

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

## Chobham and West End Medical Practice

The Surgery, 16 Windsor Road, Chobham,  
Woking, GU24 8NA

Tel: 01276857117

Date of Inspection: 06 August 2014

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We inspected the following standards to check that action had been taken to meet them. This is what we found:

**Safeguarding people who use services from abuse**

✓ Met this standard

**Requirements relating to workers**

✓ Met this standard

## Details about this location

Registered Provider	Chobham and West End Medical Practice
Registered Managers	Dr Paul Carty Dr Sanjeev Sekhon
Overview of the service	Chobham and West End Medical Practice is a seven-doctor surgery providing GP services to the local population. It runs health and wellbeing clinics for patients such as antenatal and postnatal care, minor surgery, family planning and childhood vaccinations, asthma, diabetes, immunisation and phlebotomy.
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
<b>Summary of this inspection:</b>	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	5
<b>Our judgements for each standard inspected:</b>	
Safeguarding people who use services from abuse	6
Requirements relating to workers	7
<b>About CQC Inspections</b>	8
<b>How we define our judgements</b>	9
<b>Glossary of terms we use in this report</b>	11
<b>Contact us</b>	13

## Summary of this inspection

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### Why we carried out this inspection

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We carried out this inspection to check whether Chobham and West End Medical Practice had taken action to meet the following essential standards:

- Safeguarding people who use services from abuse
- Requirements relating to workers

This was an announced inspection.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 6 August 2014, talked with staff and reviewed information given to us by the provider.

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### What people told us and what we found

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On the 18 February 2014 inspection we found the provider non-compliant in two regulations. Safeguarding people who use services from abuse and the requirements for workers. The provider sent us a report that set out the steps they would take to ensure they met the regulations. At this inspection we found the provider had taken all necessary steps and was now compliant in both areas.

At our previous inspection we noted staff had not received training in safeguarding vulnerable adults. At this inspection the practice manager informed us one of the GPs had taken on the lead role for safeguarding and had completed the necessary training. Training had been cascaded to staff and we saw evidence of staff attendance. Staff we spoke with had a good understanding as what constituted abuse and knew who to contact if they had any concerns. Staff told us they felt confident any concerns would be taken seriously by the provider.

The practice manager explained the process to ensure relevant information was obtained for new employees. This included a full employment history check with any gaps explored and suitable reference obtained. Photographic proof of identity was also requested and copies stored in recruitment files. The practice manager told us they would check if staff were physically and mentally fit to carry out their role. Where required proof of registration with a professional body was required and all staff completed a Disclosure and Barring Service check.

We did not speak to patients during this inspection.

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

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## More information about the provider

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Please see our website [www.cqc.org.uk](http://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

**Safeguarding people who use services from abuse** ✓ Met this standard

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

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### Our judgement

The provider was meeting this standard.

Patients are cared for by staff who are fit, appropriately qualified and are physically and mentally able to do their job.

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### Reasons for our judgement

At our previous inspection on the 18 February 2014 we found the provider non-compliant in safeguarding people who use services from abuse. We had found that staff had not undertaken training in regards to safeguarding vulnerable adults. This meant there was a risk that staff had not received information on what constituted abuse, how to recognise abuse and what and how it should be reported. This was also a risk to patients.

At this inspection we found the provider had appointed a lead GP for safeguarding vulnerable adults. We were told they had completed necessary training in April and June 2014. This was confirmed when we saw the training certificates that had been issued to the GP. The practice manager explained staff had attended in-house training for safeguarding children and vulnerable adults in June 2014. We were able to review the training slides used. Training included what constituted abuse, up to date contact numbers to the local authority, what to do if concerns needed to be escalated in the absence of the lead GP for safeguarding and reference to the Mental Capacity Act 2005. We also noted a flow chart had been produced with contact phone numbers and these were on display in clinical rooms and in the reception area for staff. Staff had signed to say they had completed training and we saw this had been updated on the training spread sheet for the practice.

The practice manager was able to show us policies that all staff had access to regarding safeguarding for children and vulnerable adults. We also noted that there were specific policies on bruising on children who were not independently mobile and child non-attendance of appointments.

We spoke with three members of reception staff. Staff we spoke with were able to explain what constituted abuse and told us they would not hesitate in reporting any concerns. One member of staff explained how they had raised a concern with the lead GP and had felt their concern had been taken serious. They said they were also given feedback from the lead GP after. Staff also told us the training was useful and gave them a better understanding of safeguarding.

## Requirements relating to workers

✓ Met this standard

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

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### Our judgement

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The provider was meeting this standard.

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

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### Reasons for our judgement

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At our previous inspection on the 18 February 2014 we found the provider non-compliant in the regulation for the requirements for workers. Not all appropriate checks had been undertaken before staff began work. The recruitment files did not contain information as to if the employee was of good character or whether they were physically and mentally fit for their role. A full employment history or a Disclosure and Barring Service (DBS) check was missing from some files. The DBS enables organisations to make safer recruitment decisions by identifying candidates who may be unsuitable for certain work, especially that involve working with children or vulnerable adults.

At this inspection we found the provider had taken all necessary checks to ensure they were compliant with the regulations. We reviewed the recruitment policy and found this now reflected our regulations. The policy clearly explained that a full employment history would be required which included an explanation of any gaps. It also stated that DBS checks would be carried out. The policy made reference to information required under Schedule 3 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We spoke with the practice manager regarding the recruitment of new staff. The practice had employed four new staff members since the last inspection and we reviewed their recruitment files. We found these contained the correct information. The files contained photographic identification checks, and a full employment history with a written explanation of gaps in employment history. Files also contained a health declaration and a recent DBS check. The practice manager was able to show us proof of registration with the Nursing and Midwifery Council (NMC) for one new member of staff. This meant the provider was checking that staff who must be registered to carry out certain roles, had obtained or renewed their registration. Relevant references for previous employment had been requested. However, the provider may like to note that some checks with historic employers in a health and social care setting or where the employee had worked with children or vulnerable adults were not included in the recruitment file.

This demonstrated that patients were cared for by suitably registered, qualified, skilled and experienced staff.

## 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.

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**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.

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**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.

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**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

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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)

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### **(Registered) Provider**

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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'.

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### **Regulations**

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

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### **Responsive inspection**

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

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### **Routine inspection**

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

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### **Themed inspection**

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

## Contact us

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