENT – we looked at outcomes for the following standard(s):

We looked at all the above standards for this outcome.

People using the service experience **excellent** quality outcomes in this area.

We have made this judgement using a range of evidence, including a visit to this service.

The service goes that extra mile to ensure that personal and nursing care needs are met with a person centred approach.

EVIDENCE:

We looked at several care plans and found that these are comprehensive accounts of the personal, nursing and health care needs of individual people.

The care plans take into account personal preferences and choices around daily routines and activities of daily life. We noted instructions for staff to follow such as –

“Likes his daily washing and dressing.”

“Enjoys sitting in the lounge.”

“Likes wearing braces with his trousers.”

“Likes to read the newspaper.”

We observed these choices regarding care practices being followed through with people.

The service is active in seeking advice and involvement of General Practitioners (GP) and other health professionals in the care of people. It is evident that the staff at the home work together and liaise well with outside professionals for the benefit of the people who live there.

Health care needs are assessed, monitored and regularly reviewed and any anomalies are followed up and referred through the GP to the relevant professional.

The service promotes preventative healthcare and takes measures to ensure that people do not develop problems such as pressure sores. At the time of the inspection visit there was no one living in the home with a pressure sore. One visitor told us - “My husband has been nursed in bed since he arrived in the home and he has not developed any pressure damage.” She went on to say “The staff are very attentive and change his position regularly.”

The medication process adopted by the home is safe and people have their medication needs reviewed regularly to ensure that health care needs are met.

The psychological needs of people are assessed. However, as the service is planning to accommodate more people with dementia care needs this area should be developed further. This will help to ensure that psychological and mental health care needs of people are met.

This is a home for life and, as such, people are enabled to stay in the home until the end of their life. Discussions with the manager identified that the service has worked toward ensuring that people are afforded comfort and dignity at the time of their death. The manager has accessed “Liverpool Care Pathway” training for staff and a nurse employed by the service has developed a bereavement booklet for relatives to refer to.

We spoke to several of the people who live in the home and they told us that they are very happy with the care and support provided to them –

“The care here is very good and all the staff are lovely”

“My relative has all his needs met.”

“Nothing is too much trouble for the staff.”

“The staff go that extra mile to help you.”

The surveys contained the following comments from people who live in the home -

“They care for people very well”

“Hoar Cross looks after my mother very well”

“The care, consideration and concern he is shown by all members of staff is exceptionally good”.

“All staff treat my mother with compassion, care and dignity”

“My mother is always clean and dressed beautifully”

Daily Life and Social Activities

The intended outcomes for Standards 12 - 15 are:

12. Service users find the lifestyle experienced in the home matches their expectations and preferences, and satisfies their social, cultural, religious and recreational interests and needs.
13. Service users maintain contact with family/ friends/ representatives and the local community as they wish.
14. Service users are helped to exercise choice and control over their lives.
15. Service users receive a wholesome appealing balanced diet in pleasing surroundings at times convenient to them.

The Commission considers all of the above key standards to be inspected.

This is what people staying in this care home experience:

JUDGEMENT – we looked at outcomes for the following standard(s):

We looked at all the standards for this outcome.

People using the service experience **excellent** quality outcomes in this area.

We have made this judgement using a range of evidence, including a visit to this service.

Life in the home is made flexible and varied and individual choices are upheld and promoted.

EVIDENCE:

There is a planned programme of activities and entertainment for people who live in the home.

The social activity plan is developed for each individual person, taking into account their likes, dislikes and abilities. The plans also document interests and hobbies the person has and tries to encourage continuation with these.

There are two activities coordinators working for the service and between them they oversee the implementation of the activities programme.

The coordinator who was on duty at the time of the inspection has an understanding of people's social needs and explained how she and her colleague meet these needs.

We visited the summer house which has been converted to a reminiscence room where music can be enjoyed and, where the coordinator explained that people can go for "time out" of the main home. She told us that sometimes if people become agitated or there is too much noise for them in the home then this provides a sanctuary for people and they find it relaxing.

