

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

Westfield Park Nursing Home

Westfield Lane, Hook, Goole, DN14 5PW

Tel: 01405761021

Date of Inspection: 21 January 2014

Date of Publication: February 2014

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

Care and welfare of people who use services ✓ Met this standard

Meeting nutritional needs ✓ Met this standard

Cooperating with other providers ✓ Met this standard

Cleanliness and infection control ✓ Met this standard

Requirements relating to workers ✓ Met this standard

Assessing and monitoring the quality of service provision ✓ Met this standard

Complaints ✓ Met this standard

Records ✓ Met this standard

Details about this location

Registered Provider	Yorkare Homes Limited
Registered Manager	Miss Susan Rollinson
Overview of the service	Westfield Park Nursing Home is situated in the village of Hook, near Goole. It is registered to provide accommodation and care to 111 people. The service looks after older people, people who have a physical disability and people who have a dementia related condition.
Type of service	Care home service with nursing
Regulated activities	Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury

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Summary of this inspection

Why we carried out this inspection

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.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 21 January 2014, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members and talked with staff.

What people told us and what we found

We found people were being looked after by friendly, supportive staff within a warm and homely environment. One person told us, "Staff are friendly and give us the support and help we need" and another said "There is a lovely atmosphere in the home, very friendly and welcoming."

People were supported to be able to eat and drink sufficient amounts to meet their needs. Everyone we spoke with said they received sufficient drinks and meals and one person said "You only have to mention it to the staff and they will make you or any visitors a drink."

There were clear processes in place for what should happen when a person moved to another service, such as a hospital, which ensured that the person's rights were protected and that their needs were met.

People were cared for in a clean and hygienic environment. Two people who spoke with us said they were satisfied with the cleanliness of the home and pleased with the laundry service.

We saw the service had an effective recruitment policy and procedure, which ensured staff working in the service had the right skills and qualifications to meet people's needs.

The provider had an effective quality assurance system in place and people's views and opinions of the service were listened to and acted on where necessary. There was also a complaints system available, which people understood and were confident of using if needed.

Records about people who used the service enabled staff to plan appropriate care, treatment and support. The information needed for this was systematically recorded and kept safe and confidential.

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

More information about the provider

Please see our website 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

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

People's care and treatment was planned and delivered in a way that ensured people's safety and welfare.

We spoke with people who used the service and the staff about care needs and how these were met. We observed some of the support that was offered to and accepted by people and we also looked at care files for six people.

The care files we looked at had been evaluated on a monthly basis. Any changes to the care being given was documented and implemented by the staff. The care plans contained information about each person's health, including input from health care professionals such as the GP and district nurse.

In all six care files people who used the service or their representative had signed a consent form to say that they agreed to the care and treatment plans within their care file, that the information could be exchanged with other providers of services and that they had discussed and agreed the arrangements for administration of medicines (either staff to give or themselves) following a risk assessment. People had also consented to their photograph being used within their documentation, for example on their medication sheet for identification purposes.

Information about the person's social interests, their likes and dislikes and input from their family was included within the individual's care plan. In addition to this information there were risk assessments to cover daily activities of living. The risk assessments ensured people were kept as safe as possible, whilst accommodating their decisions and choices around their day to day care.

We saw that the service had a number of specialist mattresses in use, to help prevent people from developing pressure sores whilst in bed. Pressure relieving cushions were also in use in people's armchairs and wheelchairs. We looked at the pressure relief (turn)

charts completed for the people whose care we looked at during our inspection. We found the charts and records were up to date and detailed about the times people were turned and the integrity of their skin. Skin integrity was monitored and assistance from the tissue viability nurse was used when required. Nurses recorded each time they carried out any 'wound care'. The notes fully recorded the progress of the wounds.

Discussion with people who used the service indicated they were satisfied with the staff who looked after them. People told us that they had a good relationship with the staff and were comfortable in asking for specific individuals to deliver their personal care. One individual told us "I like all the staff but I am more comfortable with female care staff giving me a bath." We saw that the home employed a mix of male and female care staff and that people's preferences for male or female care staff were recorded on their individual care file.

