	Location in report	type	Text from report	Comment
1	Page 1 Line 1 And also repeated on first 10 pages	Factual	Title of report; Wimbledon Village Medical Centre	We have never been known by this title. We are known as the Wimbledon Village Surgery (WVS). This has been on the letterhead of all our correspondence with CQC. We have no idea where Wimbledon Village Medical Centre has come from. We note the report's filename is correct. **We therefore invite you to re-draft this section of the report.**
2	Page 1 Line 6	Omission	No web site listed	We have our own website and there is also the NHS choices web site that could be referenced. We would like to decide which is to be listed. Our web site is referred elsewhere in the report.
3	Page 1 Line 6	Conflicting information	Date of publication: To be confirmed	Our understanding from the inspection visit as a pilot practice was that our report would not be published, we were told this by the inspector. The letter from Blessing Gwindi dated 5th September but received by e-mail 9th September states that CQC "will publish it (the report) on our website".
4	Page 3 First para Last sentence	Factual	The practice had district nurses and health visitors attached to the service who provide clinics on-site.	The Health visitor has clinics at the surgery but the district nurses do not. They see individual patients at the surgery by prior ad hoc appointments not in clinics. **We therefore invite you to re-draft this section of the report.**
5	Page 3 Second para Second sentence	Unclear	The practice is regulated to carry out the regulated activities of diagnostic and screening, family planning, midwifery and maternity, treatment of disease, disorder and injuries and surgical procedures.	We are a general practice, a GP surgery, a family practice. We feel a broader overview statement would give a clearer description; "As an NHS general practice WVS is regulated to ……". **We therefore invite you to re-draft this section of the report.**

6	Page 3 Third para First sentence	Disproportionate	Overall we found the practice was providing a responsive, well led, effective and caring services ***however*** there were areas that required improvements in relation to it being safe.	This is the first sentence in the report that sets the scene as to the inspectors general view of the practice and the outcome of the inspection. It is the first statement on the summary page; it creates the first and lasting impression. Elsewhere the report describes a surgery that has positive findings in every area inspected. There are two findings of failed compliance. Had the inspectors arrived at their judgement according to the published CQC guidance neither would result in a finding of failure. Yet despite this they are referred to in this opening statement.. Notwithstanding your inspectors erroneous judgement this paragraph is wholly disproportionate. Our report should have been "clean" with no must actions. We believe a fairer and more appropriate paragraph would be constructed; "Overall we found the practice was providing a responsive, well led, effective and caring service. etc.". and then as a separate sentence an observation "We only found two minor issues…….". Furthermore the inspectors were shown hard copy evidence that 15% of our non clinical staff had level one training, one had level two training and two others were booked for level one training – meaning 30% of our office staff will have had formal external child safeguarding training. These "extra miles" are not mentioned by the inspectors and exceed any published recommendation. They are a sign of an organisation that is committed to safety rather than flaunting it. **We therefore invite you to re-draft this section of the report.**
7	Page 3 Third para Final sentence	Misleading description	This ***included*** issues relating to ***some*** of the clinical staff not completing appropriate child protection training and a lack of effective recruitment process to ensure staff were of suitable character.	There are several problems with this statement. There are two actionable findings reported by the inspectors. This sentence lists those two areas but then describes these as being "included" i.e. as amongst others. They are not; they are the entirety of the reports actionable findings. The use of the word "includes" implies that there are others. Therefore this

				statement is misleading. The statement relates to our nurses. Both of our nurses have attended level one safeguarding training courses. The inspectors were informed of this. One of them has attended more than one child safeguarding course during their career but was unable to confirm the level of the second course they had attended. It is reasonable to assume that if you've attended two courses the second is likely to be level two. The other nurse has not attended a level two course. The ***recommendation*** is for nurses to be level two trained and that means one of the clinical staff may have failed that standard. This is not "some" of the clinical staff; it is one member of the clinical staff. Some is a multiple. One is not. This is therefore an additional element of misinformation. Whilst we recognise the benefit of attending courses the fact remains there is no absolute statutory requirement for clinical staff to attend any particular safeguarding training course, they are required to be ***adequately trained*** but the act does not provide for or prescribe any particular form of training, for example it is entirely possible for training to be internal. Additionally this statement is contradicted by statements elsewhere in the report (page 4, second para, last sentence and page 3 para 7 last sentence). **<u>We therefore invite you to re-draft this section of the report.</u>**
8	Page 3 Third para Final sentence	Disproportionate and not compatible with CQC published guidance.	***a lack of effective recruitment process*** to ensure staff were of suitable character.	The only aspect of our recruitment process that fails to meet the regulatory requirement is our not having recorded for one member of staff that their reference was a verbal reference. Their reference was provided verbally by the senior partner who has known the person from before they were born. For all the other 24 members of staff their recruitment records were complete. We believe this wording is therefore

