

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

KTG Recruitment Ltd

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2014

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

Consent to care and treatment	✓	Met this standard
Care and welfare of people who use services	✓	Met this standard
Cleanliness and infection control	✓	Met this standard
Management of medicines	✓	Met this standard
Requirements relating to workers	✓	Met this standard
Supporting workers	✓	Met this standard
Assessing and monitoring the quality of service provision	✓	Met this standard
Records	✓	Met this standard

Details about this location

Registered Provider	KTG Recruitment Limited
Overview of the service	The agency is managed from well equipped offices located in the city centre of Preston near to the railway station. KTG Recruitment helps adults to live independently in the community by supporting them with their personal care needs and some domestic tasks.
Type of service	Domiciliary care service
Regulated activity	Personal care

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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 24 July 2014, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members, talked with staff and reviewed information given to us by the provider.

What people told us and what we found

During our inspection we spoke with six service users or their relatives and eight members of staff, who in general provided us with positive responses to the questions we asked about KTG Recruitment Limited. We gathered evidence against the outcomes we inspected, to help answer our five key questions; Is the service caring? Is the service responsive? Is the service safe? Is the service effective? Is the service well led?

Below is a summary of what we found. The summary is based on our observation of records during a visit to the agency office, speaking with those who used the service, their relatives, support staff, the manager and the provider. At the time of this inspection there were 45 people who received care and support from KTG Recruitment and a team of 30 staff members. If you want to see the evidence supporting our summary please read our full report.

Is the service safe?

People we spoke with told us they felt safe when care and support was being provided and their dignity was always respected.

Records showed that people (or their relatives) were involved in making decisions about the care and support they received and assessments had been conducted, so that people were not put at unnecessary risk. Infection control protocols were being followed and medicines were being managed properly.

Is the service effective?

There was an advocacy service available, if people wished to utilise it. This meant that those who wished to access an independent person to act on their behalf, would be supported to do so. The health and personal care needs of those who used the service had been assessed. External professionals had also been involved in delivering effective health care. Systems were in place, to allow the service provided to be assessed and

monitored on a regular basis.

A broad range of training modules were provided for staff, with regular mandatory updates. This helped to ensure the staff team delivered effective care and support for those who used the service.

People told us their wishes were taken into account and that staff were very courteous. We asked those who used the service about the staff team. Feedback from them was very positive. They said staff were kind and caring towards them and helped them to meet their needs effectively.

When speaking with staff it was clear they were fully aware of what people needed and were confident in supporting them.

One person who used the service commented, "It is absolutely fantastic. I have no complaints at all. They (the staff) are marvellous."

Is the service responsive?

The agency worked well with other services to make sure people received care and support in a consistent way. One person who used the service commented, "They (the staff) will do anything I ask, within reason that is. We have to think about health and safety of course. They are smashing." Another told us, "It is usually the same two girls who come to see to me, which I like, because I get to know them and they get to know how I like things to be done. Two others come sometimes, if my girls are on holiday, but they are all lovely and I never get more than the same four. I give them full marks. They are brilliant and could not be any better."

The provider had responded well following our previous scheduled inspection, by implementing systems to improve areas of non-compliance. Records showed that systems were assessed and monitored with action plans being developed to address any shortfalls identified.

Is the service well-led?

Staff spoken with had a good understanding of their roles. They were confident in reporting any concerns and they felt well supported by the manager of the service. People were aware of the lines of accountability within the agency and felt comfortable in contacting the office at any time, should they need any advice or to talk to someone.

People who used the service or their relatives had completed annual satisfaction surveys. Where shortfalls or concerns were raised these were taken on board and dealt with appropriately. We spoke with the provider and the manager, who clearly wanted to provide a good quality of service for the people they provided care and support to.

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

Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Agreement was obtained from people who used the service before care and support was delivered and the provider acted in accordance with people's wishes.

Reasons for our judgement

The agency had written policies in place in relation to human rights and advocacy services. This helped to ensure those who used the service were supported to access an independent person to act on their behalf, should they wish to do so. However, the provider may wish to note that a written policy was also in place in relation to consent to examination or treatment, which was not relevant to the services of a domiciliary care agency. It would be more beneficial if this was replaced by guidance for staff about consent to care and support.

