

# Review of compliance

## East Sussex Hospitals Trust Crowborough Birthing Centre

<b>Region:</b>	South East
<b>Location address:</b>	Southview Road Crowborough East Sussex TN6 1HB
<b>Type of service:</b>	Maternity and midwifery services
<b>Date the review was completed:</b>	16 February 2011
<b>Overview of the service:</b>	<p>Crowborough Birthing Centre is a small unit, located adjacent to the Crowborough War Memorial Hospital*. It has six beds, is open 24 hours a day and is run by a dedicated team of experienced midwives. It operates a strict admissions criteria and offers a maternity service to low risk women.</p> <p>The Centre offers complete ante-natal care, tests (with an ultrasound scanner available), parent education classes, as well as many</p>

	<p>birth choices.</p> <p>Birthing pools are available and the midwives are sympathetic to alternative therapies such as acupuncture and aromatherapy.</p>
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# Summary of our findings for the essential standards of quality and safety

## What we found overall

**We found that Crowborough Birthing Centre 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 Crowborough Birthing Centre site.

### How we carried out this review

We reviewed all the information we hold about the Trust, carried out a visit to Crowborough Birthing Centre on 16 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.

### What people told us

We spoke to people using the service and staff in each of the areas that we visited. Users of the service told us they were happy with their decision to deliver their baby at the birthing unit. They said the staff were very supportive provided them with good standards of care and treatment. They felt well looked after and that staff were supportive and knowledgeable.

Women spoken to said that they were given clear information about their care to assist in choices and directed to more detailed information if they required it. In addition, they told us they and their partners were fully involved in decisions about their care.

They felt that appropriate processes were in place in they needed to be transferred and that staff kept them informed of all the issues relating to their care.

## **What we found about the standards we reviewed and how well Crowborough Birthing Unit was meeting them**

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

- Overall, we found that improvements are needed for 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 improvements are needed for 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 improvements are needed for 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.

### **Outcome 21: People's personal records, including medical records, should be accurate and kept safe and confidential**

- Overall, we found that the Crowborough Birthing Centre is compliant with 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 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

**There are minor concerns** with outcome 4: Care and welfare of people who use services

### Our findings

**What people who use the service experienced and told us**  
Users of the service told us they were happy with their decision to deliver their baby at the birthing unit. They said the staff were very supportive and help is available if needed. Women spoken to said that the staff are able to answer questions and seem very knowledgeable.

Women and their partners said they felt very involved in all the decisions about their care. They felt that appropriate processes were in place in they needed to be transferred and that staff kept them appraised of all issues relating to their care.

Women spoken to said that they were given clear information about there care to assist in choices and directed to more detailed information if they required it.

**Other evidence**  
There are very strict guidelines for the unit to follow regarding patient admissions. Only low risk births take place in this unit. Arrangements are in place for the urgent transfer of patients in the event of emerging concerns and where emergency or medical treatment might be required.

There is detailed guidance for acceptance for the unit with appropriate risk assessments completed at booking and reviewed at antenatal appointments by community midwives. The senior midwife told us that there is good support from consultants and that they were always able to get telephone advice and discuss issues with the women and their partners as well as at consultant level if any concerns arose.

Although managed by East Sussex Hospitals NHS Trust the unit accepts women from other bordering areas, e.g. West Sussex and Kent. The senior midwife stated that there is good communication with the acute hospitals in these areas and transfer is based on risk assessment and appropriate guidance.

Care plans and risk assessments are based on ESHT guidelines, with appropriately adapted criteria to support women with very low risk factors. Two sets of notes were reviewed and reflected the parent's wishes, and that the appropriate risks assessments were completed.

In the Trust's "Entire risk register as at February 2011 – 240211", numerous comments are made as to there being an ongoing inability to meet service users individual needs in maternity services; citing issues such as missed or delayed referrals, increased potential for Serious Untoward Incidents, minimal post natal input, inadequate monitoring of pain and administration of appropriate pain relief.

When interviewed by the team at headquarters on 17 February, the Clinical Director and Consultant Obstetrician and Gynaecologist stated that 'women who are in labour will be transferred or directed from the unit to the Conquest or to the other unit at Eastbourne in situations where there are staff problems. This has been happening since I came into post in 2007. The service has been 'stretched' and this is impacting on safety'.

When interviewed on 17th February at Headquarters, a midwife supervisor reported that although the divert system was put into place to help manage risk, there are times when the staff have not got the time to 'pick up the phone and ask for support'. She reported that 'this doesn't happen all of the time but things go wrong very quickly.'

