

# Key inspection report

## Care homes for older people

<b>Name:</b>	Orchard Court Care Home
<b>Address:</b>	7 Wrawby Road Brigg North Lincolnshire DN20 8DL

<b>The quality rating for this care home is:</b>	two star good service
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A quality rating is our assessment of how well a care home is meeting the needs of the people who use it. We give a quality rating following a full review of the service. We call this full review a 'key' inspection.

<b>Lead inspector:</b>	<b>Date:</b>
Kate Emmerson	0 2 0 4 2 0 1 0

This is a review of 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.

The first part of the review gives the overall quality rating for the care home:

- 3 stars - excellent
- 2 stars - good
- 1 star - adequate
- 0 star - poor

There is also a bar chart that gives a quick way of seeing the quality of care that the home provides under key areas that matter to people.

There is a summary of what we think this service does well, what they have improved on and, where it applies, what they need to do better. We use the national minimum standards to describe the outcomes that people should experience. National minimum standards are written by the Department of Health for each type of care service.

After the summary there is more detail about our findings. The following table explains what you will see under each outcome area.

**Outcome area (for example Choice of home)**

**These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:**

This box tells you the outcomes that we will always inspect against when we do a key inspection.

This box tells you any additional outcomes that we may inspect against when we do a key inspection.

**This is what people staying in this care home experience:**

Judgement:

This box tells you our opinion of what we have looked at in this outcome area. We will say whether it is excellent, good, adequate or poor.

Evidence:

This box describes the information we used to come to our judgement.

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](http://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](http://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.

## Reader Information

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## Information about the care home

Name of care home:	Orchard Court Care Home
Address:	7 Wrawby Road Brigg North Lincolnshire DN20 8DL
Telephone number:	01652653845
Fax number:	
Email address:	
Provider web address:	

Name of registered provider(s):	Orchard Court Residential Home Ltd
Name of registered manager (if applicable)	
Manager Post Vacant	
Type of registration:	care home
Number of places registered:	26

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
dementia	0	0
old age, not falling within any other category	0	0
Additional conditions:		
The maximum number of service users who can be accommodated is: 26		
The registered person may provide the following category of service only: Care home only - Code PC To service users of the following gender: Either Whose primary care needs on admission to the home are within the following categories: Old age, not falling in any other category - Code OP Dementia - Code DE		
Date of last inspection		
Brief description of the care home		
Orchard Court is close to the centre of Brigg, and all the local amenities Bedrooms are provided over two floors, and there is chair lift access to the first floor There is parking to the front of the building. The current scale of charges for services provided through the home are between £355 and £455 per week.		