				disproportionate. It describes a "a lack of effective recruitment process" i.e. not a partial lack but a complete lack. In describing one minor part of the recruitment process of one member from a staff compliment of 24 the inspectors report conflicts with the published CQC guidance which requires inspectors to reach judgements based upon balance and proportionality. See item 32 for a more detailed analysis. Additionally under the act there is no requirement to have a record of our employment procedure as distinct from the records of each individual's recruitment. **We therefore invite you to re-draft this section of the report.**
9	Page 3 Third para Final sentence and Pare 7 first sentence	Internal contradiction	Staff were supported and clinical staff had appropriate training and evidenced sufficient hours for their continuing professional development.	These paragraphs state that "clinical staff had appropriate training". We contrast this the wording referred to in item 7 above which claims that clinical staff had not had appropriate child safety training.
10	Page 3 Para 7 Fist sentence	Disproportionate	Governance arrangements were in place however they ***were not always*** formally documented.	Proportion, two documents were not furnished, one because it was not present (the record of the senior partners verbal reference) and the other because although it did exist it could not be found on the day of the inspection. Weighed against the dozens of other documents that were reviewed by the inspectors we feel the use of the words "were not always" is disproportionate. **We therefore invite you to re-draft this section of the report.**
11	Page 4 First para	Misleading and disproportionate	Improvements were required to ensure the practice provided a safe service at all times. Staff demonstrated a good knowledge of safeguarding and abuse. Accidents and incidents were reported appropriately internally however the provider was not aware of requirements to report incidents to the regulator	We believe the construction of this paragraph is wholly disproportionate. In the second sentence of this paragraph the inspectors report that all our "staff demonstrated a good knowledge of safeguarding and abuse. Accidents and incidents were reported internally". These comments are echoed elsewhere in the report (page 4, second para, last sentence and page 3 para 7 last sentence). We acknowledge we did not

			in line with the Health and Social Care Act 2008.	know we needed to report these further to CQC. Read in conjunction with items 11 and 7 we believe the first sentence should be moved to the end of the paragraph; "Overall the surgery was safe but there were a couple of issues raised…..". **We therefore invite you to re-draft this section of the report.**
12	Page 4 First para Last sentence	Misleading	In addition to this some of the clinical staff had not received child protection training in line with professional requirements.	See comment on use of word "some" above under item 7 above and comments about the misrepresentation of recommendations as requirements, item 22.
13	Page 4 Second para Last sentence	Internal contradiction	All the staff we spoke with felt supported to carry out their roles safely and effectively.	Further contradiction of report at Page 3, third para, final sentence and Page 4 first para
14	Page 5 Last sentence	Factual and disproportionate	However, governance structures were not always formalised in written procedures or plans for example there was no written business continuity plan.	I assume the inspectors are referring to the lack of the business continuity plan and a recruitment process protocol. See point 10 above. A written business plan did exist but it could not be located – this business plan was originally drawn up under the IM&T DES. The inspection team asked one of the other partners and one of the salaried doctors about disaster recovery. They referred the inspection team to me as the responsible partner. When I was interviewed I made the point that we definitely had a business continuity plan, even though I would not be able to locate it our practice manager would. No one from the inspection team approached the practice manager to confirm this. During our final round up discussion with the inspector I again repeated the fact that we did have one somewhere. For this reason I consider the wording of this part of the report as being highly misleading. I am concerned that on the one hand I am considered by CQC to be adequate to be the registered manager but when as that registered manager I make a categorical assertion it is ignored. **We therefore invite you to re-draft this section of the**

