

# Review of compliance

## Centre for Reproductive Medicine Limited c/c BSG Valentine CRM London

<b>Region:</b>	London
<b>Location address:</b>	Park Lorne 111 Park Road London NW8 7JL
<b>Type of service:</b>	Acute services
<b>Publication date:</b>	June 2011
<b>Overview of the service:</b>	<p>CRM London is a private clinic that offers all aspects of infertility diagnosis and fertility treatments for men and women. The clinic has specialist laboratory facilities on-site.</p> <p>CRM London is registered without conditions.</p>

# Summary of our findings for the essential standards of quality and safety

## What we found overall

**We found that CRM London was meeting all the essential standards of quality and safety we reviewed.**

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.

### How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 19 April 2011, observed how people were being cared for, talked with people who use services, talked with staff and checked the provider's records.

### What people told us

People who use the service told us that the clinic was 'brilliant'. It had a calm and relaxed atmosphere and staff were friendly. They were happy with the care they received and said that staff explained everything to them.

They found the clinic to be clean and liked the environment.

## **What we found about the standards we reviewed and how well CRM London was meeting them**

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

People who use the service are given important information about the service and they have their views and experiences taken into account in the way the service is provided and delivered.

- Overall, we found that CRM London was meeting this essential standard.

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

There are systems in place to gain people's consent to care and treatment.

- Overall, we found that CRM London was meeting this essential standard.

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

- Overall, we found that CRM London was meeting this essential standard.

### **Outcome 6: People should get safe and coordinated care when they move between different services**

On the basis of the evidence provided we found this service to be compliant with this outcome.

- Overall, we found that CRM London was meeting this essential standard.

### **Outcome 7: People should be protected from abuse and staff should respect their human rights**

On the basis of the evidence provided we found this service to be compliant with this outcome.

- Overall, we found that CRM London was meeting this essential standard.

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

On the basis of the evidence provided we found this service to be compliant with this outcome.

- Overall, we found that CRM London was meeting this essential standard.

**Outcome 9: People should be given the medicines they need when they need them, and in a safe way**

On the basis of the evidence provided we found this service to be compliant with this outcome.

- Overall, we found that CRM London was meeting this essential standard.

**Outcome 10: People should be cared for in safe and accessible surroundings that support their health and welfare**

On the basis of the evidence provided we found this service to be compliant with this outcome.

- Overall, we found that CRM London was meeting this essential standard.

**Outcome 11: People should be safe from harm from unsafe or unsuitable equipment**

On the basis of the evidence provided we found this service to be compliant with this outcome.

- Overall, we found that CRM London was meeting this essential standard.

**Outcome 12: People should be cared for by staff who are properly qualified and able to do their job**

On the basis of the evidence provided we found this service to be compliant with this outcome.

- Overall, we found that CRM London was meeting this essential standard.

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

People are being supported by sufficient numbers of appropriate staff.

- Overall, we found that CRM London was meeting this essential standard.

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

The staff team receive management support , training and regular supervision.

- Overall, we found that CRM London was meeting 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**

On the basis of the evidence provided we found this service to be compliant with this outcome.

- Overall, we found that CRM London was meeting this essential standard.

**Outcome 17: People should have their complaints listened to and acted on properly**

People can be assured that their comments and complaints are listened to and acted upon.

- Overall, we found that CRM London was meeting this essential standard.

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

- Overall, we found that CRM London was meeting this essential standard.

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

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

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

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

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

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

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

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

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

# Outcome 1: Respecting and involving people who use services

## What the outcome says

This is what people who use services should expect.

People who use services:

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

## What we found

### Our judgement

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

### Our findings

**What people who use the service experienced and told us**

The people we spoke to who used the service, told us that they felt involved in their care and listened to by the staff. They said that the staff were helpful and supportive.

