

Key inspection report

Domiciliary care agencies

Name:	Anchor Integrated Care & Housing Village
Address:	Denham Garden Village Denham Green Lane Uxbridge Denham Middlesex UB9 5LB

The quality rating for this domiciliary care agency is: two star good service

A quality rating is our assessment of how well an agency 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.

Lead inspector:	Date:
Jane Handscombe	2 6 1 0 2 0 0 9

This is a review of quality of outcomes that people experience in this agency. 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 agency:

- 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 User focussed services)

These are the outcomes that people using domiciliary care agencies 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 using this domiciliary care agency 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 – Domiciliary Care Agencies 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

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- 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 agency

Name of agency:	Anchor Integrated Care & Housing Village
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Provider web address:	www.anchor.org.uk

Name of registered provider(s):	Anchor Trust							
Name of registered manager (if applicable)								
Miss Samantha Mooney								
Conditions of registration:								
Date of last inspection	1	8	1	1	2	0	0	8
Brief description of the agency								
<p>Denham Garden Village is an integrated care and housing village built by The Anchor Trust. It consists of a mix of housing both for rent and purchase, with central village facilities including a health spa, shop, hairdresser, cafe bar and central support offices. There is an on-call support team funded from a monthly service charge. Additional services are available for purchase including domestic help, personal care and handy-person support for general household jobs. The Anchor Trust is registered with the Care Quality Commission as a domiciliary care agency in respect of the personal care services that are offered as part of the overall support services provided to residents of Denham Garden Village. The domiciliary care office is on site and easily accessible to service users.</p>								

Summary

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

The quality rating for this agency is:

two star good service

Our judgement for each outcome:



How we did our inspection:

This was an unannounced inspection, which took place over one day. The inspection took place on the 26th October 2009. The purpose of the visit was to see how the agency is meeting the National Minimum Standards. Prior to the visit we sent the registered manager a number of surveys to be distributed to service users, staff members and visiting health and social care professionals in order to ascertain their views on the service and the care provided. At the time of writing this report we have received completed surveys from four service users, two social and health care professionals and three staff members. Any further completed surveys we receive will be considered as part of the Commissions ongoing regulatory responsibilities for registered services.

Prior to the inspection we required the service to complete an Annual Quality Assurance Assessment (AQAA), which enables them to evaluate the quality of their service and forward to ourselves when asked. This initially helps us to prioritize the

order of the inspection and identify areas that require more attention during the inspection process.

Results of this inspection report are derived from feedback from service users, discussions with staff during the inspection, and responses to surveys that were sent out prior to the visit, viewing service users records held within the service, viewing policies and procedures, staff personnel files, general observation throughout the visit, along with information provided to us in the completed AQAA and any other information that we have received about the service in order to gain an understanding of how the service meet the service users needs and how it impacts upon their lives.

We looked at how well the service was meeting the key standards set by the government and have in this report made judgments about the standard of the service.

Comments received from service users during the inspection process include:

'The carers are very kind, very caring, professional and helpful. Nothing is too much trouble.'

'I dont know what we would do without them.'

'I am very well looked after.'

We would like to thanks the service users, relatives and staff members for their time and assistance during this inspection.

What the agency does well:

The agency deals with a number of diverse care needs and always ensures to offer a very personalised service to those using the service; there is a very real commitment to ensure that all users of the service, however diverse their needs may be, receive a person-centred package of care which meets their needs appropriately.

The agency provides good continuity of care for those using the service.

What has improved since the last inspection?

Information about the agency and the services it can offer are now provided in formats to suit peoples individual needs and a lot of work has been put into accessing interpreters to ensure the assessment and reviewing procedures uses methods that focus on equality and diversity involving them in ways which allows them to voice their needs and receive feedback in a meaningful way.

Time sheets evidence that improvements have been made in ensuring that staff arrive at service users homes within the time band agreed and specified within their care plans and work the full amount of time specified.

Any concerns or referrals made to other health professionals are now documented to evidence the measures taken.

What they could do better:

Whilst the agency have a robust recruitment policy in place, the agency must ensure these are followed and gain two references at all times to ensure the health, safety and welfare of those using the service.