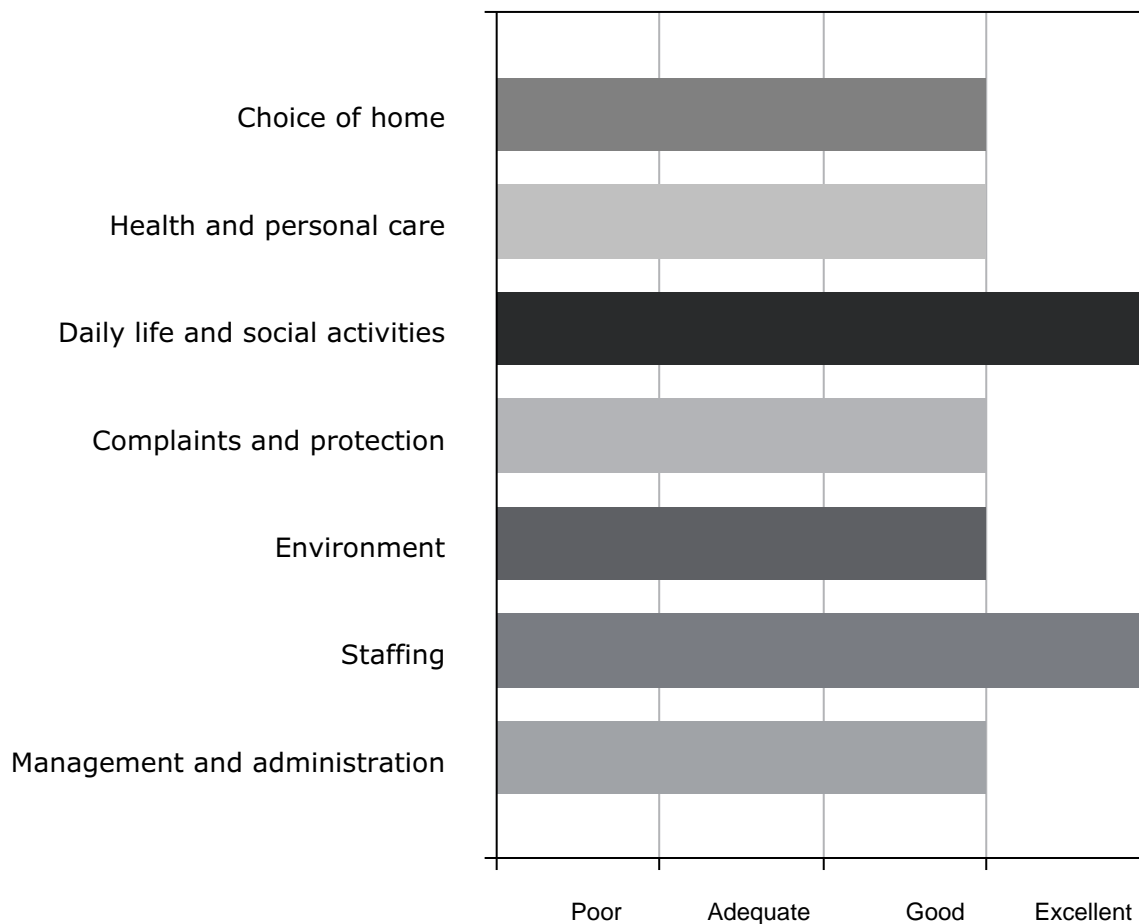
## Summary

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

The quality rating for this care home is:

two star good service

### Our judgement for each outcome:



### How we did our inspection:

This inspection report is based on information received by the Care Quality Commission (CQC) since the last key inspection of the home and includes information gathered during an unannounced site visit to the home in April 2010.

An Annual Quality Assurance Assessment (AQAA) had been returned to the Commission by the management of the home.

Surveys were sent out to people who lived in the home and staff. People who lived in the home returned six of ten surveys sent out and two of ten sent for staff were returned.

During the site visit we spoke to the manager, the training manager and staff on duty. We also spoke with people living in the home and visitors. This included talking to people individually and in small groups.

We examined a random selection of records and completed a tour of some of the bedrooms and communal areas.

Additional information received by the Commission since the last inspection has been used to inform some of the evidence provided in this report.

### **What the care home does well:**

New people that were admitted to the home had had their needs assessed to see if they could be cared for in the home. The management took account of people's assessed needs to ensure there were enough staff working in the home.

The home recorded how people would like their needs to be met and their preferred routines. Observation indicated that people's individual needs were attended to as per their care plan and staff promoted people's privacy and dignity.

The health care needs of the people living in the home were met. Staff were provided with the right training to make sure that they understood people's needs and to make sure that they could do their jobs well. People were enabled to take control of their medication if they wished.

The home was clean, tidy and comfortable and there was ongoing redecoration of the home.

People were consulted about the quality of the care they received and felt they could say if they were unhappy about anything. Meals were well balanced, home cooked and enjoyed by people living in the home.

The people that lived in the home said that they were well looked after and they are happy to be living there.

The management had made sure safeguarding procedures have been implemented appropriately.

### **What has improved since the last inspection?**

The management had implemented robust procedures to ensure that staff follow the home's medication procedures in terms of maintaining records and completing risk assessments for people who wish to self-medicate. This was necessary to reduce the risk of errors and ensure the health, safety and welfare of people living in the home.

The activities programme had been maintained and improved to ensure that people have the opportunity for social stimulation. The activities coordinator is now back in her role and has had her hours increased.

### **What they could do better:**

The home's assessment formats should be fully completed in all cases to ensure that people's likes and dislikes and preferences for their daily routines are recorded and can be taken into account when planning care.

Staff should be provided with training in effective evaluation of care plans and completion of monitoring records to ensure that changes to people's care needs are identified, risks are minimised and care plans remain relevant to people's needs.

