

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

Lindfield Medical Centre

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Tel: 01444484056

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November 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
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Lindfield Medical Centre
Registered Manager	Dr. Andrew Reader
Overview of the service	<p>Lindfield Medical Centre is a GP practice serving the local area around Lindfield; this includes Ardingly, Horsted Keynes and some areas of Haywards Heath.</p> <p>The practice supports approximately 11,000 patients. The practice offers general treatment and consultation services along with some enhanced services. The practice has seven GPs who are registered as a partnership and one further salaried GP.</p> <p>The practice employs a practice manager, deputy practice manager, four practice nurses, a health care assistant, and supporting administration/reception staff.</p>
Type of services	Doctors consultation service Doctors treatment service
Regulated activities	Diagnostic and screening procedures 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'.

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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 15 October 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service and talked with staff.

What people told us and what we found

This inspection visit was undertaken by one compliance inspector.

We used a number of different methods to help us understand the experiences of patients who used the service. We spent time talking with patients and observing interaction between staff and patients. We reviewed records and systems and looked at the environment and how this impacted on the service delivery.

We spoke with seven patients who had attended the practice on the day of the inspection. We spoke with a GP partner, a practice nurse, two reception staff and the practice manager.

Patient's feedback told us that they were happy with the care and service provided by the practice. One person said, "I cannot fault the practice in any way."

Patients told us that their privacy and dignity was well respected, they had time to discuss their health care issues, and had been fully involved in making decisions about their care and treatment.

We looked at the processes that the practice had in place to ensure the patients were protected from abuse. These processes had not ensured that all staff received appropriate training on all safeguarding issues. Staff spoken with understood that any suspicion of abuse needed to be reported.

Staff told us that they had training and development opportunities and they were well supported by the provider. We saw evidence of training undertaken and planned training.

The practice had procedures in place to review the quality of the service provided. These processes had ensured information provided was used to improve the service.

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 11 December 2013, 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.

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

Reasons for our judgement

All patient areas were located on the ground floor. The reception area was combined with the waiting room used by all patients. This provided comfortable facilities for patients to wait.

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's leaflet included surgery times, useful telephone numbers, how to raise any concerns and general medical advice. The practice also had a website for people to reference.

Staff told us that they took account of patient privacy when holding conversations in the practice and on the telephone. For example, one staff member told us they did not give any information to people on the phone without ensuring they knew who they were talking with first. We were told that patients were offered another room to talk in private if they wished.

The clinicians spoken with described how they promoted patient's privacy and dignity within the consultation process. They explained how they ensured the room was private and that they used curtains when examining patients and that chaperones were offered. The consulting rooms seen afforded patients a good level of privacy and confidentiality. The GP spoken with confirmed that consultation rooms had a good level of sound proofing.

All staff spoken with had a good understanding of the importance of confidentiality. Staff employed were given a handbook that contained the terms and conditions of service that included how staff were to ensure confidentiality.

People's diversity, values and human rights were respected. The practice had a high

proportion of older people on the register. The practice had been designed with facilities for the disabled. This included wheelchair access and an electric front entrance door. There was a hearing loop available for use by patients with a hearing problem.

We were told that chaperones were offered and provided as necessary for male and female patients. We saw a chaperone policy and staff used as chaperones confirmed that they had received relevant training.

Staff told us how patients from ethnic minorities would be supported. This included using the telephone interpreter service if required.

We spoke with six patients. They all told us that they felt that they were respected and had their privacy and dignity upheld. One patient said, "Staff are always very polite and I feel all my information is treated confidentially. Another patient said, "Staff always treat you with respect. They know us and call you by your Christian name which I prefer. Confidential conversations are not held with the reception staff." A third patient said, "During a consultation or treatment the door is closed and the curtains are used if needed. When I have been examined a nurse has been used as a chaperone." The patient survey completed by the practice in 2012 confirmed out of 250 patient responses 92% felt that they were always treated with respect and dignity in the practice.

Patients said that they had had enough time with the GP to discuss their care and treatment options and had everything explained to them. They had been able to ask questions and had felt listened to and had been consulted with in a confidential setting. One patient said, "You definitely have enough time with the doctor you are not rushed. They take time to explain things for example the doctor printed out information on a medicine during my consultation."

We saw that patient surveys had been used to gain people's views. The results from these had been audited and made available on the practice website. The results had been discussed by the practice staff and the patient participation Group. (PPG) The PPG was active and had developed an action plan in response to the patient survey results. This demonstrated that the practice took enabled patients to share their views on the service.

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

The practice provided medical and nursing services. These were accessed via an appointment system. Patients were registered with an individual GP but accessed other GPs if required or requested.

The appointment system in place allowed for patients to telephone for an appointment on the day they wished to be seen. There was also the facility to book an appointment in advance with a GP of choice. Patients were given the option of a telephone consultation with the GP if they preferred. The appointment system was advertised within the practice leaflet and on the practice's website.