Where the service use agency staff ensure to gain a declaration and evidence of training undertaken to ensure they are appropriately trained to undertake their role competently and to maintain the safety of the people that staff support.

If you want to know what action the person responsible for this agency 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 our findings

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User focussed services

These are the outcomes that people using domiciliary care agencies should experience. They reflect the things that people have said are important to them:

People are confident that the agency can support them. This is because there is an accurate needs assessment, which they, or someone close to them, have been involved in. This tells the agency all about them and the support they need and is carried out before they are offered a personal domiciliary care service.

People and their relatives can decide whether the agency can meet their support needs. This is because they, or someone close to them, have got full, clear, accurate and up to date information about the agency. People know that the agency can meet their needs because staff have the skills and experience to give them the care they need. If they decide to use the agency 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 agency that includes how much they will pay and what the agency provides for their money. People are confident that the agency handles information about them appropriately. This is because the agency follows their policies and procedures. They get a consistent, and flexible care service from reliable and dependable staff members.

This is what people using this domiciliary care agency 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.

The agency's Statement of Purpose and Service Users Guide provide prospective service users with details of the services provided. Assessment and care planning processes ensure that service users and their relatives can be confident that care needs are fully identified and can be met by competent and caring staff.

Evidence:

The information provided in the statement of purpose and service users guide helps prospective service users to decide whether this agency is able to meet their specific needs. Wherever possible, a copy of any assessment of needs made by social services is obtained and the Registered Manager also visits the prospective service user to carry out their own care needs assessment to ensure their needs can be met appropriately. During the last inspection undertaken in November 2008, there were

Evidence:

shortfalls in providing information to people whose first language is not English and in ensuring people are involved in the care planning and review process in ways which allows them to communicate their needs appropriately. During this inspection we followed up to see what improvements had been made and found that the agency had worked hard to address the shortfalls. The assessment, care planning and review procedures now focus on equality and diversity, ensuring that they are able to meet people's individual needs appropriately. Whilst inspecting a selection of service users records it was evident that information had been provided in languages appropriate to peoples individual needs and there was evidence of the use of interpreters in the care planning and review process to ensure people were able to voice their needs and receive feedback in a meaningful way.

Personal care

These are the outcomes that people using domiciliary care agencies should experience. They reflect the things that people have said are important to them:

Each person is treated as an individual and the agency is responsive to his or her race, culture, religion, age, disability, gender and sexual orientation. Their right to privacy is respected and the support they get from workers is given in a way that maintains their dignity. If people take medicine, they manage it themselves if they can. If people cannot manage their medicine, the agency supports them with it in a safe way.

People's needs and goals are met. The agency has a plan of care that the person, or someone close to them, has been involved in making. They are able to make decisions about their life, with support if they need it, as the staff promote their rights, choices and independence.

This is what people using this domiciliary care agency 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.

All service users have a detailed personal plan of care which is drawn up from an initial assessment prior to a service being offered, which informs the carers on the level of care required and enables them to record the care given.

Service users can be confident that privacy and dignity are respected and will be supported to maintain their independence.

The agencies policies and procedures on medication and health related activities serve to protect service users and assists them to maintain responsibility for their own medication where required.

Evidence:

During the inspection a sample of care plans were inspected and all of the care plans viewed were informative and outlined the care to be delivered in a clear manner. There was evidence of regularly reviewing the care plans and updating them where necessary. They were found to be individualised and contain appropriate detailed information on people's individual health, personal and social care needs and

Evidence:

preferences and how these needs are to be addressed.

Care and support plans are drawn up from an initial assessment of needs and reviewed regularly in consultation with the service users themselves together with family/representatives and other relevant health and social care professionals. Risk assessments are contained within the care and support plans detailing any risks present and how these risks are to be minimized whilst promoting users choices and independence, they were up to date, dated and signed by both parties. Daily records are held within the service users files, in which the care staff detail the care and support given.

Feedback from service users who completed surveys and returned them back to us inform us that they have all been given a written plan showing how the agency is going to meet their needs, that the care and support staff do all the things that are documented in the plan, generally stay for the agreed length of time and that the staff always listen and act on what they say.