There are a few minor issues to be addressed to ensure that all areas of the home offer a pleasant and homely area for people as one bedroom had an unpleasant odour, the

bathrooms contained stored items such as walking aids and the walk in shower room was not fully completed.

Records of financial transactions made on behalf of people living in the home should be kept up to date and transactions recorded promptly.

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](http://www.cqc.org.uk). You can get printed copies from [enquiries@cqc.org.uk](mailto:enquiries@cqc.org.uk) or by telephoning our order line 0870 240 7535.

## Details of our findings

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## Choice of home

**These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:**

People are confident that the care home can support them. This is because there is an accurate assessment of their needs that they, or people close to them, have been involved in. This tells the home all about them and the support they need. People who stay at the home only for intermediate care, have a clear assessment that includes a plan on what they hope for and want to achieve when they return home.

People can decide whether the care home can meet their support and accommodation needs. This is because they, or people close to them, have been able to visit the home and have got full, clear, accurate and up to date information about the home. If they decide to stay in the home they know about their rights and responsibilities because there is an easy to understand contract or statement of terms and conditions between them and the care home that includes how much they will pay and what the home provides for the money.

**This is what people staying in this care home experience:**

Judgement:

People using this 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 had their needs assessed prior to admission so that they could be confident the home could provide the care they required.

Evidence:

The home made sure that people's needs could be met within the homes registration by assessing their needs prior to admission.

Where Social Services care management teams funded people's care, the home had obtained copies of their assessment and care plan.

The home had developed a detailed assessment format. Four care files were examined of those most recently admitted to the home. The assessment format had not been fully completed in all cases. The gaps in the information gathered at assessment meant the development of the care plans were not as detailed as they had been at previous inspections.

## Evidence:

For example one person had been admitted to the home in January 2010 and whilst basic details about the persons health and medications had been recorded, information as to likes and dislikes, daily routines and social interests had not been completed despite there being a well developed format for this in the file. In another case a person who had been in the home previously had not had their assessment reviewed to ensure that it was still reflected the persons needs on admission on this occasion. Evidence was provided to the Commission that this persons assessment and care plan had been reviewed immediately after the inspection.

People who replied in surveys stated that their needs were met and were satisfied with the care received and staff stated that they received sufficient information about peoples care needs.

To help people feel settled on admission the home provided information about the service and the facilities, welcome cards and baskets of toiletries in bedrooms.

Intermediate care is not provided at the home.

## Health and personal care

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People's health, personal and social care needs are met. The home has a plan of care that the person, or someone close to them, has been involved in making. If they take medicine, they manage it themselves if they can. If they cannot manage their medicine, the care home supports them with it, in a safe way. People's right to privacy is respected and the support they get from staff is given in a way that maintains their dignity.

If people are approaching the end of their life, the care home will respect their choices and help them feel comfortable and secure. They, and people close to them, are reassured that their death will be handled with sensitivity, dignity and respect, and take account of their spiritual and cultural wishes.

**This is what people staying in this care home experience:**

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The health and personal care needs of people living in the home were met through the services provided in the home. The manager had taken very positive action to ensure medication practices were improved.

Evidence:

We looked at the care files for four people who lived in the home. Some of the more recently developed care plans were not as detailed as care plans had been previously. The very detailed and personalised care plans they had developed to support the preprinted generic care plans had not been developed for people recently admitted. It is recommended that the more detailed care plans are completed in all cases.

As assessment formats had not been fully completed in all cases some care plans did not include information about peoples likes and dislikes and personal routines and how these were to be incorporated into the care provided in the home.

Daily diary records described the care delivered and communication with health professionals. Where health professionals had given instructions regarding care

## Evidence:

provision there was evidence this was included in care plans.

The home used monitoring records to record dietary intake where needs had been identified in this area. However in one seen these had not been completed on a consistent basis and this does not enable effective monitoring.

Care plans had been evaluated monthly but records indicated a lack of understanding of this exercise by some staff. For example evaluations completed by one member of staff just repeated all the content of the care plan with no indication as to whether this care was meeting the persons needs.

The records showed that there was an understanding about new legislation relating to depriving people of their liberty due to their mental capacity and assessments had been completed where required.

People living in the home or their representatives had seen and agreed to their care plans in most cases.