				report.
15	Page 6 Older people Second para	Factual	"…free annual flu jabs…"	Aren't all NHS flu jabs are free?
16	Page 6 Final para First sentence	Lack of competence on behalf of inspectors	According to the GPOS framework the practice had lower than average levels for identifying people with diabetes and other long term conditions.	To make comment on a practice's ability to detect patients with diseases requires the inspectors to know what the real levels are and be aware of a discrepancy between the actual levels of a disease and our reported level of disease. However the former is not know – a known unknown. No one knows what the real levels of disease are amongst our patients. What the inspectors meant to say is that our levels are below those predicted for us using statistical comparators. We explained that our practice demographic means that we have lower levels of disease in almost all categories except cutaneous cancers. It is misleading to suggest this is evidence of our being unable to identify diseases, without testing every patient on our list no one can possibly comment on our ability to detect diseases. I am concerned at this failure to understand the basic science involved. **We therefore invite you to re-draft this section of the report.**
17	Page 7 Second para Second sentence	Factual	The practice ran immunisation clinics for babies.	We do not run any "clinics". All patients can be seen during any surgery for any problem. Babies and children are given appointment for immunisations at any time available they are not corralled into "clinics". **We therefore invite you to re-draft this section of the report.**
18	Page 7 Secnd para Third sentence	Internal inconsistency	Their website had clear details about when immunisations were due and which ones should be given	Refers to a website that is omitted on first page, we wonder if the inspectors mean our own internal intranet?

19	Page 7 Third para	Repeated Factual	Free flu jabs were……	Aren't all NHS flu jabs are free? **We therefore invite you to re-draft this section of the report.**
20	Page 7 Penultimate para	NHS Health Checks	People of working age were offered NHS Health checks…."	We do not believe CQC should be being seen to be promoting non evidence based care. It may be Government policy to have NHS Health Checks but CQC must be seen to be apolitical and should therefore be prepared to challenge policy where there is sufficient evidence. The evidence against indiscriminate population screening can be tracked back 50 years. Please see recent articles in the British Medical Journal and the 2013 Cochrane analysis.
21	Page 7 Final para	Factual	The surgery did not monitor or audit smoking cessation so they were unable to review patients smoking status	We do audit our smoking cessation activities if for no other reason than for payment purposes. We submit regular claims for smoking cessation clinic payments and the smoking cessation service sends us regular audits of the progress patients that we have referred are making. **We therefore invite you to re-draft this section of the report.**
22	Page 9 First bullet point	Inappropriate and Factual	"…..required level of child protection training in line with requirements for clinical staff working with children".	This text appears in the section headed "Action the service **must** take to improve". As far as we are aware the act does not specify any particular level of training for any particular member of staff. There are ***recommendations*** published elsewhere but no absolute requirements are listed in the statute. The inspectors are therefore misrepresenting a recommendation as a requirement. This is a serious failing. If so this cannot be a must? Please see items 6 and 7 above for more detailed analysis. The act requires staff to be trained but does not specify how it is to be achieved. In direct contradiction of their own finding the inspectors reported "Staff demonstrated a good knowledge of safeguarding and abuse." (page 4 first para) and that "All the staff we spoke with felt supported to carry out their roles safely and effectively" (page 4 second para). This statement conflicts with Professor Sparrow's reassurances and also with CQC's own test of proportionality.

				<u>We therefore invite you to re-draft this section of the report.</u>
23	Page 9 Third bullet point	Inappropriate MUST action and inconsistent behaviour; inspectors not complying with published CQC Judgement reaching process documentation.	The provider does not currently have a system in place for carrying out criminal record checks through the Disclosure and Barring Service for non-clinical staff when assessing their suitability for employment. Non clinical staff have access to patient records and other sensitive information and therefore it ***is good practice*** to carry out these checks.	This again is under the "must" do section. The report acknowledges that staff CRB checks are "Good practice" but this does not make them a requirement. Indeed the CQC website published this statement only recently; "*For non clinical staff,* ***there is no blanket requirement for all reception or administrative staff to have DBS checks****. Access to medical records alone does not mean that staff are eligible for a DBS check. Therefore, practices* ***should not normally be found to be breaching a regulation solely on the basis that non clinical staff have not had DBS*** *checks'.* The finding is also contradicted by the inspectors other comments on page 12 where it notes that such training is only "recommended". The report's finding is therefore in conflict with published CQC guidance. This is a serious failing. **<u>We therefore invite you to re-draft this section of the report.</u>**
24	Page 9 Fourth bullet point	Factual	The practice does not have written plans and risk management procedures in place	We assume this refers to our not being able to furnish the inspection team with a business continuity / disaster recovery plan. See numerous comments elsewhere. We believe there should be a process for post inspection clarification. Although as the registered manager I gave a verbal assertion that we had a plan we could have forwarded an original copy within days of the inspection had that option been available. I am extremely concerned that my verbal assurance given in my role as the registered manager appears to have been ignored. Registered managers will be concerned that they are

