Inspection Report

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

Hailsham House

New Road, Hellingly, BN27 4EW

Tel: 01323442050

Date of Inspection: 24 July 2013

Date of Publication: September 2013

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

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Cleanliness and infection control	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Staffing	✓ Met this standard
Complaints	✓ Met this standard

Details about this location

Registered Provider	Hailsham House (New Road) Limited
Registered Manager	Mr. Khaled Ghosheh
Overview of the service	Hailsham House provides accommodation for up to 91 people who have a dementia type illness. A separate building at this location accommodates up to 29 people who have a tenancy agreement for their accommodation and receive 24 hour personal and nursing care.
Type of services	Care home service with nursing Care home service without nursing Domiciliary care service
Regulated activities	Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Nursing care Personal care Treatment of disease, disorder or injury

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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 2013, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members and talked with staff.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

What people told us and what we found

We used a number of different methods to help us understand the experiences of people using the service. Not all of the people who lived at Hailsham House were able to communicate with us. We used the Short Observational Framework for Inspection (SOFI). We spoke with three visitors. One visitor said, "I have total faith in the staff here, very helpful."

People were enabled to express their views and were involved in making decisions about their care and treatment. We found that care and treatment was planned and delivered in a way that ensured people's safety and welfare. We saw documentation that the provider responded appropriately to any allegation of abuse. There were enough qualified, skilled and experienced staff to meet people's needs. We saw that complaints were taken seriously and there was an effective complaints system available.

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

Respecting and involving people who use services ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

We spoke to ten people who used the service. Four people were able to tell us that they understood the care and treatment choices available to them. They confirmed that they had been asked what they preferred to be called. We saw that this preference was recorded in the care plans that we reviewed. One person told us, "They always ask me what I want to do so I get a choice." Another said, "I help in the garden." One care worker we spoke with said they always checked with the person before they bath them or get them up. Another staff member said, "It can be difficult with some people as they don't always fully understand, but we know when they are not happy by their body language."

The care plans we looked at showed that people's personal preferences had been recorded. For example, one person liked to stay in their bedroom for breakfast, whilst another preferred to sit in the dining room. Some specific personal preferences in respect of personal care had been documented as the staff team's knowledge of individual people had grown.

People who could, expressed their views and were involved in making decisions about their care and treatment. One person we spoke with was very definite about how they wanted their care to be delivered. They said, "I don't like baths, so I get a shower."

People told us they were given choices about where to spend their day. They told us they spent time in their room dining room and in the lounge areas. One person told us that they enjoyed spending time in the seating area in the corridor. We were told, "I like sitting here, it is quiet but I see what is going on." One regular visitor said, "The staff are very good, they put the residents first all the time. They also involve me with decisions about care."

There were not many people who could confirm that they were given appropriate information and support regarding their care or treatment. However three visitors told us that they felt informed and supported by staff in the home.

They gave us examples about chiropodists, speech and language and the 'falls' team. One visitor said, "I am invited to all meetings about proposed treatment and care for my relative." The care plans had a record for each person that showed all visits by healthcare professionals. Staff told us that any concerns the home might have about the health and wellbeing of people were responded to promptly.

Everyone we spoke with told us they felt they were treated with dignity and respect. We saw staff knocked on people's doors before entering and spoke to them in a respectful manner. People's clothes were clean and well cared for. We saw that ladies were supported with make-up and jewellery and men were supported with shaving. One person told us, "They helped me with my hair today." One relative told us they were happy with the care provided. They told us that they had visited many homes before settling on Hailsham House. "The staff were so friendly and interested in my relative." One person told us, "I am perfectly happy here."

