

Review of compliance

East Sussex Hospitals Trust Bexhill Hospital

Region:	South East
Location address:	Bexhill Hospital Holliers Hill Bexhill-on-Sea East Sussex TN40 2DZ
Type of service:	Surgical procedures
Date the review was completed:	17 th February 2011
Overview of the service:	<p>The East Sussex Hospitals NHS Trust run a number of services from Bexhill Hospital these include the Jethro Arscott Day Surgery Unit, where an extensive range of day surgery is carried out.</p> <p>There is an outpatients department where medical teams hold various clinics within the Outpatients Department. This avoids people having to travel to Conquest Hospital.</p> <p>A Physiotherapy service is provided at Bexhill</p>

	<p>Hospital.</p> <p>A radiology service is also provided. at Bexhill Hospital.</p>
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Summary of our findings for the essential standards of quality and safety

What we found overall

We found that Bexhill Hospital was not meeting one or more essential standards. Improvements are needed.

The summary below describes why we carried out the review, what we found and any action required.

Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews of NHS organisations. The review covered the entire East Sussex Hospitals Trust, but this report focuses on our findings at the Bexhill Hospital site.

How we carried out this review

We reviewed all the information we hold about the Trust, carried out a visit to Bexhill Hospital on 17 February 2011, observed how people were being cared for, talked to people who use services, talked to staff, checked the Trust's records, and looked at the care records of people who use services.

We visited the out patient day surgery unit, and Trust Headquarters.

What people told us

People who use the service said that they were satisfied with the support and treatment received and that the care was good.

People we spoke with reported that they felt their privacy and dignity had been maintained as curtains were always pulled around them when undressing and dressing.

When asked about their involvement in their care patients' confirmed they are given a copy of their consent for treatment. Comments received included, "I have not had any information sent to me. The sister in charge of this unit did ring me and explained all I needed to know." "I did receive an information pack it was very good and gave me

good guidance for after surgery care.’ “I was given the opportunity to make decisions about my operation at the clinic, I was able to ask questions and all the staff have been kind in explaining to me what I needed to know”

Overall people stated that the level of cleanliness was very good and they had no complaints about the cleanliness of the ward areas and bathrooms. They reported seeing doctors and nurses wash and gel their hands. Two patients we spoke with commented that ‘this hospital has a good reputation in cleanliness compared to the district general hospital.’ ‘There is a really good standard of cleanliness in this unit and that it really important. Prior to coming here today I was asked to give a MRSA swab, to make sure that I was not a carrier of this infection, this is excellent practice People we spoke with told us that staff responded quickly when they needed them. Comments from patients included: ‘I have received constant attention from staff since coming in this morning. There are plenty of staff on duty and it is obvious that patient’s come first on this unit. I am very happy with the care I have received and it could not have been better if I had gone privately’. ‘The care and attention I have received to day has been brilliant, I could not have wished for better. I would certainly choose to come here again if I needed to.

What we found about the standards we reviewed and how well Bexhill Hospital was meeting them

Outcome 1: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

- Overall we found that Bexhill Hospital was meeting this essential standard.

Outcome 2: Before people are given any examination, care, treatment or support, they should be asked if they agree to it

- Overall, we found that improvements are needed for this essential standard.

Outcome 4: People should get safe and appropriate care that meets their needs and supports their rights

- Overall we found that Bexhill Hospital is meeting this essential standard.

Outcome 8: People should be cared for in a clean environment and protected from the risk of infection

- Overall we found that Bexhill Hospital is meeting this essential standard.

Outcome 13: There should be enough members of staff to keep people safe and meet their health and welfare needs

- Overall, we found that Bexhill Hospital is meeting this essential standard.

Outcome 14: Staff should be properly trained and supervised, and have the chance to develop and improve their skills

- Overall, we found that improvements are needed for this essential standard.

Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

- Overall, we found that improvements are needed for this essential standard.

Action we have asked the service to take

We have asked the provider to send us a report within 14 days of them receiving this report, setting out the action they will take to improve. We will check to make sure that the improvements have been made.

What we found
for each essential standard of quality
and safety we reviewed

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

A **minor concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard.

A **moderate concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard and there is an impact on their health and wellbeing because of this.

A **major concern** means that people who use services are not experiencing the outcomes relating to this essential standard and are not protected from unsafe or inappropriate care, treatment and support.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary improvements are made. Where there are a number of concerns, we may look at them together to decide the level of action to take.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*.

Outcome 1: Respecting and involving people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

- Understand the care, treatment and support choices available to them.
- Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
- Have their privacy, dignity and independence respected.
- Have their views and experiences taken into account in the way the service is provided and delivered.