				responsible to CQC for compliance but appear to have no reciprocal influence. **<u>We therefore invite you to re-draft this section of the report.</u>**
25	Page 9 Sixth bullet point	Flawed logic	The provider should consider getting a second fridge thermometer to ensure fridge temperatures are monitored appropriately. Published guidance recommends that practices have two thermometers one of which is independent of a mains switch (i.e. a thermometer that does not need to be plugged in) this will ensure that in the event of a power failure of accidental unplugging the temperature of the fridge can still be monitored.	This is illogical. Our fridges are purpose designed vaccine fridges. The thermometers are built in and record the current temperature continuously as well as keeping a record of any "peak" temperature. The record of the "peak" temperature is stored in a memory. The moment to moment display of temperature is mains power dependant. If the mains power to the fridges fails the thermometer will stop recording and the temperature will rise. When the power is restored the thermometer will restart measuring the temperature. If it is above the set limit it records the level. Therefore the recording in the memory of this peak will always capture the maximum temperature reached during the power cut. This is stored in the memory until we are next on site. If there are two power cuts it still records the highest temperature reached during either of them. This record persists in the memory even if the fridge has returned to normal operating temperature. If we had a second thermometer (as we used to) in the fridge by the time we returned to the fridge that would be reading a normal temperature as well. If follows having a second passive thermometer in the fridge is of no additional benefit. We realise this may be a recommendation from PHE but our view is that is an ill conceived one. Even if we had a second thermometer in the fridge that had a memory function as well it would only ever record what the built in thermometer would record. One imagines that the manufacturers of vaccine fridges have worked out this logic themselves – it would be no trouble to provide their built in thermometers with a small backup battery supply but following the logic above there is no need. ***<u>If CQC inspectors are to quote external standards then there should there not be a process by which CQC should reasonably test those standards?</u>***

26	Page 9 Bottom banner	Opportunity for improvement	Our inspection team highlighted the following areas of good practice: The practice had a protocol for joint prescribing with the hospice to ensure the service was delivered effectively	Prior to the inspection we were told not to prepare any information for the inspectors, on the day we were not invited to propose any areas of which we were proud or would want highlighting. If these new style reports are to be celebratory then I would suggest that CQC actively encourages practices to put forward areas or service which they feel should be mentioned in this section. Otherwise this section will only be populated by those aspects that are noticed by the inspecting team. As an example for our practice this is the only item they picked up on. If they had asked us we might have; • The fact that up to 30% of our office staff will soon have had formal external child safeguarding training. • made more emphasis of our gold standard all inclusive anticoagulation service that despite including initiation and peri-operative management still exceeds national averages for "in therapeutic range" standards, • our extended minor surgery service whose outcomes are described by professors of plastic surgery as being "beautiful", • our melanoma service that has a 27 year 100% complete excision and 0% local recurrence record, • our provision of A/E avoidance appointment that result in our patients being 50% less likely to use local A/E departments, • our self managed appointment system that allows 27% of patients to be seen within 8 hours of their contacting us, • the fact that every patient who has ever suffered a cardiac arrest on site has survived, • our rate of diagnosing dementia is 50% above the average for London, • our rate of cancers detected amongst our 2 week rule referrals is 14% vs the national average of 11%, • we are 50% less likely to make direct GP referrals to A/E but of those that we do refer a higher proportion of them are likely to be admitted than for referrals from other practices. Overall this section of the report and even its position in the

				report contrasts markedly with Professor Field's claims that this new inspection regime is intended to celebrate general practice. What is good about the practice should be at the front of the report, prominent and bold, not tucked away at the bottom of a middle page. This appears to us to be a begrudging acknowledgement of one of many potential highlights. It confirms our sense, as noted in our preliminary feedback, that the process was out to "ambush" the practice. **We feel the inspection process should include an opportunity for the practice to propose aspects to be highlighted in the report.**
27	Page 10 title	Factual	The title of the report changes on page 10 to Wimbledon Village Practice	As in 1 above, we are known as the Wimbledon Village Surgery.
28	Page 12 general	duplication	Comments on safety at the practice	There is duplication of the top paragraphs for no obvious reason. Our comments on these are recorded at 7 and 11 above
29	Page 12 Final para	Factual and internal contradiction.	Neither of the nurses had completed child protection training. The practice manager showed us evidence of training that was booked for the coming months, however this was only Level one and a minimum of Level 2 is ***recommended*** for this group of clinical staff	This statement is factually incorrect. The booking forms for the training that the inspectors were shown were for Level two courses not level one, there would be no logic in their doing level one again. Both our nurses have attended level one child safeguarding training. The fact that both had completed level one training was made known to the inspectors on the day although we accept we were unable to provide written proof of this. We suspect the inspectors have confused being told verbally about past level one training and seeing evidence for booked level two training. We note the comments elsewhere in the report that all our "clinical staff had appropriate training" and that "All the staff we spoke with felt supported to carry out their roles safely and effectively". The inspectors were shown by our safeguarding lead the dedicated safeguarding directory on our intranet which contains numerous documents for all staff to access from any workstation.