We used the SOFI tool which demonstrated to us that staff were positively interacting with people on Orchard unit. We observed people sitting in the communal lounge following lunch. The staff were seen talking to people, sitting with people to have a cup of tea and doing one to one activities. We saw that the staff maintained eye contact with people whilst talking to them. Staff also made sure that they were at the same level so as not to 'appear' standing over them. People reacted positively to the staff that supported them. We saw that people felt comfortable with staff. They approached staff for assistance and company. Staff spoke to people in an open manner and responded appropriately to questions. We saw some instances where staff orientated people to where they were and what was going to happen in the near future. For example, tea or soft drinks being served. We saw that the management team had brought in extra staff for one new admission who was agitated and unable to settle. We saw that staff dealt with this person in a sensitive and caring manner. They ensured that the dignity of this person was protected throughout the inspection visit. We saw that staff took this person outside and interacted positively thus de-escalating any distressing behaviour previously noted. We saw that staff promoted people's independence in a variety of ways. We saw staff prompting people to eat rather than feeding them. We also saw staff walking with people and offering support rather than offering a wheelchair. This was reflected in people's care plans with appropriate risk assessments in place.

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

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

Hailsham House had five separate units, Holly, Beech, Willow, Orchard and Ivy. We looked at three care plans from each of the units.

The service used a computer care documentation system. People's care plans were also printed and kept in a lockable filing cupboard for staff to access quickly. The paper care plans were replaced as changes to people's health occurred or following their review. The provider may find it useful to note that some were behind and did not reflect the changes recorded on the main computer used daily.

Records demonstrated that people's individual health, welfare and social needs had been assessed prior to admission and again on arrival at the home. The information gained was documented and evidenced that the family and the previous placement, either hospital or care home, had been involved. There was evidence that people's wishes and expectations were considered. We were told that if possible a trial would be arranged to ensure that the home could meet people's needs and wishes.

We saw that people had received a further in depth needs analysis on admission based on the 'activities of life'. The main care plans were reviewed monthly, but some specific care plans were reviewed more frequently if required. For example, pressure wounds and end of life care.

The documentation viewed identified people's health, health related problems, medication and psychological needs. They included plans for personal care, oral hygiene, appetite traits and nutrition, continence, mobility and tissue viability. There were risk assessments in place that provided a baseline for monitoring people's health, safety and wellbeing.

The paper care file contained the main care plans and health related risk assessments, such as Waterlow for tissue viability. Food and fluid charts were in place for those that required them. The input and output records had been totalled 24 hourly and monitored to ensure that people were not dehydrated.

We saw that people's weight and nutritional needs had been recorded on admission and reviewed monthly. If appetite trends had been identified, staff had involved G.P's, speech

and language therapists and dieticians in a timely manner. The service used the malnutrition universal screening tool (MUST) and this had been reviewed monthly. We observed the lunch service and saw that people received a nutritious diet presented in an appetising way. By direct observation we saw that people were assisted with their meal in an unhurried and respectful manner. There was specialist cutlery available such as angled forks and spoons. These aids encouraged people's independence and maintained their dignity. We saw that the pureed diet was served at the correct consistency and presented in a way that was identifiable. This meant people who were eating pureed food were able to taste and see different aspects of the meal, for example, meat and vegetables.

The staff monitored people's mobility and skin integrity by careful observation and individual involvement of the people who used the service. Staff used a body map to reflect any skin damage that had occurred so that all staff were kept informed and alert to changes. People had been provided with pressure relieving equipment as required. The pressure relieving equipment was checked daily to ensure they were working. The provider may find it useful to note that staff had no record of what individual pressure mattresses should be set at for maximum benefit.

We saw multi-disciplinary notes from doctors, physiotherapists, occupational therapists and speech and language therapists.

We observed positive interaction between people who used the service and the staff of all denominations. One visitor told us, "The staff are fantastic here, I could not be happier with the care they give."

Staff spoken with confirmed that they read the care plans and contributed to changes in care plans regularly. One health care assistant told us, "The care plan is vital to us, as people's condition can change between shifts; we get a verbal handover as well."

There were arrangements in place to deal with foreseeable emergencies. We looked at the fire evacuation procedures and the training records for fire drills. These evidenced that they were undertaken regularly. The emergency plans for the evacuation of the building were in place and accessible to staff and visitors. The staff had received training in emergency first aid and resuscitation techniques.

The care plans evidenced that people had access to a wide range of activities and occupational therapy sessions.