People we spoke with told us the support workers always asked them what they wanted them to do and explained everything well. The care files we saw outlined people's preferences in relation to the care and support they wished to receive, which was pleasing to see. One service user told us, "Oh yes they (the staff) always ask me before doing anything". "They always ask me what I want and adjust accordingly; they are really super and will try and squeeze anything in if I ask." A relative commented, "All very satisfactory". "The carer that comes is extremely good". "He doesn't intrude, is very competent and we are very happy with him."

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 and support, which met their needs and promoted their health, welfare and safety.

Reasons for our judgement

During our visit to the agency office we looked at the care records of three people, who we subsequently spoke with. We found people's needs had been assessed before a package of care was arranged. The assessment tool covered areas, such as personal hygiene, communication, eating and drinking, pressure care and moving and handling. Information had been sought from a variety of sources, such as previous care settings. This helped to ensure the staff team were confident they could provide the care and support needed by each individual.

A summary in one care file gave staff a clear explanation of what a support plan was. For example, it outlined the importance of person centred planning, offering people choices and respecting people's preferences.

Plans of care had been developed from the information obtained during the assessment process. These outlined what people needed. However, the provider may wish to note that the care plans could have contained a photograph of the individual, with their consent, for identification purposes and they could have been more person centred in places. Vague terminology was sometimes used and clear guidance was not always provided for staff about how the needs of people could be best met. For example, the plan of care for one person stated, 'Requires full support and encouragement regularly' and another recorded, '(Name removed) has a sore bottom.' Explanations of how the care and support should have been delivered in these instances was not provided. People we spoke with confirmed that plans of care were retained in their homes and that staff consulted these documents in order to provide consistent care and support.

Assessments had been conducted within a risk management framework, in areas such as nutrition, the environment and personal care. However, the provider may wish to note that although the plan of care for one person recorded, 'very unsteady on feet', there was no corresponding risk assessment to identify how this person could be supported to prevent falling.

People's preferences and social care needs had been recorded and those who used the service, or their relative were given the opportunity to be fully involved in the care planning

process. People spoken with told us they felt safe when care and support was being provided. When discussing the staff rotas, the training coordinator commented, "I try to keep the same carers to the same clients as far as possible. If not I would send someone they knew." "I would pass any information about changes to the client as soon as possible, by telephone". This system helped to maintain continuity of care and support.

The plans of care had been reviewed regularly and a detailed record of daily events was retained by the support workers, so that staff were aware of any up to date issues or concerns. It was quite evident that the agency sought advice from a range of external professionals to ensure that people's health care needs were being consistently met.

We spoke with a good number of staff who were confident in dealing with any emergency situation, in accordance with the policies and procedures of the agency and they could easily discuss the needs of people in their care. The manager commented, "We have full risk assessments in the care plans." "We have an end of life assessment as well, as we do a lot of end of life care now." She told us the training programme for staff incorporated a full range of different hoisting mechanisms, so that the staff team were confident in operating the various types of moving and handling equipment available to them.

A member of staff discussed issues around passing on information about service users. She said, "That can still be an issue, especially if you suddenly pick up a new client." "I always try to read the care plan. It gives you an overview, but I still had to ring once to ask." "It would be nice to get some information about what to do. Especially on a new client." "Risk assessments are now in place."

A service user said, "Over a period of time I see the same cares, they tend to be the same". "They have records in the house. I've got all sorts of papers. They always complete them when they come." "I've not had a lot of dealings with the office, but I know I can ring them." "They will tell me if things change. There's been an odd hiccup but nothing dramatic and any difficulties are sorted out". "So far I'm alright."

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

Policies and procedures had been implemented in relation to controlling the risk of infection. These covered important areas, such as blood spillage, clinical waste, continence management and protective clothing.

Records showed new employees completed infection control training as part of their induction programme, followed by updates every year. This helped to ensure staff were fully aware of current infection control guidelines and any changes in relevant legislation.