What we found

Our judgement

The provider is compliant with outcome 1: Respecting and involving people who use services

Our findings

What people who use the service experienced and told us
We talked to four patients who told us that they had been given verbal information by the doctor, before surgery, however not all patients had received any written information. The four patients commented, 'I have not had any information sent to me. The sister in charge of this unit did ring me and explained all I needed to know.' 'I did receive an information pack it was very good and gave me good guidance for after surgery care.' 'I have been able to bring in my own teabags and biscuits as I have an allergy.' We talked to patients who told us they felt their privacy and dignity had been maintained as curtains were always pulled around them when undressing and dressing.

Other evidence
The Trust declared compliance against this outcome in their Provider Compliance Assessment in January 2011 with the exception of one element. Policies that are in place and referred to throughout the assessment are undergoing review either currently or planned through 2011.

The CQC Quality and Risk Profile identified a single related issue: The proportion of respondents to the Outpatient survey who stated that while in the outpatient's department there was no information about their treatment or condition was much worse than expected.

Information leaflets were seen in the surgical unit reception area which provided patients with the range of information they would need prior to undergoing day surgery. A member of staff told us that patients are also given an information leaflet about their particular operation and this also gives them after care information including exercises they can do to assist their recovery.

We spoke to four staff who told us that patients are seen in pre-operative assessment clinics and staff will go through their care pathway to discuss their care and treatment. Staff told us that patients are given written information about their surgery which includes preparation and fasting before the surgery and hospital contact numbers. Evidence showed that for children's services, the unit has a paediatric nurse who would be on duty for pre-assessment and surgery.

We walked around the unit on the day of our visit and saw staff talking and listening to patients. We saw staff assisting patients when they need them and protecting their privacy with the discrete use of curtains.

Our judgement

Patients are given all the information they need prior to undergoing surgical procedures and post operatively and have their dignity and privacy respected by staff.

Bexhill Hospital is compliant in respect of the essential standards of quality and safety relating to this outcome.

Outcome 2: Consent to care and treatment

What the outcome says

This is what people who use services should expect.

People who use services:

- Where they are able, give valid consent to the examination, care, treatment and support they receive.
- Understand and know how to change any decisions about examination, care, treatment and support that has been previously agreed.
- Can be confident that their human rights are respected and taken into account.

What we found

Our judgement

There are minor concerns with outcome 2: Consent to care and treatment

Our findings

What people who use the service experienced and told us
We talked to 4 patients who told us that the risks and benefits of surgery had been explained to them when they were asked to give consent before surgery, and that the doctor had asked them if they had understood what their surgery entailed. Patients told us they are given a copy of their consent form. Patients commented, 'I was given the opportunity to make decisions about my operation at the clinic I attended in April 2010. I have been given the information that I needed, and I was able to ask questions and all the staff have been kind in explaining to me what I needed to know. I have had the risks of the operation explained to me as well as the risks of not having the operation.' 'I was given every chance to make a decision for myself about this operation. I signed a consent form while I was at the clinic and the nurse today has explained consent to me again and the consent form has been resigned.'

Other evidence
The Trust declared compliant against this outcome in their Provider Compliance Assessment in January 2011 with the exception of two elements. Two audits of junior doctors 'Survey of Doctors in Training to Determine Consent Practice at

ESHT' in January 2009 and June 2010 have indicated that when consent is delegated in the trust to junior doctors a significant minority (26%) are not capable of performing the procedure for which they are taking consent. 32% of doctors indicated that they had not received some form of training on consent and a 'small minority' of doctors were taking consent for procedures that they are not capable of performing and for which they have received no training. This goes against National health Service Litigation Authority recommendations and trust policy.

We looked at three patient pathway plans which had all been completed with relevant information gained during pre- assessment. Evidence was seen that patients had been told about the treatment they were about to receive and had signed their consent forms. It was also observed that consent forms were discussed with the patient on the day of the operation and signed again.

Four staff were spoken to who stated that on the day of admission they would go through the care pathway and make any changes necessary in respect of changes in the health of the patient between pre-assessment and the admission day. Two staff are available in the initial stages of post operative recovery so that one to one care can be given. There are three different consent forms in use, one for use with children and their guardians, one for adult patients and a further one for those who do not have the capacity to consent to sign for themselves. These would be signed by two doctors following assessment.

It was observed that patients are provided with a good range of relevant information including the both the benefits and drawbacks prior to signing consent forms. It was evidenced that patients are involved in decisions about their surgery and that pre-assessments are thorough and fully recorded.

