

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

The Misbourne Practice

Church Lane,, Chalfont St. Peter,, Gerrards
Cross,, SL9 9RR

Tel: 01753891010

Date of Inspection: 14 November 2013

Date of Publication:
December 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	✗ Action needed
Management of medicines	✗ Action needed
Assessing and monitoring the quality of service provision	✗ Action needed

Details about this location

Registered Provider	The Misbourne Surgery
Registered Manager	Dr. Andrew Webber
Overview of the service	The Misbourne Practice is a GP practice providing primary care services for people in Chalfont St Peters and the surrounding area of Buckinghamshire. The practice has approximately 12000 patients registered.
Type of services	Doctors consultation service Doctors treatment service
Regulated activities	Diagnostic and screening procedures Family planning Maternity and midwifery services Surgical procedures 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'.

	Page
Summary of this inspection:	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
What we have told the provider to do	4
More information about the provider	5
Our judgements for each standard inspected:	
Respecting and involving people who use services	6
Care and welfare of people who use services	8
Safeguarding people who use services from abuse	10
Management of medicines	12
Assessing and monitoring the quality of service provision	14
Information primarily for the provider:	
Action we have told the provider to take	16
About CQC Inspections	18
How we define our judgements	19
Glossary of terms we use in this report	21
Contact us	23

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 announced 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 14 November 2013, talked with people who use the service and talked with staff. We were accompanied by a specialist advisor.

What people told us and what we found

We spoke with six patients who used the service. Patients told us they were treated with privacy, dignity and were respected. Some comments included "Staff are very friendly and kind" and "The doctors always treat me with respect." One patient told us "My privacy has been respected; whenever I am in the consultation room the doors are always closed."

Patients we spoke with all told us that they had felt confident with care and support provided by their GP. Patients were complimentary of the service provided to them and of the staff in the practice. Some comments received included "The GP is very compassionate and sensitive to my needs" and "The nursing team here are brilliant." Patients told us that they felt consulted and involved in the care and treatment provided to them. One patient told us "I have found the GP never rushes me, he always provides very comprehensive and detailed consultations."

Patients we spoke with told us that they had felt safe and confident with the care provided at the practice. Comments included "Oh yes, I feel safe with all the staff" and "The environment here is very safe, no reason to be concerned."

We found patients who used the service were not fully protected from the risk of abuse, because the provider had not taken all reasonable steps to identify the possibility of abuse and prevent abuse from happening. Patients were not protected against the risks associated with medicines because the provider did not have appropriate arrangements in place to store medication safely and securely.

You can see our judgements on the front page of this report.

What we have told the provider to do

We have asked the provider to send us a report by 15 January 2014, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

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.

Patient's privacy, dignity and independence were respected.

Reasons for our judgement

We spoke with six patients who used the service. Patients told us they were treated with privacy, dignity and were respected. Some comments included "Staff are very friendly and kind" and "The doctors always treat me with respect." One patient told us "My privacy has been respected; whenever I am in the consultation room the doors are always closed." This showed patient's privacy, dignity and independence were respected.

We observed how patients and staff interacted during the day and found this to be positive and friendly. We saw staff treated patients with dignity and respect throughout our visit. Staff members we spoke with knew about confidentiality and told us that they respected patient's privacy. For example, the practice manager told us a private room was used if patient wanted to discuss something in confidence and this was confirmed by patients we spoke with. Staff members we spoke with told us they had signed a confidentiality policy and agreement. This demonstrated the provider had arrangements in place which ensured patient's privacy and dignity was respected.

During our visit we saw that the reception/waiting area had various leaflets. These included information on health and treatments and other services provided to support people within the community. The practice manager told us patients were provided with a practice leaflet. This included; information on how to make an appointment, availability of consultation times, option of home visits, and out of hours calls for emergencies. Further information was available on the different type of services available to the patient, such as family planning and antenatal and postnatal clinics. This showed patients who used the service were given appropriate information and support regarding their care or treatment.