The Provider has also introduced a sensory garden/patio area. This is an attractive outdoor area and will be beneficial for people to enjoy in the summer months.

The service is also developing a sensory room inside the home to help people with cognitive impairment.

There is a league of friends who are very active in the home and link in with the local community. Mr Patel told us that the league of friends are very good at organising events at the home and raising lots of money for the residents' comfort fund and equipment.

Spiritual needs are well catered for at the home. We were told that some people go out to attend Church and services of different denominations are held in the home.

There are activities boards in home which contain lots of information including dates for forthcoming events. There is also a large print activities board of information for people who have impaired vision.

There is a large screen television in the main lounge and the Provider told us that the service will be introducing a "loop" system to help people who are hard of hearing.

The hairdresser visits weekly and there is a hairdressing salon which provides an opportunity for people to socialise as well as have their hair done.

The coordinator told us that a local art group have been coming into the home to work with people. We saw paintings displayed which people who live in the home have done.

People are able to order newspapers and we saw some people reading these.

The service offers an extensive menu which includes catering for special diets. We observed lunch being served. Most people were eating in the conservatory which is now the dining room. This is a pleasant area which is very congenial to dining.

We noted that there is a choice of meals and some people were having an alternative to the main menu.

People told us that the meals are "very good" and we observed some people being assisted by staff to eat meals.

Some people choose to eat in their room, which is their choice.

There is also a smaller dining room for people who do not wish to eat in the larger conservatory.

We spoke with the Cook who explained how special diets and preferences are catered for.

All the staff who work with the preparation and serving of food have completed a food hygiene course.

The service has received a visit from the Environmental Health department since the last inspection, where it was awarded 5 stars.

Complaints and Protection

The intended outcomes for Standards 16 - 18 are:

- 16.** Service users and their relatives and friends are confident that their complaints will be listened to, taken seriously and acted upon.
- 17.** Service users' legal rights are protected.
- 18.** Service users are protected from abuse.

The Commission considers Standards 16 and 18 the key standards to be.

This is what people staying in this care home experience:

JUDGEMENT – we looked at outcomes for the following standard(s):

We looked at standards 16 and 18 for this outcome.

People using the service experience **good** quality outcomes in this area.

We have made this judgement using a range of evidence, including a visit to this service.

People who live in the home are able to raise concerns and know that they will be listened to and taken seriously.

People are safeguarded from harm or abuse.

EVIDENCE:

The service has an effective complaints procedure where people are given the opportunity to raise concerns or complaints either formally or informally. The manager responds to any complaints she receives and, where action is required then this is taken in order to resolve issues.

People who live in the home and their representatives feel able to raise any concerns they might have with any staff member. They also said that the manager Kathy is "very approachable."

People who live in this home are protected from harm or abuse by the systems adopted by the service.

There is a policy on Safeguarding Vulnerable Adults for staff to refer to. The staff spoken to confirmed that they receive training in Abuse and Safeguarding and we saw the training matrix which confirmed this.

The Manager and deputy are both aware of how to make a local safeguarding referral.

We have received one Safeguarding referral about the service since last inspection.

Environment

The intended outcomes for Standards 19 – 26 are:

- 19.** Service users live in a safe, well-maintained environment.
- 20.** Service users have access to safe and comfortable indoor and outdoor communal facilities.
- 21.** Service users have sufficient and suitable lavatories and washing facilities.
- 22.** Service users have the specialist equipment they require to maximise their independence.
- 23.** Service users' own rooms suit their needs.
- 24.** Service users live in safe, comfortable bedrooms with their own possessions around them.
- 25.** Service users live in safe, comfortable surroundings.
- 26.** The home is clean, pleasant and hygienic.

The Commission considers Standards 19 and 26 the key standards to be inspected.

This is what people staying in this care home experience:

JUDGEMENT – we looked at outcomes for the following standard(s):

We looked at standards 19 and 26 of this outcome.

People using the service experience **excellent** quality outcomes in this area.