Our judgement

Patients are given detailed information prior to signing a consent form for treatment. Not all junior doctors are sufficiently trained or prepared to be able to obtain informed consent from patients.

Although we identified no concerns specific to this site around outcome two, Trust – wide information indicates that the Trust is challenged in meeting this outcome.

We therefore find that Bexhill Hospital is not fully compliant in respect of the essential standards of quality and safety relating to this outcome, giving rise to minor concerns.

Outcome 4: Care and welfare of people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

- Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

What we found

Our judgement

The provider is compliant with outcome 4: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us

Four patients were spoken to who said that they were satisfied with the support and treatment received and that the care was good. People told us that they felt staff had a good understanding of their needs and that they had been able to talk with a doctor who explained what was going to happen on the day of surgery. One patient said, 'I could not have received better care, everything was explained to me. When I came round from the operation the nurse was very kind and made sure that I was well enough to be transferred to the discharge ward. When in the discharge ward, nurses made sure that I was not in pain and offered me pain relief, a cop of tea and toast. They contacted my relative to tell them I was well enough to be picked up and taken home.

Other evidence

The Trust declared compliance against this outcome in their Provider Compliance Assessment in January 2011 with a single exception. The Liverpool Care Pathway (LCP) has not been rolled out in six clinical areas in the trust and still requires greater involvement of senior clinicians to initiate LCP.

The CQC Quality and Risk profile included data items from the CQC NHS staff

survey. These showed one related key high risk area rated at red. The Trust scored in the lowest 20% compared to other trusts in the country against key finding 36: Staff recommendation of the trust as a place to work or receive treatment.

Three pathway plans were reviewed for the three patients spoken to on the day of the visit. The plans had been fully completed through all the assessment stages including discharge. All observational level charts had been completed preoperatively, intra-operatively and postoperatively. Pain relief given was recorded as well as analgesia given to the patient on discharge to take home.

Four staff were spoken to who told us that on the day of admission they would go through the care pathway and make any amendments that reflected changes in the health of the patient between pre-assessment and admission for surgery. One to one care was provided immediately post operatively in recovery. There is a procedure for discharging patients home with a corresponding discharge checklist. There was an established practice of ringing the patient the day after surgery to make sure that recovery is comfortable and uneventful.

Staff were observed talking to patients in a friendly, caring and professional manner. Nurses were heard to be ensuring that the patient was not in any pain or discomfort and had something to eat and drink before discharge.

Risk assessments were reviewed and it was seen that these were relevant and signed on completion by both the nurse and doctor involved.

Our judgement

Patients receive good care and treatment that is fully recorded and appropriately risk assessed to meet individual needs.

Bexhill Hospital is compliant in respect of the essential standards of quality and safety relating to this outcome.

Outcome 8: Cleanliness and infection control

What the outcome says

Providers of services comply with the requirements of regulation 12, with regard to the *Code of Practice for health and adult social care on the prevention and control of infections and related guidance*.

What we found

Our judgement

The provider is compliant with outcome 8: Cleanliness and infection control

Our findings

What people who use the service experienced and told us
Four patients were spoken to who told us that the ward and toilets were clean and that they had seen posters around the unit about hand hygiene. Comments included 'the standard of cleanliness in this unit is brilliant,' 'all the toilets are clean, the wards are clean and I have seen nurses washing their hands. I have not seen a cleaner round the unit but everywhere is spotlessly clean.'

The four patients told us that they had no complaints about the cleanliness of the ward areas and bathrooms, and had seen doctors and nurses wash and gel their hands. We spoke with 2 patients who commented, 'this hospital has a good reputation in cleanliness compared to the district general hospital.' 'There is a really good standard of cleanliness in this unit and that it really important. Prior to coming here today I was asked to give a MRSA swab, to make sure that I was not a carrier of this infection, this is excellent practice.'

Other evidence
The trust declared compliance in its Provider Compliance Assessment in January 2011 against criterions 1,3,4,5,6 with minor areas for planned and monitored improvement taking place against criterions 7, 8 9 and 10. However the trust rated itself amber against criterion 2 describing a partial compliance with National Cleaning Standards with a need for additional resources being identified. The trust also acknowledged a backlog in the maintenance programme. Environmental audits

undertaken by the Infection Control Team, Clinical Matrons and Estates staff of ward areas showed urgent action required to improve compliance. A detailed action plan was provided with evidence of an implementation programme in place.