The practice was located on the ground floor with access for wheelchairs and pushchairs throughout. The practice also had disabled toilet facilities and disabled parking spaces. The practice manager told us that they had access to a translation service for patients whose first language was not English, though this was not required frequently. The manager told us they had some patients who only spoke Polish, and they had a GP who could communicate with them in this language. The practice had a hearing induction loop to support patients who had hearing difficulties. This ensured patient's diversity, values

and human rights were respected.

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

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure patient's safety and welfare.

Reasons for our judgement

The patients we spoke with all told us that they had felt confident with care and support provided by their General Practitioner. Patients were complimentary of the service provided to them and of the staff in the practice. Some comments received included "The GP is very compassionate and sensitive to my needs" and "The nursing team here are brilliant." Patients told us that they felt consulted and involved in the care and treatment provided to them. One patient told us "I feel very involved when the GP discusses treatment options and solutions; their advice is always reassuring and puts my mind at rest." Another patient told us "I have found the GP never rushes me, he always provides very comprehensive and detailed consultations." A third patient we spoke with commented "I like that my GP doesn't use the conveyor belt approach, I always have enough time to explain my issues and I understand why medication or necessary treatment is needed." This demonstrated the patients were able to understand their diagnosis and treatment because relevant information had been made available to them.

The practice manager told us when a new patient registered with the practice they were required to complete a patient questionnaire and registration form. These documents were used to record information about the patient's medical history, medical conditions and allergies. The receptionist carried out new patient checks, which included proof of identification. This information was then reviewed by one of the GP's and patients were given an appointment with a GP if the patient required repeat medicines or if the patient had a complex medical history they were assessed by a GP. This ensured patient's needs were assessed and care and treatment was planned and delivered in line with their individual needs.

We reviewed records for five patients who had attended the practice on the day of the inspection. We saw that records contained areas for recording assessments, past medical history, medications, and allergies. We saw the GP or the Nurse recorded a detailed note of the consultation. There was evidence that the GP and the nurse had discussed options and clarified treatment with the patient. This demonstrated that patients were involved in the planning of their care and treatment.

We saw evidence that systems were in place to ensure routine checks undertaken by a clinician were followed up with further investigations as required. Staff told us that the

computer system was used to highlight when people were due a review of any condition or treatment and this was followed up at the next visit. Alternatively they were reminded to make an appointment or of the need for a review.

The practice had emergency drugs on the premises for dealing with emergencies. The nurse prescriber was responsible for this and told us that they had checked these on a regular basis to ensure they were ready for use. These were checked and all were found to be in date. We reviewed a sample of the records which confirmed regular audits took place. This meant that the provider had suitable arrangements in place to deal with foreseeable emergencies.

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

Our judgement

The provider was not meeting this standard.

Patients who use the service were not fully protected from the risk of abuse, because the provider had not taken all reasonable steps to identify the possibility of abuse and prevent abuse from happening.

We have judged that this has a moderate impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

Patients we spoke with told us that they had felt safe and confident with the care provided at the practice. Comments included "Oh yes, I feel safe with all the staff" and "The environment here is very safe, no reason to be concerned." We saw there were posters about abuse and these were displayed in the waiting area for patients to read. We asked patients about the chaperone policy and their right to have a Chaperone. Some patients were aware this facility was available at the practice, others said they would request this if required. This meant that there were procedures in place to ensure patients were able to be accompanied during appointments if they required this.

We asked to see the policies the practice held in relation to safeguarding vulnerable adults and child protection. We were provided with a copy of the Safeguarding Children Policy. This contained relevant professional guidelines and the telephone numbers and contact details for children safeguarding referrals. Staff confirmed to us this policy was available to them on the internal computer system. Staff members told us if they had a concern that a child was at risk of abuse they would refer the matter to the practice safeguarding lead. Staff told us they had received training on child safeguarding but did not know how often this was reviewed. The practice manager told us a GP was appointed as lead for safeguarding children for the practice, who led on educational meetings on this area. This meant systems were in place to protect children from abuse.