We have made this judgement using a range of evidence, including a visit to this service.

The home is clean. Very well presented and adapted to meet peoples' needs.

EVIDENCE:

The environment is excellent. The home is bright, clean, homely, attractive and spacious.

Communal rooms offer pleasant areas to sit and socialise, watch large screen Television or have quiet times reading.

Seating is arranged in small groups to accommodate all of the above so that people can do different things.

Redecoration/refurbishment has been ongoing at the home and this ensures that the environment is kept to a high standard.

As well as all this the home is adapted to meet peoples' needs both collectively and individually.

The Provider has purchased three new sluice machines which will help with the control of infection.

There were no mal odours at all noted and the home is clean and very well presented.

Staff have received training on infection control.

The Environmental Health Officer has visited the service since the last inspection and has awarded the home 5 stars.

The fire officer has visited since last inspection and the Provider has put exit controls on all fire doors.

The Provider told us that he will be making an unused bathroom into a sensory room and this will help people with cognitive impairment as well as others

There is a Spa bath in place at the home which many of the people enjoy.

Bedrooms are personalised and adapted to meet individual needs.

A Hairdressing salon is provided where people can socialise.

Externally the home offers a summer house which is used for therapeutic activities.

There is an attractive sensory garden patio area which will help people with cognitive impairment.

The home enjoys lovely views all around.

Staffing

The intended outcomes for Standards 27 – 30 are:

- 27.** Service users' needs are met by the numbers and skill mix of staff.
- 28.** Service users are in safe hands at all times.
- 29.** Service users are supported and protected by the home's recruitment policy and practices.
- 30.** Staff are trained and competent to do their jobs.

The Commission consider all the above are key standards to be inspected.

This is what people staying in this care home experience:

JUDGEMENT – we looked at outcomes for the following standard(s):

We looked at all the standards for this outcome.

People using the service experience **excellent** quality outcomes in this area.

We have made this judgement using a range of evidence, including a visit to this service.

People living in this home are cared for by a staff team who have the skills and expertise to meet their needs.

The service is pro-active in its approach ensuring that peoples needs will be met.

EVIDENCE:

There were 32 residents with nursing needs accommodated in the home at the time of the inspection.

There were two nurses on duty plus the deputy manager and the manager.

There were also six care staff, two domestic staff, one Cook, one kitchen assistant, one activities person and one administrator.

There is a maintenance person on duty three days per week.

We spoke with several staff members and they all feel well supported at the home.

The Deputy Manager had not been working for the service very long but was happy with the support she was receiving. She told us that she was in the process of completing a "leadership and management course".

We spoke to a nurse who had been recently recruited by the service and we looked at some recruitment files.

The recruitment process is robust and the required checks on staff are carried out. These include the Criminal Records Bureau (CRB) and Protection Of Vulnerable Adults (POVA) checks.

The skills, experience and past employment history are taken into account. Staff are carefully chosen to work at this care home.

People were being interviewed by the Deputy Manager throughout the inspection visit. We were told that the service was in the process of recruiting more staff to accommodate people coming into the home with dementia care needs.

The staff we spoke to confirmed that they receive regular training updates in mandatory training such as manual handling and fire safety as well as others. They also told us that they feel very supported by the service and are given the opportunity to develop their skills by attending other training days and workshops.

Staff training is geared to meeting the needs of the people living in the home.

At the time of the inspection visit 22 staff members had commenced the Dementia Awareness NVQ course.

Management and Administration

The intended outcomes for Standards 31 – 38 are:

31. Service users live in a home which is run and managed by a person who is fit to be in charge, of good character and able to discharge his or her responsibilities fully.
32. Service users benefit from the ethos, leadership and management approach of the home.
33. The home is run in the best interests of service users.
34. Service users are safeguarded by the accounting and financial procedures of the home.
35. Service users' financial interests are safeguarded.
36. Staff are appropriately supervised.
37. Service users' rights and best interests are safeguarded by the home's record keeping, policies and procedures.
38. The health, safety and welfare of service users and staff are promoted and protected.