Staff spoken with confirmed they had completed infection control training and were aware of the protocols to follow in order to reduce the risk of cross infection. They told us there were always plentiful supplies of protective clothing, such as disposable gloves, aprons and face masks.

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

Our judgement

The provider was meeting this standard.

People were protected from the mishandling of medicines, because the provider had appropriate systems in place to manage any identified risks.

Reasons for our judgement

Detailed policies and procedures were in place in relation to the management of medications. These covered a wide range of areas. Records showed that new employees completed medication training during their three day induction programme, followed by regular updates. Staff spoken with confirmed this information to be accurate.

We discussed medications with the manager of the service, who confirmed that staff did administer medications once they had completed the relevant training and were deemed competent. She commented, "Some staff are level 2 meds trained and do administer meds." "By administer I mean we take it out of the blister pack and place it in their hand." However, the provider may wish to note that there seemed to be some misunderstanding amongst staff about the definitions of the terms 'prompting' and 'administration', as we received conflicting information. This could be clarified with additional training for the staff team.

Risk assessments had been conducted in relation to the safe handling of medicines. These helped to protect people from drug errors and mismanagement of medications. Documents showed prescribed medication had been appropriately recorded. One person who used the service commented, "They(the staff) do help me with medication. They get it out of the pack for me and make sure I get it right. I've never had any issues with them and my medication. It's me that had a problem with it , they just make sure I take the right ones."

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.

There were, in general effective recruitment and selection processes in place

Reasons for our judgement

We looked at the personnel records of eight members of staff during our visit to the agency office. Many of these we later spoke with. In general, satisfactory recruitment procedures had been followed. However, the provider may wish to note that the recruitment checklists at the front of each staff member's file was not always accurately completed and in one case it had been left blank. Also, the provider may find it beneficial if the date people commenced work was recorded on each person's file, so that it could be established if relevant checks had been conducted before people started work with KTG Recruitment.

Application forms and health assessments were present on each file we looked at. Interview notes were recorded and terms and conditions of engagement had been established. However, the provider may wish to note that although staff personnel records seen had some form of reference included, most only had one on file. Nevertheless evidence was available to show missing references had been followed up or verbal references had been sought. The manager told us that they found it harder and harder to obtain references for new staff.

Records showed appropriate identification was produced and police checks had been conducted by KTG Recruitment. However, where staff had brought these from a previous employer, they were less than one year old and evidence was available to show new ones had been applied for. One member of staff commented, "I've had a DBS (police check) done with KTG." "I think I provided three references. They were checked up on."

New staff were issued with an employee handbook when they started working for KTG Recruitment, which provided them with salient information about the agency, relevant codes of conduct and important policies and procedures. This helped them to understand the objectives of the agency and supported them to do their jobs effectively.

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

We were told a lot of staff had been appointed since the new manager took up her post. Records showed that new employees completed a three day intensive induction programme. Staff we spoke with talked us through the induction process. They told us it was very informative and helped them to understand their role and the important aspects of working for KTG Recruitment.

The manager commented, "We have a new training schedule set up and a new trainer." She told us that two members of staff had completed a recognised qualification in care and a further five had enrolled to commence the training in the near future. She added that this would be a rolling programme, until all support staff had achieved the qualification. A member of staff told us, "Yeah I must admit there has been a bit of an improvement. I've had some training now in medications." "I had a supervision with Gwen (the manager) a month or two ago, so that's a huge bonus!" "If I have any problems I can ring up and speak to Gwen, that's very helpful."

Records showed that supervision sessions with individual staff had commenced and the manager was working her way through the staff team. At the time of our inspection annual appraisals had not been introduced, as all staff members, except one were relatively new to the company. However, the manager did tell us that it was her intention to incorporate these every year into the training programme for staff. She commented, "I have started to do supervisions with all the staff." "I've not done any appraisals yet as no one is due for one." The training coordinator commented, "My line manager is Gwen (the manager). Gwen reviews my work every three months."

