

Key inspection report

Domiciliary care agencies

Name:	Raglin Care Ltd
Address:	Manor House Park Lane West Netherton Merseyside L30 3SU

The quality rating for this domiciliary care agency is: three star excellent service

A quality rating is our assessment of how well an agency is meeting the needs of the people who use it. We give a quality rating following a full review of the service. We call this full review a 'key' inspection.

Lead inspector:	Date:
Michael Perry	2 6 1 1 2 0 0 9

This is a review of quality of outcomes that people experience in this agency. We believe high quality care should

- Be safe
- Have the right outcomes, including clinical outcomes
- Be a good experience for the people that use it
- Help prevent illness, and promote healthy, independent living
- Be available to those who need it when they need it.

The first part of the review gives the overall quality rating for the agency:

- 3 stars - excellent
- 2 stars - good
- 1 star - adequate
- 0 star - poor

There is also a bar chart that gives a quick way of seeing the quality of care that the home provides under key areas that matter to people.

There is a summary of what we think this service does well, what they have improved on and, where it applies, what they need to do better. We use the national minimum standards to describe the outcomes that people should experience. National minimum standards are written by the Department of Health for each type of care service.

After the summary there is more detail about our findings. The following table explains what you will see under each outcome area.

Outcome area (for example User focussed services)

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

This box tells you the outcomes that we will always inspect against when we do a key inspection.

This box tells you any additional outcomes that we may inspect against when we do a key inspection.

This is what people using this domiciliary care agency experience:

Judgement:

This box tells you our opinion of what we have looked at in this outcome area. We will say whether it is excellent, good, adequate or poor.

Evidence:

This box describes the information we used to come to our judgement.

We review the quality of the service against outcomes from the National Minimum Standards (NMS). Those standards are written by the Department of Health for each type of care service.

Copies of the National Minimum Standards – Domiciliary Care Agencies can be found at www.dh.gov.uk or bought from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering from the Stationery Office is also available: www.tso.co.uk/bookshop

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- Regulating health and adult social care services to ensure quality and safety standards, drive improvement and stamp out bad practice
- Protecting the rights of people who use services, particularly the most vulnerable and those detained under the Mental Health Act 1983
- Providing accessible, trustworthy information on the quality of care and services so people can make better decisions about their care and so that commissioners and providers of services can improve services.
- Providing independent public accountability on how commissioners and providers of services are improving the quality of care and providing value for money.

Reader Information

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Information about the agency

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Name of registered provider(s):	Raglin Care Ltd
Name of registered manager (if applicable)	
Mrs Sharon Victoria Emmerson-Coy	
Conditions of registration:	
Date of last inspection	
Brief description of the agency	
<p>Raglin Care Limited was established in 1994. The agency provides care and support to people who have a learning disability and or mental health concern. The agency supports people in a large geographical area, which covers Southport, Formby, Netherton, St Helens and Haydock. The agency provides support to people who are living in their own homes. The level of support provided depends on the needs of the individual and may range from a small number of hours per day to 24-hour support per day.</p> <p>The current manager is Emma Knight and we were advised that she will be applying for Registration with the Care Quality Commission. The Responsible Individual for the Provider [owners] is Paul Callander.</p>	