On interview the Infection Control (IC) lead stated that “infection control has become a separate department in their own right and has its own governance meetings.” The team reports fortnightly to the Clinical Board including details of reduction rates and compliance. Infection control training is mandatory and is included in the induction programme. Performance against training is “running at 80-85% and the trust are desperately trying to get this figure higher”. She stated that training needs to be above 90% and that more elearning is being built in. In particular there are ‘problems with ‘out of hours’ staff. The IC lead stated that there had been a ‘massive reduction’ in Clostridium Difficile rates which have been maintained. She reported that there are sufficient resources in the IC team but that there “is a lack of analytical support at the moment with an informal agreement for analysis when necessary”.

Four staff were interviewed who told us that they had received infection control (IC) training and could access the Trust’s related policies and procedures via the intranet. There was a named IC lead nurse from whom they received regular update information. There were a variety of appropriate cleaning aids which were appropriately used. This included cleaning required in the operating theatre area.

On interview the IC link nurse told us that she was able to take six hours protected time per month to undertake audits, attend meetings and keep herself up to date as required. She reported that positive changes had occurred as a result of audit findings and gave the example that MRSA screening results were not being received in time before surgery but that this had not been resolved by improving the processes involved. She had not made links with the Health protection Agency but was aware of how to contact them.

It was observed on a tour of the unit that the area was clean, there were appropriate hand cleaning facilities, aprons and gloves in usage and all staff were seen to be following the dress code according to the Trust’s policy. The results of a hand hygiene audit for January 2011 were displayed on the notice board which showed that 90% of staff on the unit were compliant during that month. Contact numbers were available for staff for gaining advice on infection control as needed.

Daily cleaning schedules for the housekeeping staff were available and viewed.

Foam slings for single use only were stored for reuse in the linen cupboard instead of being discarded.

Our judgement

Generally the unit was clean with good infection control procedures. The infection control link nurse carried out audits which were used to improve practice. The patient’s views on the cleanliness of the unit were good.

Bexhill Hospital is compliant in respect of the essential standards of quality and safety relating to this outcome.



Outcome 13: Staffing

What the outcome says

This is what people who use services should expect.

People who use services:

- Are safe and their health and welfare needs are met by sufficient numbers of appropriate staff.

What we found

Our judgement

The provider is compliant with outcome 13: Staffing

Our findings

What people who use the service experienced and told us

Four patients were spoken to who told us that staff responded quickly when they needed them. Comments from patients were, 'I have received constant attention from staff since coming in this morning. There are plenty of staff on duty and it is obvious that patient's come first on this unit. I am very happy with the care I have received and it could not have been better if I had gone privately'. 'The care and attention I have received to day has been brilliant, I could not have wished for better. I would certainly choose to come here again if I needed to.

Other evidence

The Trust declared compliance against this outcome in January 2011 in their Provider Compliance Assessment.

We have been given evidence by the Trust that they have significant staff shortages across the Trust.

There are staff shortages in surgery and theatres at consultant, (including anaesthetists) middle grades doctor level and operating department practitioners across the trust. On interview, the Deputy Chief Nurse stated that vacancies in this area at the present time are running between 20 and 25%. He stated that there were ongoing difficulties in recruitment and that the Trust is in the process of casting

their net wider to attract the right staff. Staff shortages in this area has an impact on surgical waiting lists for patients. There is a high resulting dependency on locum staffing to keep the service going.

Four staff were spoken to on the unit who told us that there were sufficient staff on duty even though there are staff shortages and sickness. There is a bar on the use of agency staff and overtime is not paid. There is an informal arrangement that staff will cover the shifts for each other. The duty rota confirmed that there was adequate staff cover on the unit.

It was observed that staff had time to talk to patients in a friendly, unrushed and professional manner and patients were able to approach staff and have their questions answered and their needs met.

Our judgement

Staffing levels at the day surgery unit are adequate with an appropriate mix of qualified and unqualified staff. Patients were satisfied with the staffing levels on the day of our visit.

Bexhill Hospital is compliant in respect of the essential standards of quality and safety relating to this outcome.

Outcome 14: Supporting workers

What the outcome says

This is what people who use services should expect.

People who use services:

- Are safe and their health and welfare needs are met by competent staff.

What we found

Our judgement

There are minor concerns with outcome 14: Supporting workers

Our findings

What people who use the service experienced and told us
We did not consult people at Bexhill Hospital about this outcome

Other evidence
The Trust declared compliance against this outcome in their Provider Compliance Assessment of January 2011 with the exception of two elements. There were areas highlighted as requiring further improvements around supervision, appraisals, training compliance assessments and monitoring.

Each staff member should be given an annual appraisal of their performance and have a personal development plan. However, across the Trust performance on completion of appraisals has dropped in the last quarter from 85% to 77%.

The Trust was unable to provide evidence of a formal process for ongoing supervision for qualified or unqualified front line nursing staff, across its services.