				Please note the use of the word "recommended" which contrasts with the words "must" and "requirement" used on page 9 of the report. We agree these are recommendations and as noted on the day both nurses have been booked to attend refresher courses. Finally reflecting Professor Sparrow's words that actions speak louder than words our practice has initiated and also contributed to several child safeguarding investigations in the last 3 years. In this respect we deliver. **<u>We therefore invite you to re-draft this section of the report.</u>**
30	Page13 Second para	Factual	The practice only had one thermometer that was attached to the mains.	See comments already made at item 25 above. We have several vaccine fridges and all of them have built in mains powered and alarmed thermometers. The statement is factually incorrect.
31	Page 13 Fifth para Top second column	Not adhering to published CQC process and reference documentation	Cleanliness and infection control	CQC documentation states that CQC does not and will not comment on infection control. This was published on the CQC web site; *"We are not required by the Act to produce guidance about the prevention or control of healthcare-associated infections. In this publication, there is no guidance about regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. The guidance is available in the Department of Health's publication: The Code of Practice for health and adult social care on the prevention and control of infections and related guidance."* **<u>Why then is this present in the report?</u>**
32	Page 13 Sixth para Second column	Factual and incorrect interpretation of HSCA. Failure to comply with published CQC documentation.	We were told non-clinical staff were recruited because they were friends of existing staff. In these instances no outside references were taken and there was no written reference from the person who recommended them internally. We also found that the practice did not keep photo identification on staff files.	See comment at item 8 above. This statement is incorrect. A few non clinical staff have been recruited via friends in the past but by no means the majority. There is in any event no problem with recruiting from friends. The problem would be if friends of staff were not subject to the same scrutiny as others. That is not the case. All staff have been subject to an appropriate process but in one case there is not a complete record of that

			Recruitment checks for non-clinical staff were therefore not robust to ensure a person's suitability.	process, an error rate of 1 in 24 (4%). Examining this in detail the act requires that 21. The registered person must— (a) operate effective recruitment procedures in order to ensure that no person is employed for the purposes of carrying on a regulated activity unless that person— (i) is of good character, (ii) has the qualifications, skills and experience which are necessary for the work to be performed, and (iii) is physically and mentally fit for that work; (b) ensure that information specified in Schedule 3 is available in respect of a person employed for the purposes of carrying on a regulated activity, and such other information as is appropriate; Your published guidance for regulation 21 states that compliance will be judged against; Staff are recruited following an effective recruitment and selection procedure that complies with legislation about employment, equalities and human rights. This includes as a minimum when recruiting new staff: — application process including all of the necessary checks — interview — references — records of the above. As we have emphasised previously, from 24 employees there is one employee, who started with us in a temporary post, who has now been employed full time for whom we did not have a record of a reference. All the other checks had been carried out. We did have a reference in the form of a verbal recommendation from the Senior partner who has known this person since before he was conceived (i.e. a child of lifelong friend). This is perfectly competent to satisfy regulation 21. (a) (i).

				Where we failed was in not having a record of the fact that Dr Allen had attested to his good character i.e. we did not satisfy regulation 21. (b). because we did not have this written down. We believe the reports focus on this minor failing is wholly disproportionate and not in keeping with Professor Sparrows public comments nor the current "CQC Judgement Framework" guidance which gives an excellent example; *"Step 4: Is our initial judgement that there is evidence of non-compliance proportionate in light of the evidence that we have?* *The judgements we make must be proportionate to the evidence and our regulatory response must be proportionate to all of the facts and circumstances. For example, during an inspection we may find an isolated example of one badly handled complaint but, overall, the evidence indicates an effective complaints system where people are supported to make complaints, and complaints are handled and responded to effectively. In this instance (and depending on the outcome of the badly-handled complaint),* ***it would not be proportionate for us to judge the provider as non-compliant*** *with Regulation 19 (Outcome 17) based on this specific evidence.* *However, when inspecting another provider we may find 10 complaints logged but no records of what action was taken to manage them, and evidence showing that not all staff were aware of how to handle complaints, no process or policy in place for them to follow and no evidence of staff learning from complaints. In this instance, it would be proportionate for us to judge the provider as noncompliant with Regulation 19 (Outcome 17).* *Care Quality Commission Judgement framework April 2012"* It follows that if the CQC Judgement Framework Guidance had been applied we would not have been found to have been non compliant on the basis of proportionality. ***For these reasons we request that the report be re-written in***