The acting manager had taken up post in February 2010 and had commenced medication audits immediately. He had identified some errors as part of medication audits and had reported these to the Commission and to the safeguarding team prior to the inspection. A safeguarding investigation had been undertaken and the safeguarding team were satisfied with the actions taken to improve systems and minimise errors. The medication administration records showed there was still the very occasional lapse by staff to sign the record on administration or to enter a code where medication to show why a medication was not administered. Records showed the manager had put systems in place to ensure these issues were immediately reported to him and action had been taken to address the shortfalls.

The home had detailed medication policies and procedures to support safe practice. The manager stated that only senior care staff administer medication. The staff administering medication had received accredited medication training and the homes training records supported this. They had also had refresher training and systems training. Following the recent errors staff had had their competency assessed and further training was to be provided in March 2010.

Administration of medication was observed and staff were seen to support people appropriately and supervise them until they had taken their medication. Medication records included a photo of people and their preferences in taking their medication. There were no people living in the home who were self medicating at the time of the

Evidence:

inspection although systems were in place for people to be able to do this if they wished.

People felt they were well cared for and that their privacy and dignity was protected. Observation of staff interaction confirmed that staff were respectful to people in their care. People's rooms were personalised to their own tastes and they were able to bring in some of their own possessions.

## Daily life and social activities

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

Each person is treated as an individual and the care home is responsive to his or her race, culture, religion, age, disability, gender and sexual orientation. They are part of their local community. The care home supports people to follow personal interests and activities. People are able to keep in touch with family, friends and representatives. They are as independent as they can be, lead their chosen lifestyle and have the opportunity to make the most of their abilities. People have nutritious and attractive meals and snacks, at a time and place to suit them.

There are no additional outcomes.

**This is what people staying in this care home experience:**

Judgement:

People using this 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 have choice in their daily lives and enjoy varied activities and good quality meals.

Evidence:

The home had developed assessment formats to ensure people's social, personal and religious needs were identified as part of the assessment process although these had not been consistently completed for those admitted since the beginning of the year. The activities coordinator had developed her own social needs care plans from information gathered by her discussions with people who lived in the home.

The homes activity coordinator had had her hours increased from fourteen to twenty hours per week. Records showed that a wide variety of activities had been provided and people who lived in the home stated that there were usually activities that they could participate in. Evidence from records showed that a church service was conducted monthly and special events such as birthdays and VE day were celebrated. Outside entertainment was also provided monthly. A list of activities together with a newsletter was provided to people living in the home and to relatives.

Activities specific to those with dementia was provided which included reminiscence

## Evidence:

work and one to one support. The activities coordinator was about to launch life books for each person living in the home which will provide information and photographs of peoples lives to support people to maintain their memory and provide discussion points.

There was evidence from discussions with people who lived in the home that confirmed they were able to exercise choice in all areas of their life from times they got up and retired to bed to the meals provided. Assessment formats gave opportunity for people's preferences for care delivery and likes and dislikes to be recorded although these hadn't been consistently completely since January.

The dining room was spacious and comfortable. The majority of care staff were observed to assist people with meals individually in a way that supported their dignity. However one staff member was observed to lack the skills required to perform this task in a person centered way breaking off in the middle of assisting one person with their lunch to complete other tasks. This was reported to the manager.

The home had a rotating menu that included at least two choices at lunchtime and teatime. On the day of inspection there were five different options. One of the cooks confirmed that menus were reviewed regularly and residents were consulted about the meals at meetings. The cook was knowledgeable about people's dietary needs and described how these were met. People were also able to comment on the quality of the meals provided through the homes quality assurance monitoring system.

People's comments about the food included 'we enjoy the food', 'there are good portions and choices'.

## Complaints and protection

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

If people have concerns with their care, they or people close to them know how to complain. Any concern is looked into and action taken to put things right. The care home safeguards people from abuse and neglect and takes action to follow up any allegations.

People's legal rights are protected, including being able to vote in elections.

**This is what people staying in this care home experience:**

Judgement:

People using this 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 were happy living in the home and felt able to complain if required. Although there had been a number of safeguarding referrals made since the last inspection these had been as a result of the new manager being proactive in identifying issues no matter how minor. He had acted immediately to improve systems in the home to ensure that people were protected.

