Inspection Report

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

Dr Jones & Partners

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Tel: 01603871160

Date of Inspection: 14 February 2014

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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	✓ Met this standard
Records	✓ Met this standard

Details about this location

Registered Provider	Dr Jones & Partners
Registered Manager	Dr. Hywel Jones
Overview of the service	Lenwade Surgery is operated by Dr Jones and partners. It provides primary medical services to adults and children.
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'.

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 February 2014, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members and talked with staff.

What people told us and what we found

Lenwade Surgery is the smaller of two surgeries run by Dr Jones and Partners. It opens on four days of the week and provides GP and nursing services and a dispensary.

The provider had policies and procedures in place to uphold people's dignity and to recognise their diversity and human rights. A 'Patients Charter' set standards for the provision of services. The practice booklet gave information about opening times, staff members, making and cancelling appointments and the services provided to patients.

Patient records included notes of discussions that had taken place with patients about proposed treatments. They also indicated when consent had been obtained from patients. This showed us that the practice enabled people to participate in decisions about their care.

People told us that they would recommend the practice to others. They said that they were usually seen quickly when necessary. One patient told us "I've never had to wait for an appointment."

The practice held emergency medications, oxygen and an automated external defibrillator (AED) in a secure but readily accessible location. Staff had received basic life support training and training in safeguarding people from abuse. This showed us that the practice had taken steps to keep people safe.

Records were stored safely and securely. There were systems in place to ensure that records were confidential and could be accessed only by authorised staff.

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

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 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

People who use the service were given appropriate information and support regarding their care or treatment.

The provider had policies and procedures in place to uphold people's dignity and to recognise their diversity and human rights. We read the chaperone policy, dated June 2012, which explained how people could be accompanied during examinations and consultations if they wished. We also read the 'Patients Charter', which set standards for the provision of services.

We read the practice booklet, available to all patients, which gave information about the practice. This included details of opening times, staff members, making and cancelling appointments and the services provided to patients. The practice also had a website which gave patients access to information via the internet and enabled them to make appointments on-line.

When we looked at patient records we noted that they indicated where formal consent had been obtained for procedures or investigations. We also saw that records included notes of discussions that had taken place with patients about proposed treatments. When we looked around the waiting area we noted that information on health-related topics and practice services was provided for patients. This showed us that the practice enabled people to participate in decisions about their care.

We read the results of the 2013 patient survey. The results indicated a high level of satisfaction with the service provided. However, some concerns had been expressed regarding issues such as opening hours, booking of appointments and waiting times. The practice team had produced an action plan to improve these aspects of the service.

We spoke with a member of the Patient Participation Group (PPG). They told us that the PPG was in the process of being developed by the practice. They explained that their own

experience of the practice was positive. They told us that they were not aware of any major issues with the service provided although some patients would have liked the practice to be open more often. They spoke with us about recent improvements to the service, such as the on-line facility for booking appointments and for ordering repeat prescriptions. This showed us that the practice had been responsive to the comments made by patients.

The patients we spoke with said that staff treated them with respect. They told us that they were given clear information by the doctors and nurses. One patient said "I've got no faults to find. They've been very good to me." Another patient told us that the staff "…are very accommodating."

Care and welfare of people who use services ✓ Met this standard

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 people's safety and welfare.

Reasons for our judgement

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

The practice manager told us that same day appointments for patients who needed to be seen urgently were available. Home visits could be arranged for patients who were unable to travel to the practice. During our inspection we noted that people had been able to make same day appointments with the doctor on duty. Three of the patients we spoke with had called to make appointments that morning and all three were seen during the morning surgery.

The senior partner discussed the process for registering new patients with us. They explained that new patients who were on regular medications would be given an early appointment with a GP to ensure that their prescriptions could be organised quickly. They also explained that the practice's doctors and nurses held consultations at the location according to a regular rota. This meant that patients knew in advance when a particular doctor or nurse would be at the location. This enabled patients to plan ahead if they wished to make an appointment with a specific member of the team.

We looked at six computerised patient records. We noted that each record was completed clearly, in a consistent style. The records included copies of correspondence from other health and social care professionals, including test results. We noted that this information was dealt with by administrative staff each day, in line with the 'results and reports handling policy' dated July 2012. This meant that patients' information was available quickly to doctors and nurses so that they could make informed decisions about treatment or care.

We spoke with the senior partner about the process for setting up Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) notices. We discussed an example of the process and noted that the decision had been made following the required procedure and that it had been documented clearly in the patient's notes.

The practice had made arrangements to deal with foreseeable emergencies. For example, we saw that emergency medications, oxygen and an automated external defibrillator

(AED) were held in a secure but readily accessible location. We were told by the practice manager that all staff had received basic life support training and this was confirmed by the individual staff members we spoke with.

The design of the building and its location meant that it had not been possible to make it fully accessible for people with mobility problems. The practice manager and the senior partner explained to us that people who could not access the surgery were referred to the provider's other location in a nearby village. Some of the patients we spoke with explained that parking could be difficult outside the surgery, but they recognised that this was outside the control of the practice.

People we spoke with were positive about the services provided and told us that they would recommend the practice to others. They said that they were usually able to be seen quickly when necessary. They also told us that they were able to make appointments with the doctor of their choice if they wished, although these might have to be made a few days in advance. One person said the staff were "…brilliant." The parent of a young patient said that the nurses were "lovely" and explained that their children were always seen quickly. Another person told us "I've never had to wait for an appointment."

Safeguarding people who use services from abuse ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People 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.

Reasons for our judgement

The practice had policies and procedures in place to ensure that patients were safe and protected from abuse. These included a child protection policy and a vulnerable adults policy.

The practice manager explained that staff members had received Criminal Records Bureau (CRB) or Disclosure and Barring Service (DBS) checks before starting employment. They explained that all staff members received training in safeguarding of children and adults. This was confirmed by the staff members we spoke with.

We spoke with staff about safeguarding processes. Staff members were able to tell us about how they would raise concerns if they suspected that a patient may be at risk of abuse. They said that they could discuss concerns with colleagues at any time. The senior partner explained how the computerised records system was set up to identify patients who were known to be at risk of abuse. They showed us how the system would alert the doctor or nurse when they were due to see a person at risk. This showed us that the practice had systems in place to keep patients safe.

We did not discuss this outcome with patients. However, a parent told us that they felt that they could seek advice from staff in confidence on any issue they were concerned about.

Records ✓ Met this standard

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

Reasons for our judgement

People's personal records including medical records were accurate and fit for purpose.

The practice had taken steps to ensure that records were stored safely and securely. There were also systems in place to ensure that records were confidential and could be accessed only by authorised staff. The computerised records were password protected. Paper records were kept in areas which were not accessible to the public. During our inspection we saw no evidence that confidential materials were left insecurely.

We read practice policies and guidelines on record keeping and data protection. These included the policy on access to medical records, dated August 2012. The policy on archiving and retaining records, which was dated September 2012, included detailed timescales for the retention of different types of record.

We also read the practice data protection policy, which also helped to ensure that records were held securely and remained confidential. The provider may find it useful to note that this policy, as well as a number of others, was undated and referred to the practice by its previous name. We brought this to the attention of the manager during our inspection. They explained that these documents were in the process of being reviewed.

We noted that the practice leaflet gave an explanation about the use of personal health information. It explained about the ways in which the practice protected this information, about which staff had access to the information and about patients' right of access to their records. This showed us that the practice kept patients informed about the ways in which they used confidential information.

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

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