The Commission considers Standards 31, 33, 35 and 38 the key standards to be inspected.

This is what people staying in this care home experience:

JUDGEMENT – we looked at outcomes for the following standard(s):

We looked at standards 31,32,33,35,36 and 38.

People using the service experience **excellent** quality outcomes in this area.

We have made this judgement using a range of evidence, including a visit to this service.

The home is managed very well and is run in the best interests of the people who live there.

EVIDENCE:

We met with the home owner Mr Patel and the Registered Manager Kathy Cleaver.

Mr Patel is very involved in the running of the service. He confirmed that he visits the home at least three times per week and takes a keen interest in the welfare of the people who live there.

The manager told us "We offer something special at this home" and "We like to think that we go above and beyond the basic requirements for care and go that extra mile". People who live in the home and staff members all told us that both the manager and provider are very "supportive" and "approachable"

We saw that the manager has received the "Uk over 50's Housing Award 2009 for the most outstanding small care home manager".

The manager is a Registered Nurse and completed the Registered Managers Award several years ago and attends regular training to update herself.

The service employs an outside Consultant to oversee the Health and Safety of the home. This includes auditing and carrying out risk assessments. The most recent Health and Safety audit was carried out in October 2009.

The service has developed an effective Quality Assurance management system which audits all areas and includes obtaining the views of people who live in the home.

Customer satisfaction surveys are sent out annually. The most recent were distributed in September 2009. The results of surveys are published and displayed on the information board.

The service also displays what actions are taken to address areas of weakness and make improvements for the people who live in the home.

The service is also working towards gaining the Investors In People (IIP) award.

The management of the home is open and inclusive and people feel involved in making decisions.

Regular meetings are held for staff, people who live in the home and their relatives.

Staff and people living in the home told us that any suggestions they might have are listened to and taken seriously by the manager.

Staff receive regular formal supervision, this gives an opportunity for staff to identify any training needs and to develop their skills.

The service provides a secure facility for the safekeeping of peoples' monies. We looked at the maintenance of personal allowances and found this to be robust.

SCORING OF OUTCOMES

This page summarises the assessment of the extent to which the National Minimum Standards for Care Homes for Older People have been met and uses the following scale. The scale ranges from:

- 4** Standard Exceeded (Commendable) **3** Standard Met (No Shortfalls)
2 Standard Almost Met (Minor Shortfalls) **1** Standard Not Met (Major Shortfalls)

"X" in the standard met box denotes standard not assessed on this occasion

"N/A" in the standard met box denotes standard not applicable

CHOICE OF HOME	
Standard No	Score
1	3
2	x
3	3
4	4
5	x
6	N/A

HEALTH AND PERSONAL CARE	
Standard No	Score
7	3
8	3
9	3
10	4
11	4

DAILY LIFE AND SOCIAL ACTIVITIES	
Standard No	Score
12	4
13	4
14	4
15	3

COMPLAINTS AND PROTECTION	
Standard No	Score
16	3
17	x
18	3

ENVIRONMENT	
Standard No	Score
19	4
20	x
21	x
22	x
23	x
24	x
25	x
26	4

STAFFING	
Standard No	Score
27	4
28	3
29	3
30	3

MANAGEMENT AND ADMINISTRATION	
Standard No	Score
31	4
32	4
33	4
34	x
35	3
36	3
37	x
38	4

Are there any outstanding requirements from the last inspection? NO

STATUTORY REQUIREMENTS

This section sets out the actions, which must be taken so that the registered person/s meets the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The Registered Provider(s) must comply with the given timescales.

No.	Standard	Regulation	Requirement	Timescale for action

RECOMMENDATIONS

These recommendations relate to National Minimum Standards and are seen as good practice for the Registered Provider/s to consider carrying out.

No.	Refer to Standard	Good Practice Recommendations
1.	OP7	The care planning in relation to psychological care should be developed further. This will help to ensure that psychological and mental health care needs of people are met.



Care Quality Commission

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