Following their appointment, people are asked to complete a feedback questionnaire. We reviewed a summary of these and found that the majority of people who used the service found it to be very good and felt they were treated with respect. People said that they felt were impressed with the respect and dignity shown to them during scans. We saw privacy gowns and disposable blankets available in examination areas.

Staff appeared to be friendly and approachable towards the people using the service. We saw a range of information leaflets available for people who use the services. People told us that they were given information on the specific treatments

or tests they were receiving.

We inspected the clinic and found the consulting and examination rooms are all private. The recovery area also has individual cubicles for people. The waiting room area is communal but has curtains to provide privacy for couples or families.

### **Other evidence**

New patients receive a 60 to 90 minute initial consultation with a doctor to allow them time for discussion. In addition, they meet with the fertility nurse for a further 90 minute discussion.

Feedback from people who use the services is analysed and report published outlining how the clinic has responded to comments and made changes to the service. We reviewed the report and found that customer service training for staff has been implemented as a result of some negative feedback on specific staff groups. Feedback is discussed at the clinic's bi-monthly quality management meetings as well as being reported in an annual report.

People's choices regarding their treatment is respected and recorded in their consent forms. For example, people can choose (within legal limits) how many embryos they wish to be transferred.

### **Our judgement**

People who use the service are given important information about the service and they have their views and experiences taken into account in the way the service is provided and delivered.

# Outcome 2: Consent to care and treatment

## What the outcome says

This is what people who use services should expect.

People who use services:

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

## What we found

### Our judgement

The provider is compliant with outcome 2: Consent to care and treatment

### Our findings

#### What people who use the service experienced and told us

People who use the service told us that they felt they had enough information about the treatment options to make a decision. They received information leaflets relevant to the procedures they were having. They did not feel rushed and felt listened to. They said there were a lot of consent forms they had to sign, but these were explained by the staff.

#### Other evidence

The manager informed us that the clinic does not see anyone under the age of 18 years.

A full history and personal assessment is undertaken at the first consultation. Written and verbal information is given to the individual at this appointment. Consent is signed by the people using the service and the doctor who explained the treatment. People's choices are included in the consent form for example if they are using their partners or donated sperm.

A further consultation is held with the nurses, where the treatments, risks, possible outcomes and fees are discussed. A checklist is used by the nursing staff to ensure that all areas are covered. This is signed by the nurse and the person using the service.

If there are any concerns regarding the welfare of a potential child for example issues related to alcohol or drug abuse or involvement of social services with existing children, then consent is obtained to liaise with the person's general practitioner prior to treatment. We were told this is a legal obligation of the clinic.

**Our judgement**

There are systems in place to gain people's consent to care and treatment.

# Outcome 4: Care and welfare of people who use services

## What the outcome says

This is what people who use services should expect.

People who use services:

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

## What we found

### Our judgement

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

### Our findings

**What people who use the service experienced and told us**  
People who use the service were generally impressed with the care they received. They had the opportunity to ask questions and felt listened to by staff. People told us that staff introduced themselves and were approachable. The feedback from the people who completed questionnaires confirmed that they thought the care they received was excellent and that the staff at the clinic were kind, caring and supportive.

**Other evidence**  
All people that use the service pay privately. Each person is interviewed and assessed by a doctor and nurse. Their treatment options are discussed with them including all associated risks. .

If a person using the service suddenly became unwell, the clinic has basic equipment to deal with an emergency whilst an ambulance is called. All staff receives training on basic life support and the anaesthetic staff are trained in advanced life support skills. Staff attend two mock resuscitation training sessions each year.

The clinic has a system for reporting any adverse incidents or errors. These are reviewed by the quality team and feedback is given to staff.

Staff are trained and assessed in taking blood samples from people and in performing all the relevant procedures at the clinic.

**Our judgement**

On the basis of the evidence provided we found this service to be compliant with this outcome.

# Outcome 6: Cooperating with other providers

## What the outcome says

This is what people who use services should expect.

People who use services:

- Receive safe and coordinated care, treatment and support where more than one provider is involved, or they are moved between services.