The service had two distinct units, one for people who required nursing care and one for people with dementia related conditions. The staff we spoke with were confident about their knowledge and skills in supporting people with dementia needs. Three staff told us "What people want to do is our priority, we as staff need to ensure we respect their choices and treat everyone with dignity", "When we offer people a bath we need to consider if that person wants one, when do they prefer to have a bath and which staff do they like to assist them" and "It is important to make people comfortable and feel at home. We have to consider the fact that people do change their minds about things and if they are resistant to care then to walk away and try again later."

Discussion with the two managers on the dementia unit and three staff indicated that they had all completed training on dementia care, and the managers had also completed dementia care mapping. This was confirmed by certificates we saw in the staff files. This meant the staff had the skills and experience to meet the needs of people with dementia related conditions. Our observations of staff at work indicated that people were treated as individuals and staff had a calm and compassionate manner that ensured people felt at ease and relaxed within the service.

Interactions between the staff and people who used the service were very positive and showed that staff had a good understanding of people's needs, wishes and choices. We observed staff moving people from the lounge to the dining room and to the toilets. This was done with dignity; staff talked to the people throughout the moves and used appropriate moving and handling techniques.

People told us they had confidence in the staff when being hoisted and one person said "All the staff know how to use the equipment and I always feel safe even if I don't like using the sling as it is uncomfortable."

Food and drink should meet people's individual dietary needs

Our judgement

The provider was meeting this standard.

People were protected from the risks of inadequate nutrition or dehydration.

Reasons for our judgement

People were supported to be able to eat and drink sufficient amounts to meet their needs.

We saw that equipment such as plate guards and drinking beakers with lids were provided for those who needed help to eat and drink independently. Discussion with the cook indicated that the service catered for normal diets and people with diabetes, as well as those who required a soft or pureed diet. We saw that the food was well presented, looked appetising and people's dignity was considered at mealtimes.

The registered manager told us as part of their improvements to the service they had decided to issue people with a weekly menu in advance. People were given time to make their decisions on what they would like to eat and they were given support to fill in their choices. We saw that the cook was in and around the home during our visit asking people what they would like to eat, using choices from the menu as a guide. This was completed on a daily basis and confirmed by people who spoke with us.

The registered manager also showed us the new satellite kitchen created on the nursing unit in the last six months. This facility enabled staff to provide drinks, snacks and light meals to people outside of the main kitchen hours. This gave people some flexibility in their meal times and ensured they were able to have nutritious food 24 hours a day.

Nutritional screening was completed by the staff and people were weighed weekly or monthly depending on their level of risk. We saw that the service used a dietician when this was required and some individuals had input from the speech and language therapists (SALT) when they had problems with swallowing. Where staff had concerns about a person's nutritional and fluid intake they had a food and fluid chart in place. The charts we looked at during our inspection were completed on a daily basis and were on the whole up to date.

Everyone we spoke with said they received sufficient drinks and meals and one person said "I enjoy the meals, they are really nice." Observation of the midday meal showed that staff were organised in getting the food out to people who chose not to use the dining room, as well as those sat at the dining tables. Staff offered people assistance with eating and drinking when needed. People had a choice of juices or hot drinks with their meal; we also saw there were jugs of water and juice in the bedrooms we looked in and regular hot

beverages were offered throughout the day.

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

Our judgement

The provider was meeting this standard.

People's health, safety and welfare was protected when more than one provider was involved in their care and treatment, or when they moved between different services. This was because the provider worked in co-operation with others.

Reasons for our judgement

People's health, safety and welfare was protected when more than one provider was involved in their care and treatment, or when they moved between different services. This was because the provider worked in co-operation with others.

People who were in the service had their own care files that showed people who used the service had input from healthcare professionals. Staff recorded these visits in the professional visitor's section of the care files as appropriate. We saw in the care files we looked at that individuals had received support from their GPs, optician, dentist, chiropodist and outpatient services. Where people had swallowing difficulties they had input from the speech and language therapy team and the staff accessed the falls team when concerns about a person's mobility and safety were raised.

We spoke with one visiting health care professional who told us "I think the service is good and our practice has an excellent relationship with the staff. They call us out when appropriate and I am very satisfied with the care my patients receive."

Each person who used the service had a named care worker or named nurse and annual care reviews were conducted with their funding authority. Records of these meetings were seen in the care files.