Our judgement

Across the Trust there is evidence that inadequate arrangements are in place to support staff with annual appraisals and supervision. Staff are not always able to meet the requirements laid down by their respective professional bodies.

Although we did not find direct evidence of poor support at Bexhill Hospital, there is sufficient evidence to suggest that the Trust has organisation-wide challenges with this outcome.

We therefore find that Bexhill Hospital is not fully compliant in respect of the essential standards of quality and safety relating to this outcome, giving rise to minor concerns.

Outcome 16: Assessing and monitoring the quality of service provision

What the outcome says

This is what people who use services should expect.

People who use services:

- Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

What we found

Our judgement

There are minor concerns with outcome 16: Assessing and monitoring the quality of service provision

Our findings

What people who use the service experienced and told us

People who use this service made no specific comments about this outcome

Other evidence

The Trust declared compliance with this outcome in their Provider Compliance Assessment in January 2011 and cited a range of evidence to demonstrate that all relevant aspects had been met.

The trust stated that it has a robust Risk Management Strategy which acts as a framework for the way risks to the Trust are managed and is supported by a range of relevant policies.

The CEO has advised that there is to be a governance review commencing in April 2011 and that the specification has just been finalised.

The Chief Nurse in her interview stated that there are some governance structures that need to change more broadly. Although material is appropriately reviewed by the board, at times too much detail will go to the Trust Board and at others not enough. This may compromise the appropriate degree of scrutiny.

Our judgement

Although we did not find direct evidence of poor monitoring and audit at Bexhill Hospital, there is sufficient evidence to suggest that the Trust has organisation-wide challenges with this outcome.

We therefore find that Bexhill Hospital is not fully compliant in respect of the essential standards of quality and safety relating to this outcome, giving rise to minor concerns.

Action we have asked the provider to take

Improvement actions

The table below shows where improvements should be made so that the service provider **maintains** compliance with the essential standards of quality and safety.

Regulated activity	Regulation	Outcome
Surgical Procedures	Regulation 18.	Outcome 2 Consent to care and treatment.
	<p>Why we have concerns: Patients are given detailed information prior to signing a consent form for treatment. Not all junior doctors are sufficiently trained or prepared to be able to obtain informed consent from patients.</p> <p>Although we identified no concerns specific to this site around outcome 2, Trust –wide information indicates that the Trust is challenged in meeting this outcome.</p> <p>We therefore find that the Trust is not compliant in respect of this outcome giving rise to minor concerns.</p>	
Surgical Procedures	Regulation 23	Outcome 14 Supporting workers
	<p>Why we have concerns: Across the Trust there is evidence that inadequate arrangements are in place to support staff with annual appraisals and supervision. Staff are not always able to meet the requirements laid down by their respective professional bodies.</p> <p>Although we did not find direct evidence of poor support at Bexhill Hospital, there is sufficient</p>	

	<p>evidence to suggest that the Trust has organisation-wide challenges with this outcome.</p> <p>We therefore find that Bexhill Hospital is not fully compliant in respect of the essential standards of quality and safety relating to this outcome, giving rise to minor concerns.</p>	
Surgical Procedures	Regulation 18.	<p>Outcome 16</p> <p>Assessing and monitoring the quality of service provision</p>
	<p>Why we have concerns:</p> <p>Although we did not find direct evidence of poor monitoring and audit at Bexhill Hospital, there is sufficient evidence to suggest that the Trust has organisation-wide challenges with this outcome.</p> <p>We therefore find that Bexhill Hospital is not fully compliant in respect of the essential standards of quality and safety relating to this outcome, giving rise to minor concerns</p>	

The provider must send CQC a report about how they are going to maintain compliance with these essential standards.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider’s report should be sent within 14 days of this report being received.

CQC should be informed in writing when these improvement actions are complete.

What is a review of compliance?

By law, providers of certain adult social care and health 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 Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

When making our judgements about whether services are meeting essential standards, we decide whether we need to take further regulatory action. This might include discussions with the provider about how they could improve. We only use this approach where issues can be resolved quickly, easily and where there is no immediate risk of serious harm to people.

Where we have concerns that providers are not meeting essential standards, or where we judge that they are not going to keep meeting them, we may also set improvement actions or compliance actions, or take enforcement action:

Improvement actions: These are actions a provider should take so that they **maintain** continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. Where a provider is not meeting the essential standards but people are not at immediate risk of serious harm, we ask them to send us a report that says what they will do to make sure they comply. We monitor

the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

Enforcement action: These are actions we take using the criminal and/or civil procedures in the Health and Adult Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

Information for the reader

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