## What we found

### Our judgement

**The provider is compliant** with outcome 6: Cooperating with other providers

### Our findings

**What people who use the service experienced and told us**  
People who use the service did not give specific feedback in relation to this outcome. We did review the consent form that is used to ask if people want their general practitioners (GP) or other relevant healthcare professionals notifying of their treatment at the clinic.

**Other evidence**  
The clinic is a private clinic and does not have inpatient facilities. The policy of the clinic is to send a letter to the individual's general practitioner with their consent.

The clinic uses an external laboratory service to process blood samples. We were told that results are received in a timely manner and are communicated to people both orally and in writing.

**Our judgement**  
On the basis of the evidence provided we found this service to be compliant with this outcome.

# Outcome 7: Safeguarding people who use services from abuse

## What the outcome says

This is what people who use services should expect.

People who use services:

- Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

## What we found

### Our judgement

**The provider is compliant** with outcome 7: Safeguarding people who use services from abuse

### Our findings

**What people who use the service experienced and told us**

People who use the service did not give specific feedback in relation to this outcome.

**Other evidence**

The practice manager confirmed that the clinic will not see any people under the age of eighteen years. If the clinic has any concerns regarding the welfare of the potential child, they will liaise with the persons general practitioners (with their consent) prior to treatment being received. The clinic has a 'welfare of the child' policy in place.

The clinic works closely with a counselling service and people are referred to this service if specific care needs are identified.

**Our judgement**

On the basis of the evidence provided we found this service to be compliant with this outcome.

# Outcome 8: Cleanliness and infection control

## What the outcome says

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

## What we found

### Our judgement

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

### Our findings

**What people who use the service experienced and told us**  
The people who use the service said that they thought the clinic was clean. We inspected the clinic and found it to be clean. We found boxes containing used sharps appropriately assembled, signed and dated. We were told that they are collected on a monthly basis.

We noted that the clinic used disposable items. These were found to be in date. The clinic had hand wash basins available for staff.

**Other evidence**  
An independent cleaning company is responsible for cleaning the clinic. The clinic monitors the standards of cleanliness itself and has an annual external audit of infection control. The recent audit conducted in February 2011 found the clinic to be generally compliant with some improvements needed on higher level cleaning in hard to reach places and a review of the design of the hand wash basins.

Infection control is included in the staff induction programme which all staff must complete. We were shown copies of this programme.

**Our judgement**  
On the basis of the evidence provided we found this service to be compliant with

this outcome.

# Outcome 9: Management of medicines

## What the outcome says

This is what people who use services should expect.

People who use services:

- Will have their medicines at the times they need them, and in a safe way.
- Wherever possible will have information about the medicine being prescribed made available to them or others acting on their behalf.

## What we found

### Our judgement

**The provider is compliant** with outcome 9: Management of medicines

### Our findings

**What people who use the service experienced and told us**  
People who use the clinic told us that they knew which medicines they were taking and why.

Medications are prescribed either by the doctor for ongoing treatments or by the anaesthetist during procedures. An individual prescription is kept for each person. The medications are administered by the nursing staff. Nursing staff are assessed on medication administration during their induction period. The clinic uses a system where two nurses check prescriptions.

**Other evidence**  
A log is kept of all medications dispensed and administered at the clinic. These are recorded according to their batch numbers in case there are any problems they can easily be tracked. People that use the services are provided with verbal and written information about the medications they receive.

The clinic has person accountable for controlled drugs. The controlled drugs are

kept in an appropriate locked cupboard in the theatre. The stock level of these drugs is checked each day.

Drugs that required refrigeration were kept in fridges. These were monitored centrally and will alarm if there are any discrepancies.

All drug errors are reported and investigated. Any drug reactions are reported to the Medicines and Health Regulatory Authority (MHRA).

**Our judgement**

On the basis of the evidence provided we found this service to be compliant with this outcome.