Evidence:

The service had a clear complaints policy and procedure and copies of this were seen to be available around the home. Records of complaints were maintained. With the exception of one person who responded in surveys people indicated that they understood how to make a complaint if they wished to. The people living in the home were happy with the care they received and felt they could speak out if they were not happy.

The home had policies and procedures to safeguard people and to protect them from abusive situations. Staff training records provided evidence that they had received training in relation to the protection of vulnerable adults and had received refresher training.

The home had notified us of any incidents that affected people's health, safety or welfare. The information from the notifications had prompted us to make six referrals to the safe guarding team. Three concerned medication errors these had been

Evidence:

investigated and the safeguarding team were satisfied with the actions taken to improve systems in the home. Two concerns one staff member's attitude and one a service user hitting another. We had not received outcomes for either of these from the safeguarding team at the time of writing the report. The manager had been very proactive in also making referrals and liaising with the safe guarding team to ensure he was up to date with all the procedures.

## Environment

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People stay in a safe and well-maintained home that is homely, clean, pleasant and hygienic.

People stay in a home that has enough space and facilities for them to lead the life they choose and to meet their needs. The home makes sure they have the right specialist equipment that encourages and promotes their independence. Their room feels like their own, it is comfortable and they feel safe when they use it.

**This is what people staying in this care home experience:**

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The service provided a clean, tidy and well maintained home with a homely atmosphere.

Evidence:

We made a tour of the premises and found the home to be clean and tidy and other than in one bedroom free from any offensive odours. People in surveys stated that the home is usually fresh and clean.

The home employ two part time maintenance persons who undertake specific tasks such as fire alarm testing as well as undertaking routine maintenance. The home was undergoing decoration and refurbishment and a some bedrooms had been redecorated since the last inspection. People living in the home are encouraged to personalise their rooms.

A bathroom had been converted in to a walk in shower prior to the last inspection to ensure a variety of bathing options was available. This still required finishing in respect of some grouting of the tiles. The bathrooms were used to store a variety of items such as walking aids which detracted from the homeliness of these areas and should be cleared.

The garden area had been mostly paved and a large patio area had been created

Evidence:

which was accessible to people living in the home.

The home had policies and procedures to support infection control in the home and staff had received training in this area.

## Staffing

**These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:**

People have safe and appropriate support as there are enough competent staff on duty at all times. They have confidence in the staff at the home because checks have been done to make sure that they are suitable to care for them. Their needs are met and they are cared for by staff who get the relevant training and support from their managers.

There are no additional outcomes.

**This is what people staying in this care home experience:**

Judgement:

People using this service experience **excellent** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Robust recruitment checks were in place to ensure staff were safe to be employed to work at the home. Staff received all the training required to care for people safely . Residential forum guidelines were applied to determine staffing levels and people living in the home felt they were well cared for.

Evidence:

People who live in the home told us that they received the care and support they needed and the staff were usually available if they need them.

People said that they liked the staff, comments included 'the staff are very good, it is like a big family' and 'the staff are always on hand to help, their help and cheerfulness has improved my relatives quality of life'.

A wide range of staff training had been provided since the last inspection. Training records showed that staff had completed induction training and the mandatory training that is required of them and service specific training had been provided in relation to dementia care and care of older people. A regional training manager had been employed by the company to ensure that the training programme continues to develop and is implemented.

**Evidence:**

Staff personnel files were checked to make sure that all of the appropriate safety checks had been completed before they were employed to have any contact with people living in the home. Evidence was available that showed the management obtain two references and a POVA 1st (Protection of Vulnerable Adults) Criminal Records Bureau (CRB) vetting before employment commenced at the home.

The management and staff were committed to National Vocational Training (NVQ). The Annual Quality Assurance Assessment (AQAA) stated that ten of the sixteen care staff have completed NVQ qualifications in care. The cooks and domestics were also encouraged to complete NVQ training relevant to their role.

## Management and administration

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People have confidence in the care home because it is led and managed appropriately. People control their own money and choose how they spend it. If they or someone close to them cannot manage their money, it is managed by the care home in their best interests. The environment is safe for people and staff because appropriate health and safety practices are carried out.