The service is in the process of transferring all service users details into a new style of care plan, which is designed to be more comprehensive and person centered. Although these are not yet completed, the service anticipates completing them within the next couple of months.

During the visit we were informed us that service users care plans are reviewed at least annually although if their care needs change prior to this then a review is instigated to ensure their changing needs are met. All those files viewed during this visit contained up to date reviews of care.

The agency's policies and procedures around medication and health related activities are designed to protect service users and assist them to maintain responsibility for their own medication even if they are unable to administer their medication themselves. All staff undertake mandatory medication training during their induction and this is followed up with a yearly update to ensure they have the appropriate knowledge, skills and competencies to undertake such tasks. Medication is only administered following an assessment of needs and where it has been agreed as part of the care plan with the consent of the service user, who sign a declaration form giving such consent. Of those files viewed, declarations were contained within them as well as appropriate risk assessments and support plans.

Information provided in the completed AQAA informs us that a new medication policy has recently been introduced into Anchor care services which is currently being

Evidence:

cascaded to staff. The registered manager and senior care worker have both attended a medication 'train the trainers' course and plans are in place to complete medication training with all staff. We are informed that improvements have been made in relation to poor recording highlighted during the last inspection. The registered manager and senior care worker undertake regular monitoring of the medication records and communication sheets to ensure that staff are completing them appropriately and in line with the agency's policies and procedures.

Service users right to privacy and dignity are discussed with staff during their induction and there is an expectation that service users' homes will be entered in line with the organisational guidelines and service users preferences. Feedback from those using the service informs us that they feel that their privacy and dignity is always respected by the carers who provide them with care and support.

All four staff who completed questionnaires inform us that they are always given up to date information about the needs of the people that they provide with care and/or support, which is detailed within their individual care plans in their homes. All generally felt that they were given enough time to meet the service users assessed needs

Protection

These are the outcomes that people using domiciliary care agencies should experience. They reflect the things that people have said are important to them:

People using the agency are safeguarded. This is because the agency follows health and safety procedures, keeps records appropriately and ensures their staff follow policies and understand the importance of assessing risks. The agency safeguards people from abuse, neglect and self harm and takes action to follow up any allegations.

People are confident that their property and money will always be safe as the agency follows the right procedures. Their health and rights are safeguarded as the staff keep an accurate record in their home of all the support they give them.

This is what people using this domiciliary care agency 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 safety and welfare of service users and staff members are actively promoted and any risks are minimised to ensure they are protected from any accidents or harm.

Evidence:

Policies and procedures within the agency serve to safeguard both users of the service and the staff delivering the service from any harm. Any risks in delivering the care or within the environment in which the care is delivered are documented and strategies are put into place to minimise these, all of which are detailed within the service users care plans, in order that staff deliver the care and support in a safe manner. All staff are provided with identity cards and are expected to wear these during their working hours so as to allay any fears or concerns.

The agency has safeguarding and whistleblowing procedures in place and training is provided to all members of staff both in their induction and regularly thereafter to assist them in becoming aware of their own care practices, to recognise signs and symptoms of abuse and to emphasise each staff member's responsibility to 'whistle blow' on any poor practice or concerns that come to their attention. All four staff who completed a survey for us said they know about the safeguarding procedures and

Evidence:

what to do if people have concerns about the agency. Discussions with two staff members who visited the office during the inspection assured us that they knew how to respond if any allegations or actual incidences were brought to their attention.

Since the last key inspection, there has been one safeguarding issue which the agency acted upon appropriately and followed the local interagency policy and procedure in making the appropriate safeguarding referral to the local authority who are the lead in safeguarding vulnerable adults. The registered manager was asked to lead the subsequent safeguarding meeting, of which appropriate records were kept and documented. It is recommended that if the registered manager is approached to lead any other safeguarding meetings, she gain confirmation in writing along with the reasoning as to why she is to lead and what the local authority wish her to cover in the meeting in order that this is documented.

Managers and staff

These are the outcomes that people using domiciliary care agencies should experience. They reflect the things that people have said are important to them:

People have confidence in the staff at the agency because checks have been done to make sure that they are fit to do the job. Their needs are met and they are supported as the staff get relevant training, support and supervision from their managers.