# Outcome 10: Safety and suitability of premises

## What the outcome says

This is what people should expect.

People who use services and people who work in or visit the premises:

- Are in safe, accessible surroundings that promote their wellbeing.

## What we found

### Our judgement

**The provider is compliant** with outcome 10: Safety and suitability of premises

### Our findings

**What people who use the service experienced and told us**  
People who use the service did not give specific feedback in relation to this outcome, except to say the environment was lovely. The premises were noted to be in good condition.

The clinic is located over two floors with one floor being at ground level. The premises could be accessed via a person in a wheelchair.

We were greeted by the receptionist. There was a waiting area with seats divided by voiles. The clinic's rooms have chairs for people and an examination couch.

We noted the fire exits being clearly marked and fire extinguishers were accessible.

**Other evidence**  
The building is inspected annually by an independent health and safety company. The recent inspection in 2010 confirmed that all relevant safety checks had been undertaken and that a programme is in place for the ongoing checking of the premises, electrical supply and fire safety are in place. The fire alarms are tested weekly and fire drills conducted twice a year.

**Our judgement**  
On the basis of the evidence provided we found this service to be compliant with

this outcome.

# Outcome 11: Safety, availability and suitability of equipment

## What the outcome says

This is what people should expect.

People who use services and people who work in or visit the premises:

- Are not at risk of harm from unsafe or unsuitable equipment (medical and non-medical equipment, furnishings or fittings).
- Benefit from equipment that is comfortable and meets their needs.

## What we found

### Our judgement

**The provider is compliant** with outcome 11: Safety, availability and suitability of equipment

### Our findings

**What people who use the service experienced and told us**  
On this occasion we did not speak to people who use the service about this outcome. The clinic uses a range of equipment that was found to be in a good state of repair.

**Other evidence**  
We were told by the practice manager that the clinic has a separate contract for medical equipment. This includes maintenance and services register for all equipment. Equipment is calibrated against national instrumental standards each year. The equipment seen appeared to be in a good state of repair and staff are trained how to use the equipment.

**Our judgement**  
On the basis of the evidence provided we found this service to be compliant with this outcome.

# Outcome 12: Requirements relating to 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 staff who are fit, appropriately qualified and are physically and mentally able to do their job.

## What we found

### Our judgement

**The provider is compliant** with outcome 12: Requirements relating to workers

### Our findings

**What people who use the service experienced and told us**  
On this occasion we did not speak to people who use the service about this outcome. We saw registered nurses, a receptionist, doctors and the practice manager working in the clinic at the time of our visit.

**Other evidence**  
Each staff member had a personal file containing evidence of their professional qualifications, their training records and ongoing professional development. We were shown samples of the content of these files including a copy of the induction programme and the employee checklist.

The clinic has a recruitment procedure. This includes ensuring that all staff have the relevant checks in place, for example, their professional registration is confirmed and two references are obtained. Staff are required to sign a pre-employment declaration confirming their registration and that they do not have a criminal record. Staff undergo an enhanced criminal records bureau check and are supervised in the clinic until this has been completed. Staff are required to submit evidence of their annual professional registration renewal.

**Our judgement**

On the basis of the evidence provided we found this service to be compliant with this outcome.

# Outcome 13: Staffing

## What the outcome says

This is what people who use services should expect.

People who use services:

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

## What we found

### Our judgement

**The provider is compliant** with outcome 13: Staffing

### Our findings

**What people who use the service experienced and told us**  
On this occasion we did not speak to people who use the service. We were greeted by the receptionist and spoke to a cross section staff. Staff were found to be welcoming and informed.

**Other evidence**  
The clinic currently has; a laboratory team consisting of embryologists; a management team supported by personal assistants and receptionists, a medical team with two consultants and a nursing team with one manager, three nurses and one support worker. Anaesthetists are employed on an ad-hoc basis for procedural lists. The clinic uses the same anaesthetists and there are practising privileges contracts in place for these staff.