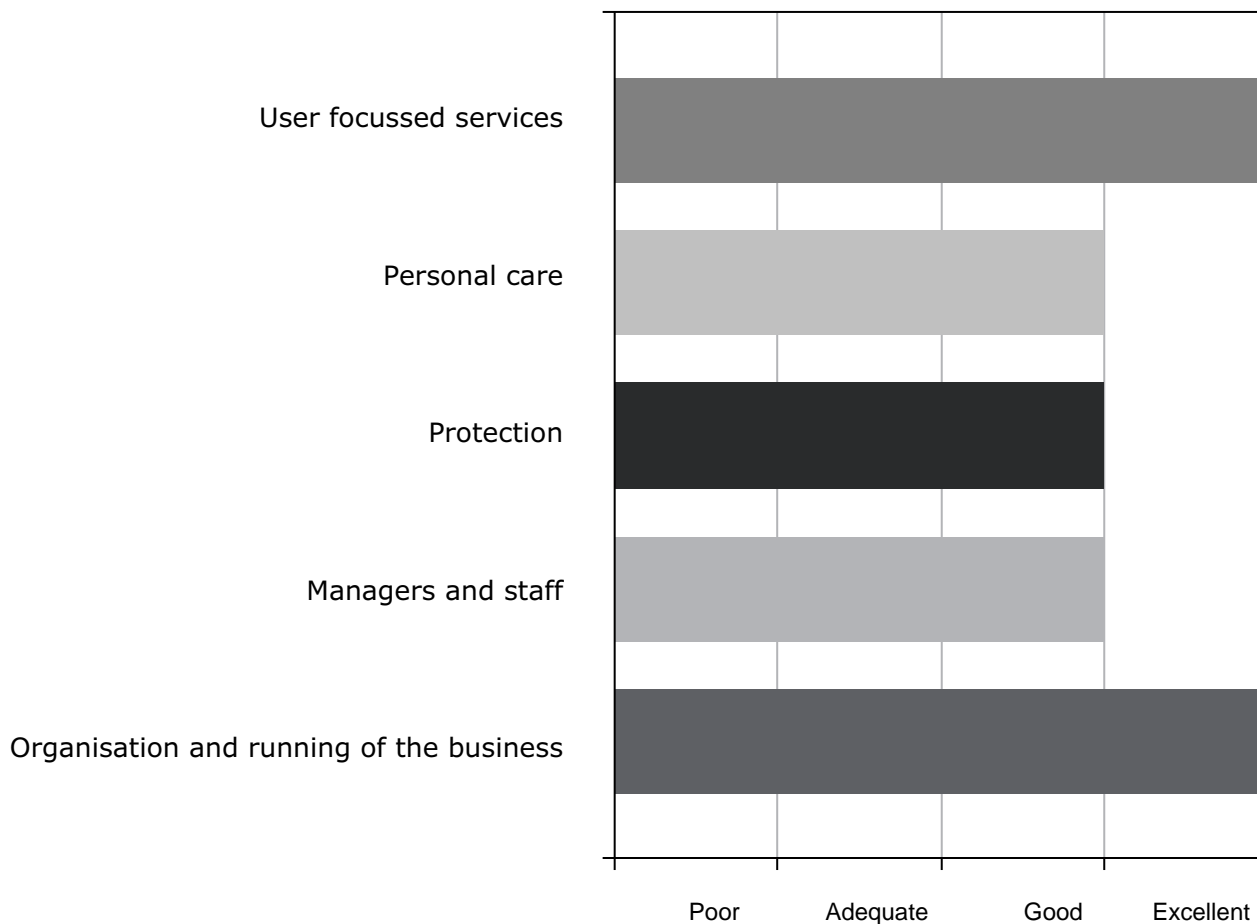
Summary

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

The quality rating for this agency is:

three star excellent service

Our judgement for each outcome:



How we did our inspection:

Before we visited the agency the manager filled out a form (Annual Quality Self Assessment, or AQAA) we sent and returned This. It had a lot of information about the service and how the people are supported to live their lives. We also sent out some survey forms to people using the service to get their views. Three of these came back with comments.

We visited the service giving some advance notice to ensure that key people like the manager were available. We spoke with the people who are supported by the agency who told us how they spend their day and how the staff support them.

We looked at the records kept on people who use the service and other records to do with how the agency is run.

We looked around the premises to see if it was suitably maintained and operational in

terms of a domiciliary care agency.

We spoke to a number of the staff who work for the agency so that they could tell us first hand what the agency was like to work for and how they supported the people using the service.

We also spoke to a professional who has had some involvement with the agency in order to collect their views.

What the agency does well:

When people first come to the service they are given a lot of good information so that they are able to understand how things are done and who to contact if they need any help or need to speak to somebody.

The agency carry out some assessments which help to understand how people want to be cared for and whether they have any special care needs.

When we spoke to people who are using the service we found that they are generally happy and are pleased with the way staff care for them. They feel safe and supported. Some said:

'They look after me well. They sort out my money' 'We work well together. They help me make my meals'. 'They support me well'. 'I'm having a great time here - they look after me well' 'it's alright here - fantastic. Staff are lovely'.