				accordance with CQC's own guidance and invite you to remove this as a finding of non compliance. Having one missing document from 24 sets of documents cannot represent a failure of compliance. Finally we do not believe photo IDs are necessary in an organisation of our size.
33	Page 14	Not adhering to published CQC process and reference documentation nor Professor Sparrow's public statements.	We noted that the practice did not have a written policy for dealing with incidents or emergencies which meant staff had no procedures or processes to refer to. Followed by ; "The example demonstrated that the service responded well to this incident. The provider said they would consider putting a written policy in place."	The practice does have a series of policies for different types of incidents – for instance we have a power failure policy that was updated in January 2014. There is a staff handbook that the inspectors were shown that contained this and other policies. As previously noted we do have a business continuity plan / disaster recovery plan from the days of the IM&T DES, please see item 14. We were not able to furnish you with a copy on the day of the inspection. This paragraph is disproportionate; your inspectors confirm that we have been able to deal successfully with several disasters over the years and offer complimentary remarks for doing so yet by opening the paragraph with "We noted that the practice did not have a written policy for dealing with incidents or emergencies which meant staff had no procedures or processes to refer to." they are emphasising the negative and not celebrating the positive. I remind you of Professor Sparrows words "I'm not desperately interested in lots of protocols, and nor are the inspectors. We want to see whether things work". Here is an example of things working but the inspectors placing more emphasis on the absent paperwork. **We therefore invite you to re-draft this section of the report.**
34	Page 16 Final para first column	Disproportionate	The provider did not have any written recruitment or selection processes	We refer to Professor Sparrow's comments. We are not required to have any written recruitment process. We are required to deploy staff who are safe, competent and responsive which is exactly what the inspectors confirmed.

				We therefore invite you to re-draft this section of the report.
35	Page 16 First para Second column	Disproportionate	although there was no formal process they had all received an informal induction and appropriate training had been completed or was planned.	Ditto above
36	Page 20 Third para	Factual	The practice had close links with a local hospice. One of the nurses in the practice was responsible	It is not a nurse who is responsible it is member of staff **We therefore invite you to re-draft this section of the report.**
37	Page 22 First para	Disproportionate	Governance structures existed however they were not always formalised in written procedures or plans for example there was no written business continuity plan.	See numerous comments above regarding the importance of paperwork rather than actions. **We therefore invite you to re-draft this section of the report.**
38	Page 26 Final sentence		Free flu jabs were available for pregnant women and children.	See previous comment
39	Page29 Second para	Confusing	Doctors told us that patients in the practice were fairly affluent so they were more likely to access their private counselling and psychological services as opposed to medication.	We value talking therapy equally with medication but our patients are more likely to receive their talking therapy privately than from the NHS.
40	Page 30 Top table	Disproportionate and not in keeping with CQC process.	Regulation 23 HSCA (Regulated Activities) Regulations 2010 Supporting Workers. The registered person did not have suitable arrangements in place to ensure that persons employed for the purposes of carrying out the regulated activities were appropriately supported in relation to their responsibilities, to enable them to deliver care and treatment to service users safely because clinical staff had	See numerous comments above. **We therefore invite you to re-draft this section of the report.**

			not completed the appropriate level of child protection training. Regulation 23 (1) (a)	
41	Page 30 Second para	Disproportionate and not in keeping with CQC process.	Regulation 21 HSCA (Regulated Activities) Regulation 2010 Requirements Relating to Workers The provider failed to ensure that there were effective recruitment procedures in place in order to ensure that people employed in the service were of good character.	See comments at 31 above. **We therefore invite you to re-draft this section of the report.**
42	Page 31 Whole page	Missed opportunity		This is blank because no enforcements were thought necessary. A more celebratory report might have said something along the lines; “there were no areas in which CQC felt necessary to issue enforcement notices”.
43	Throughout the report	Poor use of English, typos, text fragments and poor grammar.		We identified approximately 20 examples of these. We suggest the report be labelled as draft and proof read.