We spoke with seven patients directly. They all told us that they were able to get an appointment when they needed one. Comments received included, "I can phone on the day for an appointment. I can get appointment when I want one and mostly with my own GP," and, "The appointment system works for me, I either ring on the day for an appointment or I book in advance."

We looked at the computerised records for four patients, some of whom had attended the practice for an appointment on the day of the inspection visit. We saw that records contained areas for recording assessments, past medical history, medications, and any allergies. They were easy to navigate and understand and had been updated following the GP or nurse consultation that day. There was evidence that the doctor and nurse had discussed options and clarified treatment with the patient. This demonstrated that patients were involved in the planning of their care and treatment.

All patients spoken with were positive about the service provided by the Lindfield Medical Centre. They complimented the GPs, nurses and the reception staff. Comments included, "I feel very fortunate that I attend this practice," "I love it here, I have had nothing but a wonderful experience here. The reception staff are lovely and friendly," and "My contact with the practice has been absolutely excellent, I would not want to leave this practice."

Feedback about the care and treatment provided was also very positive. One patient said, "You have plenty of time with the doctor, they are always there if you need them. I have

my required follow up appointments and am closely monitored." Another patient said, "The doctor is caring, they treat you as human beings here not just somebody to be given a couple of pills to."

The patient survey completed in 2012 confirmed a high satisfaction with 82% of the responses indicating that the GP spent enough time dealing with their problem, 14% said this was usually the case the remaining 4% did not indicate a response.

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. We were told that the information generated from the QOF was used to improve the service provided as any shortfalls were raised with staff and addressed.

We saw that the practice was holding flu vaccination clinics on the day of our inspection visit. These were well organised and took account of ensuring those eligible were given the shingles vaccination at the same time. We saw that the practice had advertised the availability of the vaccinations to patients encouraging a high uptake.

The two clinicians we spoke with demonstrated how they had maintained their knowledge and skills. They also discussed the clinical updates through the National Institute for Health and Clinical Excellence (NICE). Any clinical updates received were shared and discussed with other staff as required. Both told us that all staff working in the practice were approachable and available for advice and discussions to inform the care provided at the practice.

This practice did not operate an out-of-hours service. Information about how to contact the local out-of-hours team was made available to patients on the telephone answer phone, on the practice information leaflet and on the practice website.

We were told that there was an effective system for sharing relevant information with the out-of-hours service. This included information on patients who were receiving palliative care. We were told that the out-of-hours system worked well, and no complaints or concerns had been raised.

The practice had equipment on the premises for dealing with emergencies, including oxygen, emergency drugs and equipment. One of the practice nurses demonstrated that these were checked regularly, to ensure they were ready for use when required. Staff told us and records seen confirmed that they had undertaken their life support training appropriate for their role in the practice.

One of the GP partners explained the systems in place to promote a multi-disciplinary approach to care. Links with the local hospice and palliative care team were well established. Representatives from this team attended the monthly GP partners meeting. This enabled patient care to be proactive and respond to medical and social needs. The district nurses were usually contacted by telephone. The GP gave a recent example, where collaborative working with the district nursing team had supported a patient and avoided a hospital admission. This demonstrated that the practice promoted a multi-disciplinary approach to care to benefit people who used the service.

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

Our judgement

The provider was not meeting this standard.

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

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

The practice manager and one of the GP partners told us that there was no designated lead within the practice for child or adult protection and safeguarding. Each GP would take the lead for any patient on their list in relation to any safeguarding issue.

One of the GP partners confirmed that they had received training on child safeguarding and had attended an update on child protection and associated procedures this year.

One of the practice nurses who had worked in the practice for several years confirmed that they had not undertaken any adult safeguarding training but had attended child safeguarding training in the past. They told us that if they had any concerns they would raise them with the appropriate GP. They had not had any reason to do this in the past.

The practice had practice procedures for both child and adult safeguarding. We saw that local guidelines were available in the practice and flow charts to provide guidelines for staff to follow were available for reference.

There was no central record to record what training the nurses or GPs had completed on child or adult protection. Discussion with the administration staff confirmed that child and adult protection was not part of their training. This meant that there was no system to ensure staff had received information on what constituted abuse, how to recognise any abuse and what should be reported. They had not received up to date information on referral systems and how safeguarding alerts were to be dealt with.

The practice manager confirmed that the practice had recognised that child and adult protection training was required. They told us and we saw evidence that they had made enquiries about the training available and that there had been difficulties in sourcing appropriate training. This was still being progressed. The clinical staff spoken with understood that the local authority had a legal responsibility in relation to adult safeguarding.

The practice manager told us that the practice had a significant number of patients who were elderly and served a number of care homes within the area. There was no documentary evidence that the GPs or nurses had undertaken any training on the Mental Capacity Act 2005 (MCA) and its codes of practice including Deprivation of Living Safeguards (DoLS). There was no evidence that staff had an understanding of the MCA and DoLS appropriate to their roles within the practice.

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

Our judgement

The provider was meeting this standard.