We found that people's health care was managed well so that they went to see the doctor when needed and they had support to go to the dentist and opticians. This is important so that people can feel well.

We found that people who are using the service are kept safe. This means that any activities are looked at by staff to make sure that people are not in any danger. Also if people have any concerns or feel afraid about the way they are cared for there are ways to make sure this is sorted out. An example of this is the way the agency listen to people's concerns and then act to help them. Staff work well with other professionals to make sure any concerns are investigated.

What has improved since the last inspection?

Raglin Care Ltd has joined with two other companies over the past 18 months under the overall ownership of the SCL Group. This has meant a lot of newly appointed managers to the service and a period of change as new staff have started work. Given the amount of change the people using the service have been supported well and the new managers are keen to listen to what they have to say and use this to develop the service further.

What they could do better:

We would recommend that when the care plans are reviewed they are also discussed with the person receiving care and this is shown on the written review sheet. This will help people and their families to become more involved in the way the care is planned.

We feel that there needs to be consultation and review of the way staff are allocated to carry out people's personal care. This is particularly important when male staff are involved in carrying out personal care with females. This will ensure that people's rights to both privacy and dignity are being maintained and that this area of care is safe.

We would strongly recommend that all staff clearly receive the accredited training prior to administering medication and that this also includes an 'accreditation' statement by a manager regarding their competency. This will help ensure that all staff are safe to

administer medicines.

We spoke with one person who is spending some time alone each day and this is planned in as part of the daily routine. We would recommend that any risks associated with this are also considered. This will help ensure that the person is safely monitored.

We would recommend that any work completed during the Learning Disability Qualification [LDQ] training is further enhanced by regular updates for all staff around mental capacity. This will help staff to understand these issues and make decisions when supporting people. All staff should benefit from training in learning disability through the LDQ program.

The staff supervision program needs to be standardised so all staff are receiving regular supervision sessions so they are properly supported in their work.

If you want to know what action the person responsible for this agency is taking following this report, you can contact them using the details on page 4.

The report of this inspection is available from our website www.cqc.org.uk. You can get printed copies from enquiries@cqc.org.uk or by telephoning our order line 0870 240 7535.

Details of our findings

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User focussed services

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

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

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

This is what people using this domiciliary care agency experience:

Judgement:

People using this service experience **excellent** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People using the service are assessed appropriately so that their individual needs can be understood and supported by the agency.

Evidence:

We saw the key document with respect to providing information for people who use the service. This is the Service User Guide. The document is clear and easy to follow. It has been updated with new information since the last inspection and is in an easy to read format. The manager talked about further developments with this and will be producing the guide in three basic formats from written word to pictures depending on the needs of the person using the service. There is also a project to complete a DVD which will give information. The complaints procedure is also included in the information supplied. All of these innovations will be rolled out shortly and the

Evidence:

manager pointed out that they have been produced through input by people using the service in the newly developed service user forum. This shows good practice in developing a part of the service with the needs of the people using the services in mind.

The feedback from people was that they received good information when they first started using the service. Copies of the current version of the guide and other pieces of information were available in the houses visited. People spoken with were clear about the role of the agency and how to contact managers if needed. We looked at assessments for two people who had been using the service for some time. These were thorough and included both a psychological assessment and also a social assessment which included activities of daily living. There was good reference to health care needs. Again the manager is currently developing newer assessments which evidence good practice. Assessments by social workers and health care professionals were also available and had been used in the assessment process. We saw evidence of people being directly involved through the 'essential lifestyle plans' that give an outline of the person life choices and aspirations.

This assessment process helps ensure that a care plan can be devised which meets the persons care needs.

The feedback from the people using the service was generally very positive. All felt that the staff were reliable and supportive. One comment was 'the staff are very good. I like them a lot and they help me everyday'.

Personal care

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

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

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

This is what people using this domiciliary care agency experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Peoples health and personal care needs are generally met well but there are some good practice issues that need further standardising.