We were told by women and their partners that delivery of care is individualised and involves the parents in all decision making. Continuity of care is provided by ensuring notes are well maintained and oral hand over is given at the change of every shift.

Medical staff are not based on the unit, but they have very good email and phone links with the designated consultant as well as good relationships with consultants at other units e.g. Pembury Hospital. Staff are always able to contact a consultant by telephone and feel well supported in the decision making processes. However, consultant led clinics that should be held bi-monthly, are often cancelled at short notice meaning women have to make alternative arrangements often necessitating travel to neighbouring units. This is due to insufficient consultant and medical cover

across the Trust's maternity services.

Safeguarding vulnerable adults training and Mental Capacity Act training has not been adequately rolled out across the trust. Staff interviewed were unaware of current guidance in relation to protection of vulnerable people, although mention was made about 'child protection' and specifics around domestic violence. In addition the senior midwife stated that 'she thought safeguarding was part of the role of one of the new posts about to be recruited to in April 2011.

Although we were told by the senior midwife that the unit was short staffed at times and that there are occasions when the unit has to close for short periods users of the service felt that they were well supported and that staff provided them with good standards of care and treatment.

### **Our judgement**

In general people enjoy a good standard of care and treatment at this midwife led unit. However, there are insufficient consultant and middle grade doctors in post and a heavy reliance on locum doctors. Midwives at Crowborough Birthing Unit can obtain telephone advice as needed but consultant led clinics are frequently cancelled causing people to have to travel longer distances to attend clinics. Women in labour women may have to be transferred or directed from the unit to the Conquest or to the other unit at Eastbourne in situations where there are staff shortages.

Although we did not find direct evidence of poor care at Crowborough Birthing Centre, there is sufficient evidence to suggest that the Trust is not compliant in respect of this outcome.

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

# 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

**There are minor concerns** with outcome 8: Cleanliness and infection control

### Our findings

**What people who use the service experienced and told us**  
People who use the service said that they have seen the wards being cleaned and have also seen staff cleaning equipment when it has been used.

**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.

The birthing centre has its' own housekeeping staff that do not go into other parts of the hospital. Cover is provided seven days a week. On the day of inspection the unit appeared clean and in good repair. Housekeepers give out lunches, and undertake all cleaning tasks with the exception of blood spills.

Staff have attended infection control training, it is mandatory and up to date and Crowborough is informed of any policy changes by email to the senior midwife who then cascades this information to other staff in the unit. Staff can access infection

control policies through the Trust's intranet; although they indicated that the intranet is not very easy to navigate.

We observed a staff member to be wearing gloves and apron walking between the bays and office, when questioned she said that she wears them to protect her clothing. She stated that she has completed her infection control training. The Senior midwife was informed of this and made arrangements to talk to the staff member.

Staff spoken with did not know who the Director of Infection, Prevention and Control was. We found poor knowledge regarding the infection control link nurse, and no evidence of feedback, updates or ad hoc training. Although the senior midwife stated that there was extra training for link staff, there was no evidence that the guidance relating to infection control link staff as set out in the Hygiene Code is being followed. For example the senior midwife was not able to tell us if she was given protected time to discharge her responsibilities, whether she undertook infection control audits and was involved in the monitoring of any action plans resulting from these audits.

### **Our judgement**

Although the unit looked clean on the day of inspection, concerns were raised due to the actions of one of the staff. There is no evidence that the guidance relating to infection control link staff as set out in the Hygiene Code is being followed.

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

# 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

**There are moderate concerns** with outcome 13: Staffing

### Our findings

**What people who use the service experienced and told us**  
People said that there were enough staff and they felt well supported by them, although at times they were very busy.

**Other evidence**  
The Crowborough Birthing Centre is midwife led but the shortage of Consultants and middle grade doctors and the heavy reliance on locums impacts on the frequency of Consultant led clinics that have to be cancelled and the consistency of advice that can be accessed by midwives in the unit by telephone.

On interview we were told by the senior midwife that there was minimal staffing at present which has meant closing the unit on occasion, or putting it on divert meaning that patients have to travel to neighbouring units. Planned and unplanned staff absences are covered by the moving round of staff from other areas such as the community midwives, which we were told by the senior midwife is only done within the limits of safety, ensuring, as far as possible, that the community services are not compromised. Alternatively the unit uses bank staff. Currently 26% of bank shifts are not able to be covered.