The provider had suitable arrangements to ensure that staff received appropriate training to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

We spoke with six patients during our visit. They all told us that they believed that all the staff working in the practice were well trained to complete the roles that they undertook. Comments included, "All the staff do their jobs well, the nurses put you at ease they are brilliant," and "Staff are fully competent. We are currently working on my pain control together."

All staff spoken with said that they felt well supported and that Lindfield Medical Centre was a 'lovely' place to work. One staff member said, "I really like working here. There is a really good team spirit and we all work well together." Another said, "Everyone is approachable and very nice, if we had any problems we could always go to the practice manager."

We saw that records had been started to record what training staff had undertaken and what training was being planned. The practice manager explained that further core training was being progressed and this would include a mixture of e-learning, internal and external training sessions. We saw a planned programme for clinical and non-clinical staff that took account of staffs specific roles and responsibilities.

New staff undertook an induction training programme and we saw that new reception staff had undertaken an appropriate induction work shop, or had been booked to attend this course. A clinical staff member confirmed that they were supported to maintain their skills and competence. For example, they were given time to attend specialist nurse forums and were supported in attending relevant training. They also told us that they received clinical supervision through nurse meetings and working with specialist nurses. The practice manager told us that the other nurses employed were given relevant training to support their identified roles within the practice. This meant that the provider had suitable arrangements in place to ensure that staff were supported to acquire the skills and qualifications that were relevant to the work they were employed to undertake.

Staff told us that an annual appraisal was completed. We saw records to confirm that these were undertaken on an annual basis. Staff appraisals were used to discuss training

and staff development opportunities. One staff member told us, "My appraisal was useful and we discussed a possible career development option that would be supported by the practice financially." Another staff member told us, "In my appraisal I was able to discuss any issues I confirmed that I was happy with my work and being part of the team." This demonstrated a formalised and individual approach to staff development.

The GP partner spoken with told us how they maintained their professional updating and demonstrated this through their annual appraisal. In this way they maintained their registration to practice. They confirmed that communication between the clinical staff was well established and allowed for the sharing of skills and knowledge. The practice had monthly practice meetings that were used to share experiences, knowledge and learning points.

Staff knew how to report incidents and accidents and these were discussed within relevant meetings. Staff told us that they felt comfortable in reporting anything and felt supported if they had to do this. They all told us that they could talk to either the practice manager or a GP partner and felt that they would be listened to and anything would be addressed.

We saw that the practice had a whistleblowing procedure along with other employment procedures to support staff.

Assessing and monitoring the quality of service provision

✓ Met this standard

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 meeting this standard.

The provider had not established an effective system to regularly assess and monitor the quality of service that people received.

Reasons for our judgement

The practice used the QOF to measure their performance. The results were published on the NHS Choices website. We were told that the information generated from the QOF was used to improve the service provided.

We saw that a patient survey had been undertaken in 2012 and 250 patients had contributed to this. The results had been fully audited and shared with staff and were recorded on the practice website. This demonstrated that the practice listened to patient's views.

The practice had a PPG. This was advertised within the practice and on the practice's website. This encouraged patients who were representative of the patients who used the practice to become involved. Records seen confirmed that the group was actively seeking people's views and looking to progress its membership and influence. We saw that the PPG had discussed the patient survey and concluded that it was on the whole favourable. Action points that included advertising the survey results had been progressed.

Clinical staff told us that the regular clinical meetings were used to discuss good practice guidelines and clinical information.

The practice had participated in a Healthwatch survey. This included an 'enter and view' visit, with feedback being provided directly to the practice. This demonstrated an open approach to gaining patient's views on the service.

A complaints procedure was available at the reception desk and on the website. Staff spoken with were familiar with the process and told us how they advised people who wished to make a complaint. Patients told us that they would make a complaint if they needed to.

A record of complaints was seen and confirmed that records were maintained and were used to review and improve the service. We saw evidence that complaints were taken

seriously and responded to. The practice manager took a lead role on complaints and often spoke directly with the complainant. There was an emphasis on resolving the complaint and apologies were given and recorded as necessary. A log of complaints was maintained and recorded any learning points arising from the complaint review. For example, a complaint relating to communication resulted in a review of practice and ensuring any special arrangements were clearly recorded.

Systems were in place to report, record and analyse critical incidents and significant events with outcomes being shared at the appropriate practice meetings. For example, concerns raised around the maintenance of injections following hospital discharge had been addressed with suitable safeguards being implemented internally. This meant that the practice had systems in place to learn from significant events and incidents.

We saw that the practice had a business continuity plan in place. This confirmed what actions would be put in place in order to maintain a service to patients under exceptional and averse circumstances.

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	Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2010
Maternity and midwifery services	Safeguarding people who use services from abuse
Surgical procedures	How the regulation was not being met:
Treatment of disease, disorder or injury	People who used the service were not protected from the risk of abuse, because the provider had not taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. Practice staff had not received appropriate training or information on safeguarding to ensure effective awareness. Regulation 11

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 11 December 2013.

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.

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