Evidence:

We received feedback from people who use the service from written surveys returned [3 in total] as well as visiting some people in their own home. The feedback received was generally positive. People felt that the agency were very reliable and supportive to their care needs. Some of the comments received were:

'They look after me well. They sort out my money' 'We work well together. They help me make my meals'. 'They support me well'. 'I'm having a great time here - they look after me well' 'it's alright here - fantastic. Staff are lovely'.

We observed that each person has a care plan in place which outlines the care for the person so that this can be given consistently and monitored. The plans were generally clear and are reviewed on a regular basis by support staff. The reviews carried out were sometimes brief and lacked detail. For example one person had needs around allaying anxiety and emotional outbursts. The reviews were not clear whether these

Evidence:

were improving or getting worse or whether there had been any change. The person concerned said he had not seen the care plan or discussed what was on it. Another person said that the support worker discussed the care plan with them but this was not clearly recorded although the reviews were more detailed and we could see how the care was progressing.

We discussed ways this could be improved so that people could be more involved at this time and have some input and idea about what was on the care plan. We did see other examples of how people are involved in their care such as the 'Essential Lifestyle Plans' where people can detail their life history and any wishes or preferences.

We also saw that there was good liaison with the various support agencies from health such as the local Primary Care Trust [PCT]. For example one person was having ongoing dental treatment and this was clearly referenced. There were also 'Health Action Plans' in each care record which outlined specific needs in terms of health care. The care plans are supported by daily records which detail the care carried out.

We spoke with two people who use the service. They told us about their daily life. They were pleased that the staff cared about them and supported them to go to the shops and attend various activities. We spoke to staff regarding personal care for people and how this is carried out. We spoke to a male support worker who is supporting three people who are all female. The support worker works alone and carries out 'all personal care'. This involves some bathing and washing. The care plan is not specific regarding this but differentiates 'support to shower daily' from 'encourage to change clothes'. The support worker explained that the people who receive this level of personal care 'do not mind' and that this has been discussed with at least one family member as there were issues around this person's past history which raised questions around the appropriateness of a male carer.

We discussed this with the managers in some depth. There is currently no policy statement [that could be produced] around personal care being carried out by male support workers with female service users although the manager initially stated that this would not, as a general rule, be permitted. There was no record of people being asked about this type of care or how this related to the person's capacity to decide such issues. We would strongly recommend that the manager considers this in terms of overall policy. There needs to be consistent guidelines. This is in order to ensure people's dignity and privacy are preserved as well as issues around risk in terms of allegations of abuse that may arise. This is to protect service users as well as protecting male support workers from being unduly exposed to any risk in terms of allegations. We also became aware of male staff having 'sleep in's' in some houses that are again all

Evidence:

female. We would ask managers to also consider this with reference to any policy drawn up. All of the people reviewed have their medication supervised and administered by support workers. We spoke to one support worker who had only recently been employed. She told us about the way medication is given and this is also stated on the care plan. This support worker had had no previous experience and had undergone the induction program including the 'Learning Disability Qualification [LDQ]' that the service run. Both support worker and locality manager said that this offers an 'introduction' to medication but there is a specified training course that the support worker would be attending in the near future. Meanwhile we were advised that the locality manager had carried out a 'competency assessment' to ensure the support worker was safe to administer medications.

We reviewed some of this through looking at records. The certificates seen for the LDQ do not include medication awareness as part of the program [although we accept there is some awareness raising on the course] and a medication training record seen of a support worker having completed medication training does not include a competency check by managers. We would recommend that there is consistency here. It is important that prior to any staff administering medication they should have the standard training and that this includes a competency 'accreditation' record signed off by managers to show that staff having completed the training and shadowing process are deemed competent to administer medicines. This ensures there is a clear record of staff competency and people can be assured that medications are managed appropriately.

Protection

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

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

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

This is what people using this domiciliary care agency experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The agency have active policies and procedures around risk and safeguarding so that peoples rights can be protected.

Evidence:

We looked at some of the policies and procedures drawn up regarding the management of health and safety issues and these seemed comprehensive. There is a clear understanding that regular checks are carried out in each of the homes where people are supported. These were seen in the homes visited. They are also signed of by the people living in the houses which shows good practice in getting people involved in managing their environment. One person told us how he had made a call to get a maintenance repair with the support of the staff. This helps ensure that peoples living environment is kept safe.