Full time staff stated that they were no longer able to do any overtime as this had been capped and part time staff were only able to increase their hours to a full time

equivalent.

As stated the unit should have bi-monthly consultant clinics. However, these are often cancelled at short notice, often with no clear reason being given. This causes issues for staffing as a maternity care assistant is brought in to cover the clinic then is not needed. Issues are raised for women planning to attend the clinic as they then have to make alternative arrangements to be seen and this can include a lot of travel in a rural area where transport links are not well developed.

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

A risk management system has been developed that includes the closure of one or more maternity units for short periods of time. On most occasions the reason cited was shortages of staffing. There have been occasions when the Crowborough Birthing Unit has had to be closed for this reason.

On interview the Divisional Director of Women & Children's Services commented that where staffing problems arose women in labour should be diverted. He said that the service had been 'stretched' and that this was impacting on safety. There were risks and concerns over locums and in addition there were short and long term sickness and vacancy problems. He stated that the current configuration was 'not safe' in terms of risk.

### **Our judgement**

Across the Trust there is evidence that inadequate staffing levels in midwifery and obstetrics and gynaecology is impacting on patient care.

Although we did not find direct evidence of poor staffing levels at the Crowborough Birthing Centre, there is sufficient evidence to suggest that the Trust is not compliant in respect of this outcome.

We therefore find that Crowborough Birthing Centre is not fully compliant in respect of the essential standards of quality and safety relating to this outcome, giving rise to moderate concerns

# 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 moderate concerns** with outcome 14: Supporting workers

### 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 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 performance on completing appraisals across the Trust has dropped in the last quarter from 85% to 77%. Appraisal and professional supervision should be provided annually to midwives but this was reported by staff not always to be met.

Mandatory training is provided for all staff. This is managed centrally and procedures are in place for checking attendance and following up. Staff interviewed had all completed or were booked onto mandatory training.

Mandatory training covers a number of topics e.g. infection control, fire, health and safety, resuscitation, child protection. However, there was no specific safeguarding of vulnerable adults training provided.

We were told by a midwife that no funding was available for continuous professional development, 'extra' training, or study days.

Midwifery (professional) supervision is required to be annual by the Nursing and Midwifery Council. However, not all midwives have had access to this on an annual basis. There was no evidence of a formal process in place for ongoing supervision or mechanisms for recording it. The Healthcare assistant and cleaner were not sure what was meant by supervision but said they felt very supported by the qualified staff.

Mentorship for students and review for formative assessments is in place. The unit is well known and midwifery students from all over the country regularly apply to spend 2 weeks here as part of their elective placement. There have also been international students placed here.

Staff interviewed said they really enjoy working in Crowborough and feel that they provide a good service for the women who use it. However, the senior midwife stated that the unit feels a bit 'out on a limb' and not an integral part of the trust.

### **Our judgement**

Not all staff at the Crowborough Birthing Centre have access to continuous professional development, appropriate supervision or appraisal.

We therefore find that Crowborough Birthing Centre is not compliant in respect of the essential standards of quality and safety relating to this outcome, giving rise to moderate 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 moderate 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 provider 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.

In outcome 4 we found concerns around the impact of shortage of staffing on outcomes for people. In outcome 8 there are concerns around the effectiveness of infection control link nurses. In outcome 13 there are inadequate levels of staffing and skill mix across the trust in midwifery services.. In outcome 14 not all staff have had access to an annual appraisal in line with trust policy and professional body requirements and there is a lack of supervision.

**Our judgement**  
As a result of the issues identified which the trust should have been aware of and actively addressing, we were concerned about the effectiveness and efficiency of

monitoring and audit arrangements and their ability to monitor and influence the quality of the services being provided.

We therefore find that Crowborough Birthing Centre is not compliant in respect of the essential standards of quality and safety relating to this outcome, giving rise to moderate concerns

# Outcome 21: Records

## What the outcome says

This is what people who use services should expect.

People who use services can be confident that:

- Their personal records including medical records are accurate, fit for purpose, held securely and remain confidential.
- Other records required to be kept to protect their safety and well being are maintained and held securely where required.

## What we found

### Our judgement

**The provider is compliant** with outcome 21: Records

### Our findings

**What people who use the service experienced and told us**  
People keep their notes with them and there have been no issues. The notes reflect what decisions they have made and what support they need

**Other evidence**  
The Trust declared compliance against this outcome in their Provider Compliance Assessment in January 2011 with the exception of a single element. Secure storage of records needs further improvement as well as more effective monitoring systems to examine the level of compliance in respect of missing case notes and electronic tracking.