However, the practice did not have a policy and procedure in place for safeguarding vulnerable adults. The children safeguarding lead told us they were only responsible for matters concerning children safeguarding. We spoke with seven members of staff. Four members of staff told us they had not received safeguarding training for vulnerable adults and staff files we reviewed supported this. They were not aware of process they should follow when required. The other three staff members told us they had received some training in safeguarding vulnerable adults, but there was no evidence to support this. The Royal College of General Practitioners and other professional bodies, recommend practices to have appropriate guidance to safeguard people in place and to make suitable

provisions for staff training. This meant that staff did not have access to appropriate training and guidance and therefore staff were not able to report a safeguarding incident for vulnerable adults appropriately should the need arise.

We found the practice did not have any guidance in place, on the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards. This was supported by the staff we spoke with, who told us they had not received any training on the MCA 2005 and were not aware of the process and procedure to follow should the need arise. This meant the practice staff did not have readily available information on their legal obligations in relation to the legal frameworks with regards to capacity and consent.

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

Our judgement

The provider was not meeting this standard.

Patients were not protected against the risks associated with medicines because the provider did not have appropriate arrangements in place to store medication safely and securely.

We have judged that this has a moderate impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

The practice had a repeat prescribing policy in place. The policy set out a clear prescribing procedure to ensure the usage and effects of the repeat medication could be monitored and that patients were offered regular reviews. A GP was appointed as the prescribing lead for the practice, who attended the local Clinical Commissioning Group (CCG) prescribing meetings, and initiated any required audits. The prescribing lead also kept their colleagues up-to-date about any proposals or changes using the email cascade system and also the monthly practice meeting of the doctors and practice manager. An example of such an audit was shown. This involved reviewing the diabetic patients who were taking Metformin and adjusting their dosage according to best evidence. This meant the practice had appropriate systems in place to monitor and review the current prescribing methods.

We checked the fridge which was used for storing immunisations and other medication which needed to be refrigerated. We found that this was kept locked and temperatures were monitored. For example we reviewed the reserve stocks of Influenza immunisation and saw the temperature for this was recorded twice daily and entered into a paper log kept on the fridge. We saw that all items kept in the fridge were in date and there was a system in place for regularly checking. Staff told us that when new medication came in, it was put to the back of the fridge and the older medication was moved forward so it was used first. This meant that the service had appropriate processes in place for medication which needed to be stored in a refrigerator.

The practice did not dispense medication; people were given their prescriptions and could have them filled at the pharmacy of their choice. GP's confirmed all prescriptions were printed within the surgery and no pre-printed prescriptions were kept. People we spoke with told us they never experienced any delays with repeat prescriptions and reception staff told us that they ensured these were processed as a priority.

We found appropriate arrangements were not in place to store medication safely and securely. For example, we saw there was a number of coloured and portable bags in

which emergency supplies were kept. These were positioned on the top of one of the floor non-lockable cupboards on the ground floor treatment room. There was a supply of drugs appropriate to anaphylaxis (Adrenaline) and water for injection. We saw there were drug stocks kept in the wall cupboard above the emergency drugs. This was not lockable and the treatment room was only lockable from the inside. This cupboard contained Vials and ampoules for named patients of Depomedrone, and Vitamin B12. In addition there were ampoules of Fragmin that had been brought back by a patient for disposal. There were also stocks of Decapeptyl SR 12.5mg, Lidocaine, Depomedrone, Clenil Inhaler and nebulas of Ventolin. This meant that medicines were not stored safely and securely.

We spoke with three GP's who told us they all had a drug bag which was used for home visits. One GP told us they kept Controlled Drugs (CD) in their bag, which was kept in a locked box. They told us they had their own controlled drugs register, however neither the locked box nor the register was available for us to review. The GP's told us that they did not use a Standard Operating Procedure or equivalent for the management of controlled drugs. They also confirmed that, although each GP was responsible reviewing the expiry dates of the medication in their drug bags, however, this did not take place regularly. This meant systems were not in place to review medication regularly.

Assessing and monitoring the quality of service provision

✘ Action needed

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

Our judgement

The provider was not meeting this standard.