We also saw some individual assessments of risk for daily activities such as being 'out and about'. We spoke with one person who is spending some time alone each day and this is planned in as part of the daily routine. The person values this time alone. We would recommend that, for completeness, any risks associated with this are also considered.

Evidence:

The agency has the protection of vulnerable adults policy from Sefton Social Services in accordance with good practice. The manager reported appropriate contact with the local safeguarding team and the pre inspection information [AQAA] tells us that there have been 8 referrals for safeguarding investigations since the last review of the service a year ago. The managers of the service have, therefore, some experience of contacting and working with local safeguarding teams for the benefit of the people using the service.

There is one current issue being considered where a support worker has been accused of verbal abuse of a person in their care. We spoke to a social care professional working in the safeguarding team who told us that the agency generally work well and refer any concerns appropriately. The agency attend any meetings and are anxious to get positive outcomes for people using the service.

There were no concerns raised by people who use the service. The support workers are well known to them and there is a commitment from the agency to building relationships based on trust and consistency although it is understood that there have been a lot of new staff over the last year and this was commented on by one service user. Support staff interviewed confirmed that all staff undergo regular updating around safeguarding which equips them to both identify and report any concerns.

Managers and staff

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

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

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

This is what people using this domiciliary care agency experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Staff are recruited and trained appropriately so that care can be managed effectively.

Evidence:

The AQAA for the service completed by the manager tells us:

'We recruit staff through a assessment centre process which is clearly linked to the competency framework. As a standard, two written employer references and a completed CRB are obtained and verified before making any permanent staff appointment. We have a new 'disclosure panel' where senior management representatives apply pre-determined criteria consistently and fairly where the appointment of candidates with previous convictions is under consideration'.

We checked this out by looking at staff files and speaking to support workers. The staff files were complete in that all checks have been made [we looked at three files] and the newly introduced selection process using an assessment centre helps to recruit the right people. Staff spoken with said that the recruitment process had been thorough. We looked at the file of one support worker where a disclosure of a previous conviction had been made. This had been appropriately dealt with and the risk to people using the service had been properly assessed and a management plan was in process to monitor the situation. This shows that the agency recruit people thoroughly and this helps to protect people using the service.

Evidence:

We spoke to support workers who said that the agency are generally OK at ensuring that 'statutory' training such as health and safety, fire safety, moving and handling, abuse awareness are kept up to date although this had been less pronounced over the past year with the various changes within the company management structure. One commented:

'At one time we knew who the training officer was and there was always a list of courses advertised. There's been a lot of changes and I suppose we need time to catch up'.

This was discussed with the manager who is in the process of implementing a structured training schedule starting with the induction program. Currently 51% of support workers have an NVQ [National Vocational Qualification] which forms the bedrock of the staff's competency to carry out care. The company runs a qualification in learning disability [LDQ] but only 30% of current support workers have this. The training matrix's seen for staff working in various houses showed that training is monitored and with the rolling program of training continuing the amount of staff with both of these qualifications should increase. We spoke about the need to ensure all staff receive full training prior to administering medications [this is covered under 'personal care'].

We looked at the current training matrix and could find no evidence of update training in the Mental Capacity Act. This is important so that staff have an awareness of the issues around mental capacity and how this can be applied to care in a daily setting. We would recommend that any work completed during the LDQ training is further enhanced by regular updates for all staff around mental capacity [including the new deprivation of liberty safeguards].

The manager is implementing a new supervision strategy for all staff based on a minimum of 6 supervision sessions each year. This enables staff to receive ongoing support by regular discussion with their line manager. We spoke to staff who were pleased with the way they were supported and felt that any issues could be discussed. Actual supervision sessions had been irregular though [one staff had not had supervision for about 6 months] although, again, with the company's management now settling down and the new policy commencing this would be expected to standardize. In addition to this support the manager has also started staff forums so that staff can contribute to the running of the agency and be involved in policy making.

Evidence:

Organisation and running of the business

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

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

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

This is what people using this domiciliary care agency experience:

Judgement:

People using this service experience **excellent** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

There are appropriate systems in place to maintain the agencies function and to continue to develop clinical standards so that there is continuous improvement for people using the service.