The Audit Commission provided intelligence audits for this outcome and found that the case notes at the Trust are in an extremely poor condition, often with loose reports spilling out of the folders and no clear chronological order. This presents a significant risk to patient safety as well as impacting on the quality of coding.

Patient records on maternity not held by the patient and kept in the department are secure. Midwives and users of the service were involved in record development to ensure that they reflected the care given. Notes looked at by the inspectors were

legible and clearly stated the women's wishes. They were written up as close to the care as possible and entries were signed and dated.

As part of professional midwifery supervision records are reviewed with the midwives' supervisor and any issues individually explored. There is a regular audit for quality and legibility, the findings are presented at unit meetings and if required further training is provided. We were told by the senior midwife that the last audit did not highlight any concerns.

**Our judgement**

Records at the Crowborough Birthing Centre are appropriately maintained, stored and audited.

Crowborough Birthing Centre is compliant in respect of the essential standards of quality and safety relating to this outcome.

## 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
Maternity and midwifery services	Regulation 9	Outcome 4 Care and welfare of people who use the service
	<p><b>Why we have concerns:</b></p> <p>In general people enjoy a good standard of care and treatment at this midwife led unit. However, there are insufficient consultant and middle grade doctors in post and a heavy reliance on locum doctors. Midwives at Crowborough Birthing Unit can obtain telephone advice as needed but consultant led clinics are frequently cancelled causing people to have to travel longer distances to attend clinics. Women in labour women may have to be transferred or directed from the unit to the Conquest or to the other unit at Eastbourne in situations where there are staff shortages.</p> <p>Although we did not find direct evidence of poor care at Crowborough Birthing Centre, there is sufficient evidence to suggest that the Trust is not compliant in respect of this outcome.</p> <p>We therefore find that Crowborough Birthing Centre is not fully compliant in respect of the essential standards of quality and safety relating to this outcome, giving rise to minor concerns</p>	
Maternity and midwifery services	Regulation 12	Outcome 8 Cleanliness and infection control

	<p><b>Why we have concerns:</b></p> <p>Although the unit looked clean on the day of inspection, concerns were raised due to the actions of one of the staff. There is no evidence that the guidance relating to infection control link staff as set out in the Hygiene Code is being followed.</p> <p>We therefore find that Crowborough Birthing Centre is not fully compliant in respect of the essential standards of quality and safety relating to this outcome, giving rise to minor concerns</p>
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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.

## Compliance actions

The table below shows the essential standards of quality and safety that **are not being met**. Action must be taken to achieve compliance.

Regulated activity	Regulation	Outcome
Maternity and midwifery services	Regulation 22	Outcome 13 Staffing
	<p><b>How the regulation is not being met:</b></p> <p>Across the Trust there is evidence that inadequate staffing levels in midwifery and obstetrics and gynaecology is impacting on patient care.</p> <p>Although we did not find direct evidence of poor staffing levels at the Crowborough Birthing Centre, there is sufficient evidence to suggest that the Trust is not compliant in respect of this outcome.</p> <p>We therefore find that Crowborough Birthing Centre is not fully compliant in respect of the essential standards of quality and safety relating to this outcome, giving rise to moderate concerns</p>	

Maternity and midwifery services	Regulation 23	Outcome 14 Supporting workers
	<p><b>How the regulation is not being met:</b></p> <p>Not all staff at the Crowborough Birthing Centre have access to continuous professional development, appropriate supervision or appraisal.</p> <p>We therefore find that Crowborough Birthing Centre is not compliant in respect of the essential standards of quality and safety relating to this outcome, giving rise to moderate concerns</p>	
Maternity and midwifery services	Regulation 10	Outcome 16 Assessing and monitoring the quality of service provision
	<p><b>How the regulation is not being met:</b></p> <p>As a result of the issues identified which the trust should have been aware of and actively addressing, we were concerned about the effectiveness and efficiency of monitoring and audit arrangements and their ability to monitor and influence the quality of the services being provided.</p> <p>We therefore find that Crowborough Birthing Centre is not compliant in respect of the essential standards of quality and safety relating to this outcome, giving rise to moderate concerns</p>	

The provider must send CQC a report that says what action they are going to take to achieve 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 to us within 14days of this report being received.

Where a provider has already sent us a report about any of the above compliance actions, they do not need to include them in any new report sent to us after this review of compliance.

CQC should be informed in writing when these compliance 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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