The provider had some systems to regularly assess and monitor the quality of the service that patient's received. However, the provider did not have systems in place to ensure medication was stored safely and securely. Also, the practice did not monitor the staff training that had taken place and when refresher training was required.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

During our visit we requested the complaints procedure and this was made available to us. This gave patients information on how to make a complaint and what they could expect in return from the practice. The provider may wish to note the complaints procedure did not provide details of any external organisations, that the complainant could contact if they were not satisfied with the response. The practice manager showed us a new poster they had devised on how to make a complaint and compliment which had been displayed on the patient notice board. Staff members told us patients were provided with a practice leaflet which contained information about how to make a complaint. This meant that patients were made aware of the complaints system.

During our visit we reviewed the complaints log. We saw in the past year there had been a number of complaints from patients using a number of methods including letters, email and verbal complaints. All covered a variety of issues and were answered with an explanation and apology when necessary and in a timely manner. This showed patient's complaints were fully investigated and resolved, where possible, to their satisfaction.

The practice used the quality outcome framework (QOF) to measure their performance. The QOF had a range of national quality standards, based on the best available research-based evidence. This system covered the four domains of clinical, organisation, patient experience and additional services. The results were published on the NHS Choices website. The practice manager told us the information generated from the QOF was used to improve the service provided. This was supported by the staff members, who told us the QOF indicators had been discussed and reviewed for further improvements to be made in areas which had not received a full achievement score. We saw evidence that the practice had achieved highly in all domains for the years 2012 and 2013. This demonstrated the practice had high standards of audit and care in the relevant clinical and administration areas.

Systems were in place to report, record and analyse significant events with outcomes being shared at clinical meetings. These included a breakdown of the cold chain storage of immunisations, a biopsy of a sebaceous horn of the skin that histology revealed as squamous cell cancer and an incorrect call up for immunization. All were detailed, reviewed, and actioned efficiently. This showed the practice had systems in place to review and learn from significant events.

The practice had a virtual patient participation group (PPG) in place to gather the views of patients at the surgery. The practice also performed Patient Satisfaction surveys and fed the results back to the PPG, and patients and staff via a practice web newsletter and also notice board in the waiting room. This meant the practice had systems in place for gathering the views of patient's who used the service to improve the quality of the service.

The practice did not have monitoring systems in place to ensure medication was stored safely and securely. The practice did not have systems to ensure all GP's regularly reviewed the expiry dates for medication in their drug bag's.

The practice did not have reviewing and monitoring systems in place to ensure staff had written guidance to follow on the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. The practice had no whistleblowing policy and procedure for staff to follow should the need arise. The practice did not monitor the staff training that had taken place and when refresher training was required. The complaints, repeat prescription and chaperone policies made available to us, had stated review dates, however, these had not been reviewed.

This section is primarily information for the provider

✕ **Action we have told the provider to take**

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activities	Regulation
Diagnostic and screening procedures	<p>Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2010</p> <p>Safeguarding people who use services from abuse</p> <p>How the regulation was not being met:</p> <p>Patients who use the service were not fully protected from the risk of abuse, because the provider had not taken all reasonable steps to identify the possibility of abuse and prevent abuse from happening. Regulation 11 (1) (a) (b) and (2).</p>
Family planning	
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	
Regulated activities	Regulation
Diagnostic and screening procedures	<p>Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010</p> <p>Management of medicines</p> <p>How the regulation was not being met:</p> <p>Patients were not protected against the risks associated with medicines because the provider did not have appropriate arrangements in place store to medication safely and securely. Regulation 13.</p>
Family planning	
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	

This section is primarily information for the provider

Regulated activities	Regulation
Diagnostic and screening procedures	<p>Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010</p> <p>Assessing and monitoring the quality of service provision</p> <p>How the regulation was not being met:</p> <p>The provider did not have systems in place to ensure medication was stored safely and securely. Also, the practice did not monitor the staff training that had taken place and when refresher training was required. Regulation 10 (1) (a) (b).</p>
Family planning	
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	

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

The provider's report should be sent to us by 15 January 2014.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

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@ccq.org.uk

Write to us
at: Care Quality Commission
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

Website: www.cqc.org.uk

Copyright Copyright © (2011) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.