Evidence:

Raglin Care Ltd has amalgamated with two other companies over the past 18 months under the umbrella SCL Group. This has meant a lot of newly appointed managers to the service and a period of restructuring. Emma Knight informed us that she has applied for the Registered Managers Post although she also has a senior management role within the company. Emma has the Registered Managers Award [RMA] qualification and has an extensive history in social work in the field of mental health.

We discussed some of the priorities in terms of developing the service and Emma was able to display a good knowledge of current good practice in the field of learning disability and mental health and was able to discuss various good practice models of care. She has produced an 'action plan' for the forthcoming period with time scales to achieve set goals. These are based on regulatory standards within the field of domiciliary care. The AQAA informs us:

'Our services have maintained their focus on delivering personalised packages of support to individuals, in line with Valuing People White Paper. e.g. annual How are we

Evidence:

doing surveys enable views of supported individuals and their families and advocates to be captured and acted upon, reviews, flexible approaches, changes to staffing, hours, service provision, positive risk taking based on service user choice and self determination'.

The manager has been able to evidence some good practice innovations since being in post such as the new complaints procedure and service user guide. Both of these show good input by people who use the service through the new 'service user focus group'. This has meant that both documents are more accessible for the people using the service.

We found a realistic appraisal by the manager of the current organisation and a targeted approach to ensuring continued growth and standardization.

A tour of the premises found them to be suitable for their purpose so that the agency can conduct its business. There is a full management structure available and the site also has a training facilities / meeting room.

The agency has a full policy on complaints and there is a clear and open approach to any concerns that people using the service may have. [This has been further developed with the new easy read policy / procedure]. People spoken with were clear how to complain and felt that they could approach staff and managers. We saw that complaints were recorded and these had been dealt with effectively so that redress was apparent [we reviewed one complaint in some detail].

Are there any outstanding requirements from the last inspection?

Yes

No

Outstanding statutory requirements

These are requirements that were set at the previous inspection, but have still not been met. They say what the registered person had to do to meet the Care Standards Act 2000, Domiciliary Care Agencies Regulations 2002 and the National Minimum Standards.

No.	Standard	Regulation	Requirement	Timescale for action

Requirements and recommendations from this inspection:

Immediate requirements:

These are immediate requirements that were set on the day we visited this domiciliary care agency. The registered person had to meet these within 48 hours.

No.	Standard	Regulation	Requirement	Timescale for action

Statutory requirements

These requirements set out what the registered person must do to meet the Care Standards Act 2000, Domiciliary Care Agencies Regulations 2002 and the National Minimum Standards. The registered person(s) must do this within the timescales we have set.

No.	Standard	Regulation	Requirement	Timescale for action

Recommendations

These recommendations are taken from the best practice described in the National Minimum Standards and the registered person(s) should consider them as a way of improving their service.

No	Refer to Standard	Good Practice Recommendations
1	7	There needs to be consistency around the evaluation process or care plan reviews so that they are more detailed and also display evidence that the service user or their supporters / families are involved and aware of the care plan.
2	8	We would strongly recommend that the manager consults and draws up policy statements on the provision of personal care which addresses the issues around male staff involvement. We would further recommend that any good practice policy or guidance is audited across current staff allocation and care practice.
3	10	We would strongly recommend that all staff clearly receive the accredited training prior to administering medication and that this also includes an 'accreditation' statement by a manager regarding their competency.
4	12	We spoke with one person who is spending some time alone each day and this is planned in as part of the daily routine. We would recommend that, for completeness, any risks associated with this are also considered.

Recommendations

These recommendations are taken from the best practice described in the National Minimum Standards and the registered person(s) should consider them as a way of improving their service.

No	Refer to Standard	Good Practice Recommendations
5	19	<p>We would recommend that any work completed during the LDQ training is further enhanced by regular updates for all staff around mental capacity.</p> <p>All staff should benefit from training in learning disability through the LDQ program.</p>
6	21	<p>The staff supervision program needs to be standardised so all staff are receiving regular supervision sessions.</p>

Helpline:

Telephone: 03000 616161

Email: enquiries@cqc.org.uk

Web: www.cqc.org.uk

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