The Deprivation of Liberty Safeguards (DoLS) were only used when it was considered to be in the person's best interest. Staff told us that they had received training in assessing mental capacity and in the DoLS guidelines.

Safeguarding people who use services from abuse ✓ Met this standard

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who used the service were protected from the risk of abuse because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

We looked at the home's safeguarding policies and procedures and saw that they were reviewed and updated regularly. These included a safeguarding, complaints and whistleblowing procedure. All staff we spoke with felt confident about raising concerns and protecting the people who used the service. Staff spoken with said that if they had concerns, they would report them to the management team, who would take the appropriate steps as their policy stated. Staff also referred to the whistleblowing policy that was available to support them.

Safeguarding training had been included as part of the annual training for all staff members. All staff had attended safeguarding training in the last 12 months. Evidence was seen that new staff members attended safeguarding training when they commenced employment. We were also told that updates for safeguarding training had been provided when required.

All staff spoken with had an understanding of different types of abuse. Staff spoken with recognised that meeting people's individual needs, being observant and providing individualised care could reduce the potential for abuse

Staff told us that any form of alleged abuse was a safeguarding matter and needed to be referred to social services for investigation. They were clear about different types of abuse, such as financial, verbal and physical. Senior staff were knowledgeable about the procedures for reporting any allegations of abuse. The home's policy on the prevention of abuse was available and had been updated.

The manager had received training on the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). The deputy manager told us that all nursing and care staff had also received this training and this was supported by the staff and training files.

We saw that the recruitment process for staff employment included criminal record checks and two references. These ensured as far as possible that the service had protected patients from possible abuse.

Cleanliness and infection control ✓ Met this standard

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

There were effective systems in place to reduce the risk and spread of infection. We saw that the home was clean, tidy and hygienic in all but one unit. The provider may find it useful to note that on one unit, Orchard, we identified some shortfalls that were attended to during our visit. For example, we found people's clothes and odd footwear had been left in the ground floor's communal bathroom floor. Some en-suite bathrooms contained grey uncovered commode pots that were unclean with dust and accumulated dirt. We asked what these pots were used for, but members of staff on duty were unable to tell us. These pots were later removed. We noted also that there was mould in the corners of shower rooms and wet rooms. Extractor fans were found turned off and some en-suite bathrooms had a slight malodour. We asked the deputy manager for the cleaning schedules for Orchard unit. This identified that the person responsible for checking the cleaning and cleanliness was on annual leave. This audit had not been re-allocated for another staff member and this had allowed standards of cleanliness to drop.

A head housekeeper was in charge of a team of cleaners. Each unit had a designated cleaner who was responsible for the cleanliness of that unit. We saw a cleaning list/schedule and the cleaning times and processes could be seen by anyone who asked. This was regularly reviewed and audited. The head of the cleaning department completed an audit and spot checks were carried out by the management team.

There was a designated infection control lead and staff training records evidenced that staff had received appropriate training in infection control. Hazardous chemicals were stored appropriately in a locked cupboard with only staff having access to the key.

The deputy manager was aware of the requirements for care homes as stipulated by the 'hygiene code'. The nominated lead for infection control was a member of the trained nursing staff team, who cascaded training to other staff.

There was a folder in place dedicated to infection control policies and processes including audits all based on the 'Code of Practice.'

Staff were aware of infection control issues and when to use aprons and gloves. There were gloves and aprons available in easily accessible areas throughout the home. We saw

that staff followed good practice guidelines. Staff told us that they were able to access protective clothing when they needed it.

Sluice areas were clean and organised. Staff were seen using appropriate red bags for soiled laundry and clinical waste was disposed of correctly

Requirements relating to workers ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

We looked at six staff recruitment files which included those for registered nurses and health care assistants. There were effective recruitment and selection processes in place. Appropriate checks had been undertaken before staff began work.

The recruitment files viewed contained a staff recruitment checklist, application and interview forms, photographs, identification, and two written references. Interview notes were in place and we saw that contracts for their job role were signed and agreed to. All files contained a job description and pay details. All staff had a criminal record check on file. The management team were aware of the recent changes to criminal record checks now known as disclosure and barring service (DBS) checks. We saw that they had been applied for and in place before the staff commenced work at Hailsham House.