Information from the care files we looked at indicated that the service exchanged information with other providers of care services that the person had reason to use. We saw that the service sent people to hospital or outpatient appointments with a 'patient passport', which recorded what care people needed and how they liked to receive this. The registered manager and staff also said the service sent a copy of the care plan and the medication records. In return the service received discharge letters from the hospitals, outpatient letters and care plans from previous care services that had looked after the person. For people under the care of the district nursing team then specific nursing notes were kept on site for use by the district nurses.

The provider may wish to note that the information sent with people to hospital or

outpatient appointments did not include information about any infection that needed to be managed such as MRSA (methicillin-resistant staphylococcus aureus). This information would be needed to ensure people were treated appropriately whilst enabling other services to maintain effective infection prevention and control in their establishments. We looked at the service's policies and procedures and found that they had plans in place for emergency situations and major incidents such as flooding, fire or outbreak of an infectious disease.

All information we looked at was stored appropriately and staff we spoke with were aware of the service's confidentiality policy.

People should be cared for in a clean environment and protected from the risk of infection

Our judgement

The provider was meeting this standard.

People were protected from the risk of infection because appropriate guidance had been followed.

Reasons for our judgement

People were cared for in a clean and hygienic environment.

The staff training matrix indicated that the majority of the staff had received infection control training in January 2014.

People who used the service told us they were delighted with the cleanliness of their bedrooms and the communal areas. Our observation of the service found it to be clean, tidy and free from malodours.

The registered manager was the nominated individual for infection control and was supported in this role by the care manager and the managers on the dementia unit.

There were prevention of infection policies and procedures in place and these were updated on a regular basis. The registered manager had completed audits for infection prevention and control measures. We saw the last one was completed in January 2014, when the registered manager had identified that more detailed cleaning schedules were needed within the service. We saw action plans were in place to address any shortfalls identified in the audits, and staff practices were monitored to ensure standards remained at a high level.

The provider may find it useful to note that our observations of the bathroom facilities indicated that staff were not always cleaning the baths in between uses and the bath hoist seats and shower seats required deep cleaning.

Schedules for cleaning of the environment were in place and these were detailed and up to date. Discussion with the registered manager indicated that schedules for equipment such as pressure relieving cushions and mattresses were being developed and would be introduced within the next month.

Liquid soap and paper hand towel dispensers were available throughout the service and plastic aprons/gloves were easily accessible for staff. Observation of working practice indicated that staff used appropriate techniques to ensure people were cared for in a safe

way.

During our visit, we observed that some people who used the service required hoisting. The registered manager informed us that the service used individual slings as part of their infection control procedures. The provider may find it useful to note that our observation of staff practices indicated that staff did not always make sure the slings in use were hung up in people's bedrooms and therefore the slings could be used on multiple people. This meant there was a potential risk of cross infection between people who used the service.

The laundry room was equipped with industrial washing machines and tumble driers. In addition there was a designated washing machine for the colour coded mop heads used to clean the environment. The staff were observed using colour coded linen skips for bedding and clothing and specialist bags were used for soiled washing. Separate laundry areas were used for clean and dirty linen to prevent cross infection taking place.

Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

Appropriate checks were undertaken before staff began work.

We looked at eight staff recruitment files. We saw these included an application form which recorded the person's previous employment, qualifications and skills.

We saw that potential staff provided references from previous employers which recorded information on their suitability for the role. Additionally people completed Disclosure and Barring Checks (DBS), previously known as CRB checks. These recorded whether a person held a criminal conviction which would have prevented them from working with vulnerable people. As part of this process the provider obtained proof of the person's identity, including photographic evidence of each individual.

We saw that the recruitment process included completion of interview questionnaires, which ensured people were asked for the same information on their experiences, qualifications and skills. This ensured all people applying for a post were treated equally and fairly.

The service carried out regular checks with the Nursing and Midwifery Council to ensure that the nurses employed by the service had active registrations to practice.

Additionally we saw evidence in staff files which recorded they had undertaken an induction prior to starting in the home. Discussion with the registered manager indicated that all new staff completed a corporate induction. Any member of care staff without a diploma in health and social care or an equivalent care qualification was given the opportunity to complete the Skills for Care induction and they could then enrol for further training opportunities.

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

Our judgement

The provider was meeting this standard.

The provider had a system in place to regularly assess and monitor the quality of service that people received.