People get the right support from the care home because the manager runs it appropriately with an open approach that makes them feel valued and respected. The people staying at the home are safeguarded because it follows clear financial and accounting procedures, keeps records appropriately and ensures their staff understand the way things should be done. They get the right care because the staff are supervised and supported by their managers.

**This is what people staying in this care home experience:**

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

There had been some changes to the management but processes had been well maintained. They consulted with people who lived in the home on a regular basis through quality monitoring. The health and safety of people living in the home was protected.

Evidence:

The home had been without a manager for five months until the recruitment of a new manager in February 2010. The head of care had been acting manager during this time. She had maintained the majority of management tasks to a satisfactory level.

The new manager stated he was experienced in this role and had worked as a registered manager in another home for four years. He stated he had taken a career break for two years and had decided to come back into care. He stated he had been supported by management during his first few weeks in post and they visited the home regularly. He had been quick to identify areas for improvement and he had immediately audited the practices in the home particularly medication practices and

## Evidence:

put systems in place for improvements. He had also implemented clearer communication systems to ensure that information was cascaded promptly to all staff.

The home had a system of monitoring the quality of care in the home which had been maintained through the absence of a manager. There was evidence that the quality assurance and monitoring system had been used in a consistent way. Surveys that had been sent out to people who lived in the home, these had been evaluated and action plans had been formulated. Outcomes of this process had been published and made readily available to people living in the home and visitors to the home.

Where the home assisted people with their finances records were maintained and receipts were held for transactions on their behalf. However these were not clearly maintained and not all transactions had been recorded promptly although receipts were available. There had been regular management audits but these issues had not been addressed. The manager and the training manager was advised to re audit these records and ensure that all transactions had been recorded.

The management provided evidence that all of the equipment that required servicing and maintenance had this work carried out on a regular basis. This included the moving and handling equipment. The home also had up to date certificates for the fire, electrical and gas appliances. Staff had received training in mandatory areas such as moving and handling and first aid.

The systems for ensuring that people would be protected in the event of a fire had been maintained. The fire alarm had been tested regularly by the handyman although this had not been completed on an exact weekly basis when he was not available due to leave. The manager was advised to ensure processes were in place for this task to be redesignated during the handyman's leave.

Detailed records of accidents were maintained.

Are there any outstanding requirements from the last inspection?

Yes

No

## Outstanding statutory requirements

These are requirements that were set at the previous inspection, but have still not been met. They say what the registered person had to do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards.

No.	Standard	Regulation	Requirement	Timescale for action

## Requirements and recommendations from this inspection:

### Immediate requirements:

These are immediate requirements that were set on the day we visited this care home. The registered person had to meet these within 48 hours.

No.	Standard	Regulation	Requirement	Timescale for action

### Statutory requirements

These requirements set out what the registered person must do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The registered person(s) must do this within the timescales we have set.

No.	Standard	Regulation	Requirement	Timescale for action

### Recommendations

These recommendations are taken from the best practice described in the National Minimum Standards and the registered person(s) should consider them as a way of improving their service.

No	Refer to Standard	Good Practice Recommendations
1	3	The homes assessment formats should be fully completed in all cases to ensure that peoples likes and dislikes and preferences for their daily routines are recorded and can be taken into account when planning care.
2	7	Care plans should be person centered and describe how peoples likes and dislikes and personal routines are to be taken into account during care provision.
3	7	Staff should be provided with training in effective evaluation of care plans and completion of monitoring records to ensure that changes to peoples care needs are identified, risks are minimised and care plans remain relevant to peoples needs.
4	19	The malodour in the ground floor bedroom should be investigated and treated.
5	19	The bathrooms should be cleared of stored items.
6	19	The walk in shower room should be fully completed to ensure a pleasant environment for people.
7	35	Records of financial transactions made on behalf of people living in the home should be kept up to date and

## Recommendations

These recommendations are taken from the best practice described in the National Minimum Standards and the registered person(s) should consider them as a way of improving their service.

No	Refer to Standard	Good Practice Recommendations
		transactions recorded promptly.
8	38	Weekly fire alarm checks should be completed and recorded.

## Helpline:

**Telephone:** 03000 616161

**Email:** [enquiries@cqc.org.uk](mailto:enquiries@cqc.org.uk)

**Web:** [www.cqc.org.uk](http://www.cqc.org.uk)

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