During our inspection we were able to talk with staff who told us of their induction to the service. They confirmed that they had been supernumerary to the shift rota for their first week, this had enabled them to shadow other staff and to familiarise themselves with people's care and support plans and individual routines. There was evidence of relevant training to ensure people had the right skills to do the job.

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

Staffing ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

We looked at the staff rota against the training records and dependency levels of the people who used the service. This showed that there were enough qualified, skilled and experienced staff to meet people's needs. The staffing rota was correct and detailed who was on duty, their role and designated unit. There were separate rotas for ancillary workers.

We saw that there were sufficient housekeeping staff on duty to clean the premises. We spoke to the kitchen staff who told us that the staffing levels were enough to meet the nutritional and dietary needs of all the people who used the service.

We observed staff working on all units within the location for periods throughout the inspection visit. We looked at whether there was sufficient staff on duty to care for the 74 people living in the home and for the 26 people living in the tenancy accommodation. We observed staff working on all units within the location for periods throughout the inspection visit.

The deputy manager told us that they ensured that there were sufficient numbers of staff on duty at all times and that staffing levels were kept under constant review. Staffing numbers were amended as necessary to reflect any changes to the assessed care and support needs of people in the home. If people required one-to-one care to prevent falls or for end of life care, this was put into place.

Care was provided to people living on the five units of the home with communal areas on all the floors. Staff we spoke with said they felt there was enough staff to meet their needs. They also told us that extra staff would be brought in if required. We saw from the rota that this had happened on Holly unit. An extra staff member had been called in over the past few days to provide one-to-one care for a new person admitted. The staffing numbers would be increased until the person had settled in to the home. Orchard unit accommodated some people with challenging behaviour and the number of staff on duty reflected that.

A visitor told us, "I am really impressed with the staff." Another said, "I know they can be busy but I have never been worried about the staffing levels."

We viewed the accident records. The management team audited the incidents and accidents. We looked to see if there were any trends or recurrent falls and accidents. We saw that where certain individuals that had had repetitive falls, a further risk assessment had been undertaken. Action was taken to prevent a re-occurrence. This sometimes would be extra staff for one ?to?one monitoring.

During our inspection, we visited all units of the home. We saw some very positive interaction and staff were seen to supervise and assist people promptly and with empathy. We saw staff took their time and people received
attention and interaction in a comfortable and competent manner.

We saw that there were enough staff to assist people with their meals and this was done in a competent, unrushed and caring manner.

On Willow unit, staff were observant and supervised people continuously. When one person slipped in their chair, staff were immediately at the person's side to support them.

There was a comprehensive training programme that ensured staff had the necessary training to deliver the care needed. Staff we spoke with said there was, "Excellent training," and "Really good and interesting training."

Complaints ✓ Met this standard

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

We saw that the complaint system was displayed in communal areas, including the reception area of the home. We were told that it would be made available in alternative languages and formats. There was also a copy of the complaints procedure in people's rooms. Visitors were made aware of and reminded at meetings that if they had any worries or complaints they could raise them at meetings as well as writing formally. We were told that people were given support by the staff to make a comment or complaint where they needed assistance. One visitor said, "I feel comfortable raising any concern or grumble to the staff. They want to put things right."

We asked staff how they could support the people they cared for in raising a complaint. One staff member told us that they would raise it on people's behalf if they felt it necessary. Another member of staff said, "We know if people are upset or anxious by the way they behave, so I would tell the manager."

We asked for and received a summary of complaints people had made and the provider's response. We saw records that evidenced people's complaints were fully investigated and resolved. The records held copies of the investigation, outcome and response from the management team. We also saw a plan of action to resolve the issue.

We received information from other organisations that the service worked with them to resolve complaints and concerns. They told us, "We find the staff at Hailsham House very helpful."

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

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

Responsive inspection

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

Routine inspection

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

Themed inspection

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

Contact us

Phone:	03000 616161
Email:	enquiries@cqc.org.uk
Write to us at:	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA
Website:	www.cqc.org.uk