Certificates were held on staff personnel files, which showed training had been completed in areas, such as medication, moving and handling, health and safety, communicating effectively, record keeping, infection control and safeguarding vulnerable adults. Staff spoken with confirmed they had completed a range of learning modules since they started working with KTG Recruitment and gave some examples of training they had undertaken. One member of staff commented, "I've not really asked for any training, but I have been on many courses."

We spoke with the training coordinator, who told us, "I do the training and induction for safeguarding, medication, first aid, health and hygiene and moving & handling." "I cover all the legislation for safeguarding and cover the Mental capacity Act.." A service user commented, "They (the staff) always know what they are doing when they come" and a relative told us, "The girl who comes is great. She helps Mum with everything. Mum is very happy with (name removed)."

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.

Systems were in place to assess and monitor the quality of service provided.

Reasons for our judgement

The current manager had been in post for three months. She was able to demonstrate that she had submitted her application to the Care Quality Commission (CQC) for registration as manager of KTG Recruitment. In discussion, she told us she felt well supported by the providers of the service and said they were on site on a daily basis, which was evident at the time of our inspection. The manager commented, "They (the providers) are very good and if I need it I get it." A member of staff told us, "I find the owner and manager are both nice." "Overall it has got better."

It was pleasing to see that improvements had been made in several areas since our last inspection. The provider may find it beneficial if this continued. Since this most recent inspection the provider had introduced some better documentation, in order to further improve the overall management of the agency.

There were a variety of policies and procedures in place, which outlined the importance of a range of health and safety areas, such as infection control, fire awareness and moving and handling. This helped to ensure the staff team were aware of relevant legislation and good practice guidelines.

A range of audits had been conducted, so that anything in need of improvement could be identified and systems implemented to address the shortfalls. These included areas such as, staff personnel records, supervision sessions, care records and staff training.

The manager told us an external marketing consultant periodically circulated surveys for service users and their relatives, the most recent one being within the last three months. Any issues highlighted were subsequently discussed at management level and action plans developed to address any areas in need of improvement. The training coordinator told us, "I do the rotas as well and speak to service users on the telephone." Surveys for staff had been conducted. This allowed agency workers to provide feedback about what it was like working for KTG Recruitment. A business plan was in place and a newsletter had been introduced. The agency had been accredited with external quality awards, showing that the service was audited on a regular basis by independent professional organisations and they had also been selected as finalists in a national award and had been shortlisted

for a second.

Minutes of a staff meeting were seen. This enabled any relevant information to be passed on to the staff team and allowed agency workers to discuss any topics of interest at an open forum. A system was in place to record any accidents involving those who used the service. However, no accidents had been reported to date.

Records were seen of 'spot checks'. This was where a senior member of agency staff conducted unannounced observational assessments on support workers, to ensure they were providing the care and support needed by service users in an effective way. The provider may wish to note that we were told the induction programme incorporated a number of 'shadowing' shifts for new support workers, but records of these were not available on staff personnel files.

Comments from staff members included, "Now that Gwen's the manager there have been changes for the better". "Now we've got (name removed), who goes out and does all the initial assessments and gets the information." "I always go in and ask clients 'what would you like me to do'." "I do go in and have a chat with Gwen, about every three months." "I've been on several training courses since Gwen started." "I love my job, they're good to work for."

Records showed that a safeguarding incident had been raised. The manager told us this had been reported to the local authority and the police. However, the provider may wish to note that these allegations had not been formally reported to the Care Quality Commission (CQC), which would be expected under safeguarding procedures. This was discussed with the manager at the time of our inspection.

Records

✓ Met this standard

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 support because appropriate records were maintained.

Reasons for our judgement

Written policies and procedures were in place, which outlined the importance of maintaining confidentiality and producing accurate records. Guidelines were also available for staff in relation to accessing information and data protection.

All records we requested at the time of our visit to the agency office were accessible and produced in a timely fashion. They were retained securely in locked filing cabinets and all information stored on the computer system was backed up and password protected. This helped to protect confidential records.

Staff spoken with were fully aware of data protection and the need to maintain records and information in a confidential manner.

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.

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