People have safe and appropriate support because the staff providing their care are qualified and competent. They are confident that the staff that provide their support are clear about their roles and responsibilities.

This is what people using this domiciliary care agency 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 agency has good systems to recruit, train and supervise staff, to help protect people who use the service and ensure staff have the skills and experience necessary to meet peoples individual needs, although there has been a slippage in providing regular supervision

Evidence:

The manager reported in the annual quality assurance assessment that staff are only employed after appropriate clearance has been obtained from the criminal records bureau and have had suitable pre-employment checks.

The agency has a good recruitment procedure to ensure that suitable staff are employed to look after their vulnerable clients. Application forms are completed, references are collected and face-to-face interviews are undertaken. Relevant POVA (protection of vulnerable adults) and CRB (criminal records bureau) checks are undertaken to ensure the persons suitability with working with vulnerable people.

Four staff files were inspected all of which contained confirmation of an enhanced criminal records bureau disclosure and generally containing two references, although one of the files only contained one reference. The agency took steps to try and contact the second referee detailed on the staff members application form, whilst we were there, however they were unable to make contact. A requirement was made to ensure

Evidence:

a second reference be gained and at the time of writing this report we have received correspondence and are assured that the requirement has been attended to appropriately.

All newly recruited members of staff are provided with an employee handbook and receive a structured induction including shadowing more experienced carers until both parties feel confident and comfortable that they have the skills and knowledge to undertake the role alone and in a safe manner. Staff are provided with mandatory training in core subject areas which is updated accordingly, and undertake ongoing development in order that they are appropriately trained and equipped with the skills to meet the varying personal care needs of the service users, thereby protecting the service users health, well being and safety. This was also confirmed by staff who completed questionnaires, all of who said that they are given training that is relevant to their role, helps them to understand and meet the individual needs of those using the service and keeps them up to date with new ways of working. Whilst viewing staff files it was apparent that the service were using a small number of agency staff and we noted that there was no documentation to evidence that the member of staff had been provided with all the appropriate mandatory training, for which we made an immediate requirement requiring the service to follow up and ensure all appropriate mandatory training had been undertaken and take appropriate action to safeguard those using the service. We received confirmation within 48 hours that this had been dealt with appropriately

All staff are encouraged to undertake the National Vocational Qualification in care and at the time of this inspection; of the agencies ten permanent care staff seven have attained the NVQ at level 2 or above and the remaining three carers, who were appointed during the last twelve months, are working towards it, this is commendable.

During the last inspection a requirement was made to ensure staff are provided with an annual appraisal of their work. During this inspection staff files viewed evidenced that staff receive now receive an appraisal of their work. Staff personnel files are well organized with a content sheet and dividers in place making the contents more readily accessible.

Feedback from the three staff who completed questionnaires informs us that they all think that their recruitment was done fairly and thoroughly, tell us that their induction covered everything they needed to know to do the job when they started and are being given training that is relevant to their role, helps them understand and meet the individual needs of people using the service and keeps them up to date with new ways of working. Two of the staff told us that their manager gives them enough support and

Evidence:

meets with them to discuss how they are working, whilst one didn't feel they got enough support. Whilst staff are provided with formal supervision, the agency acknowledge that there has been a slippage in providing regular supervision and assure us that it will be dealt with appropriately. The agency themselves had highlighted this as an area in which they could improve upon and plans are in place to address the shortfall.

Organisation and running of the business

These are the outcomes that people using domiciliary care agencies should experience. They reflect the things that people have said are important to them:

People get consistent and planned support from the agency because the manager runs it appropriately with an open approach that makes them feel valued and respected.

People using the agency are safeguarded because it follows financial and accounting procedures, keeps record appropriately and ensures that their staff follow policies. If people have concerns about the agency they, or people close to them, know how to complain. Their concern is looked into and action taken to put things right.

This is what people using this domiciliary care agency 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 agency offers a personalised service, which is consistent, well managed and planned.

All service users are provided with details on how to make a complaint and are confident that any complaints would be dealt with appropriately.

Evidence:

The agencies premises are appropriately equipped for the running of the business. Since the last key inspection, the manager of the service has registered with the Commission and has completed the registered managers award.