The nurse manager confirmed that the nurses are trained to work in each area of the clinic so that staff have a range of skills and cover can be provided as needed. Staffing levels are reviewed and we were told that a temporary nurse had recently been employed in theatres, but this is now changing to a permanent post as the need for this role has been proven.

**Our judgement**

People are being supported by sufficient numbers of appropriate staff.

# 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

**The provider is compliant** with outcome 14: Supporting workers

### Our findings

**What people who use the service experienced and told us**  
On this occasion we did not speak to people who use the service about this outcome. We were shown samples of the staff induction programme and the training that new staff receive. Staff are required to undertake a three month probationary period. During this time they 'shadow' a member of staff and are assessed regarding their competency.

The clinic has a range of standard operating procedures for all laboratory, clinical and administrative tasks. These are reviewed each year. Staff are required to follow these procedures at all times.

**Other evidence**  
All staff have a continuous professional development (CPD) folder that documents any training they have received and any training needs they have. These folders are reviewed annually.

The clinic has a clear organisational structure that identifies who staff report to. Appraisals are conducted each year with action plans developed for each staff member. This was confirmed by the nurse and practice managers. Staff feedback questionnaires are conducted focusing on management support for staff. Staff were

generally positive about working in the clinic and felt supported.

All staff had access to a workstation, albeit a small space in some cases. This did mean however that they can all access the quality management system used by the clinic and the standard operating procedures.

**Our judgement**

The staff team receive management support , training and regular supervision.

# 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

**The provider is compliant** with outcome 16: Assessing and monitoring the quality of service provision

### Our findings

**What people who use the service experienced and told us**  
On this occasion we did not speak to people who use the service about this outcome. People did feedback in the questionnaires that they felt the quality of the service was excellent overall.

**Other evidence**  
The clinic was audited and awarded the International Standards Organisation (ISO) 9001 certificate in 2006 and has successfully re-certified this each year. This indicates that the clinic has a quality management system in place to monitor its service and the quality of care it delivers. This system includes both internal and external audit programmes.

Information is gathered from people who use the service via questionnaires and complaints. All incidents and errors are reported, logged and investigated.

Bi-monthly quality management meetings are held where trend analysis of complaints and errors are discussed. We were shown examples of these reports

that included actions to be put into place.

The clinic has a process for reporting and investigating incidents and errors. These are reported, investigated and trends analysed.

**Our judgement**

On the basis of the evidence provided we found this service to be compliant with this outcome.

# Outcome 17: Complaints

## What the outcome says

This is what people should expect.

People who use services or others acting on their behalf:

- Are sure that their comments and complaints are listened to and acted on effectively.
- Know that they will not be discriminated against for making a complaint.

## What we found

### Our judgement

**The provider is compliant** with outcome 17: Complaints

### Our findings

**What people who use the service experienced and told us**  
People who used the service told us they would know how to make a complaint if they needed to. We saw the complaints policy displayed in the clinic.

Staff told us that they do not receive many complaints and that any complaints are promptly responded to.

**Other evidence**  
The clinic has a complaints process policy. All complaints are managed by a complaints officer and are recorded in a database. This includes a record of actions and outcomes if needed. Complaints are kept on file and are reviewed during the bi-monthly quality management meeting to identify any themes across the clinic.

Feedback forms are routinely given to people that use the service for each consultant and nurse the person has seen.

**Our judgement**  
People can be assured that their comments and complaints are listened to and

acted upon.

# 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**  
On this occasion we did not speak to people who use the service about this outcome. We did look at the general condition of records and found them to be organised and securely filed.

**Other evidence**  
Records are kept in locked filing cabinets located in the administration office that is also locked. They are kept on site for a minimum period of two years they securely transferred to discs that are kept at the clinic. Paper records are then securely destroyed.

**Our judgement**  
On the basis of the evidence provided we found this service to be compliant with this outcome.

# 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 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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