Reasons for our judgement

People who used the service, their representatives and staff were asked for their views about their care and treatment and they were acted on.

The registered manager completed safety audits of care plans, pressure sores, accident records, medication practices and infection control. Outcomes from the audits were discussed with the staff and an action plan was put in place with time scales for completion. These were available for our inspection and we saw they were up to date.

The provider also completed a monthly audit looking at all aspects of the service to ensure that quality was being monitored and maintained. We saw the last one completed was in December 2013. Any issues arising from these audits were discussed at the monthly Directors/Managers meetings. The minutes of the meetings were made available to us.

People who used the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. Feedback from these individuals was obtained through the use of satisfaction questionnaires, meetings and one to one sessions. This information was analysed by the registered manager and where necessary action was taken to make changes or improvements to the service. This was evidenced in the various meeting minutes we looked at during this inspection. We looked at the feedback from the October 2013 questionnaires and saw that people had written comments such as "I am very happy with every aspect of my care" and "We are always kept well informed about our relative's care and the staff work hard to give a high standard of care."

We were given minutes of the staff meetings and the dates on these indicated they took place every month. Staff told us they felt supported by the provider and managers and that they could talk to them about any issues or concerns they might have.

Discussion with the manager indicated that resident meetings were held every one to two months and we looked at the minutes of the meetings held in October and December 2013. We saw that people had discussed food, activities, refurbishment of the service,

laundry and staffing issues. Feedback on any action taken was given to people at the following meeting.

We saw that the service had made a start on introducing a 'learning' culture within the service. Discussion with the registered manager indicated that in August 2013 the service had changed the care plan format and positional change charts in response to concerns being raised about one person's pressure areas. The changes in paperwork and staff practices were discussed at the staff meeting and recorded in the meeting minutes.

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available. Comments and complaints people made were responded to appropriately.

Reasons for our judgement

People were made aware of the complaints system. This was provided in a format that met their needs.

The service had a complaints policy and procedure that was found within the service user guide. It was also on display within the service. The policy and procedure was available in large, clear print and an easy read format.

Discussion with five people indicated that they were aware of the complaints process. One person expressed confidence that if they did raise any concerns their issues would be dealt with appropriately. One person who spoke with us said "I think this is an excellent service. I can ask questions about my care and treatment and I am given direct answers."

We looked at the complaints record file kept by the provider. This showed the service had received six complaints in the last 12 months. The complaints were documented and the provider response was also on file showing the concerns had been dealt with quickly and resolved.

The service regularly audited the views of people who used the service, relatives and stakeholders and ensured that individuals were aware of who to make a complaint to and what the procedure was.

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

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment.

Reasons for our judgement

Records were kept securely and could be located promptly when needed.

The registered manager kept accurate and personalised records for each person who used the service. We looked at the care files for six people who used the service. These were stored on computers within the service and all care staff had access passwords to record within the care files. The registered manager told us that different staff had different levels of access so that information was only available to staff where appropriate. The computer files were backed up daily and therefore records were kept safe and secure.

We noted that risk assessments were carried out upon admission with monthly reviews of all the information the home kept about a person. Risk assessments included regular monitoring of items such as weight and skin condition. It could be seen that the outcomes of assessments informed the care plans for people and that these were regularly monitored.

We found that staff records were kept within a locked cabinet in the administrator's office. Information within them was up to date and monitored by the administrator and registered manager.

We saw that there were policies and procedures in place with regard to confidentiality and these had been reviewed by the registered manager in August 2013. This meant staff had access to information and guidance about current good practice and legislation on a number of topics including data protection, confidentiality and record keeping.

All care files and associated care records were stored securely within the service. These documents were accessible to the staff and located easily when we asked to see them.

Discussion with the registered manager indicated that records which were no longer in use, were archived for a specific length of time. We were informed that to their knowledge no records had been disposed of since the service opened. Once the timescales were reached, where information could be destroyed, the provider would use a reputable means to dispose of the records such as confidential shredding.

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.

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.

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.

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

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)

(Registered) Provider

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'.

Regulations

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

Responsive inspection

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

Routine inspection

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

Themed inspection

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

Contact us

Phone: 03000 616161

Email: enquiries@ccq.org.uk

Write to us
at: Care Quality Commission
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

Website: www.cqc.org.uk

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