Prior to our visit we required the service to complete an Annual Quality Assurance Assessment (AQAA), which enables them to evaluate the quality of their service and forward to ourselves when asked. This initially helps us to prioritise the order of the inspection and identify areas that require more attention during the inspection process. We received the completed AQAA within the timescale given and gave a good picture of what the service does well and where improvements could be made.

There is a written complaints procedure, which is provided to all service users at the start of their provision of care which is produced in different formats to meet peoples individual needs. When the agency receives any complaints, records are kept along

Evidence:

with the actions taken. It would be good practice to develop a monitoring sheet to allow for an easy audit tool. Whilst viewing the complaints procedure, it was noted that the information provided within it detailed the commission as a route to make a complaint, it was pointed out during this inspection that the commission does not have the legal remit to investigate complaints, that the responsibility for handling concerns and complaints about their service rests with the provider. It is recommended that the procedure be amended to signpost service users to the Commission if they feel their complaint has not been dealt with appropriately. Since the last key inspection, the agency has received four complaints, all of which were logged and dealt with appropriately under the agencies complaints policy. No complainant has contacted the Commission directly with information concerning a complaint during the same period.

The agency has good working relationships with other health and social care professionals and accesses them where the need arises, which is documented appropriately in service users files. Feedback was gained from two health care professional who completed surveys, one of who informed us that he/she does not have contact with the service users and is only involved in the purchasing of the care service for those who are funded by the local authority. This particular respondent did tell us that the agency responds well to their needs for care availability and commented on an area in which he/she felt the service could do better by telling us "when the main person who we contact is on leave, we need to have a second person who can respond to our needs to take on care. There tends to be a mobile number which carers pick up who cannot help us". The other health professional who completed our survey gave very positive feedback on the service; he/she informed us that the agency's assessment procedure ensures that accurate information is gathered, that people's social and healthcare needs are always monitored, reviewed and met appropriately by the agency and that the agency always seeks advice where necessary and acts on it to meet people's social and healthcare needs and improve their well being. They told us that the manager and staff have the right skills and experience to support those they provide the care and support to and that they always respond to the diverse needs of the individuals.

The agency send out an annual quality assurance surveys to people using the service to gain feedback on the service that they receive, which enables the agency to improve upon any areas of concern. The last time this was undertaken was in June 2009, which provided the agency with positive feedback on the service. Of the seventeen surveys received, sixteen were satisfied that their needs were being met and one answered not applicable. It would be good practice to draw up an action plan following the collation of the responses detailing what actions are going to be taken in response to the feedback received. We did, at the last inspection, recommend that the

Evidence:

agency consider including staff, GP's, care managers and any other stakeholders in the process to gain a more 'rounded' view of the service. Although this has not yet been actioned, information within the completed AQAA informs us that plans are in place to include them in the process. Where shortcomings were found during our visit, they were acted upon swiftly and measures were put in place to ensure that the service was acting in the best interests of those using the service.

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, Domiciliary Care Agencies Regulations 2002 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 domiciliary care agency. The registered person had to meet these within 48 hours.

No.	Standard	Regulation	Requirement	Timescale for action
1	17	12	Ensure to gain second reference for the named member of staff. To ensure their integrity and the health, safety and welfare of those using the service.	28/10/2009
2	20	12	Provide evidence that the named member of staff has all the appropriate mandatory training in place. To ensure they are appropriately trained to undertake their role competently and to maintain the safety of the people that staff support.	28/10/2009

Statutory requirements

These requirements set out what the registered person must do to meet the Care Standards Act 2000, Domiciliary Care Agencies Regulations 2002 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
1	17	12	Ensure to gain two references when employing new staff. To ensure their integrity and the health, safety and welfare of those using the service	01/12/2009

Statutory requirements

These requirements set out what the registered person must do to meet the Care Standards Act 2000, Domiciliary Care Agencies Regulations 2002 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
2	20	12	Where using agency staff ensure to gain a declaration and evidence of training undertaken to ensure they are appropriately trained to undertake their role competently and to maintain the safety of the people that staff support.	01/12/2009

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

Helpline:

Telephone: 03000 616161

Email: enquiries@cqc.org.uk

Web: www.cqc.org.uk

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