

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

The Old School Surgery

Hinckley Road, Stoney Stanton, Leicester, LE9
4LJ

Tel: 01455271445

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2014

We inspected the following standards as part of a routine inspection. This is what we found:

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Management of medicines	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	The Old School Surgery
Registered Manager	Dr. Kay Rothwell
Overview of the service	<p>There are four doctors at this practice, a small team of practice nurses, community nurses, a community midwife, health visitors, and a macmillan nurse. Other members of the practice team are: a practice manager, practice secretary, administration staff, receptionists and dispensers. This practice has a small dispensary service. The service is set on the Hinckley Road in Stoney Stanton and is accessible on the ground floor.</p>
Type of services	<p>Doctors consultation service Doctors treatment service</p>
Regulated activities	<p>Diagnostic and screening procedures Family planning Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury</p>

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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 10 December 2013, observed how people were being cared for and talked with people who use the service. We talked with staff.

What people told us and what we found

During our visit we spoke with six patients and seven staff. The six patients we spoke with expressed a high level of satisfaction with the service they received. One patient told us: "This is a slick well run surgery. If something goes wrong in reception you see the practice managers come down and sort it out." Another patient commented: "The doctor read my notes before I came into the room and took an interest and treated me well". All of the patients we spoke with told us they felt safe when they visited the practice. They told us they had confidence in the staff. Two patients commented they always requested to see the female doctor and felt they could talk freely. The six patients we interviewed told us doctors listened to them and respected their views and decisions about their own health. One patient said: "Quite impressive, my doctor really listens to me." Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

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

Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

We spoke with five patients who all told us that doctors discussed their condition and treatment options with them in a way they could understand. Staff told us they provided patients with written information. One patient told us their doctor would draw small diagrams to explain their conditions and treatment. Another patient told us different medication options were discussed and they found this helpful. Staff told us longer appointments would be offered if patients needed more time to talk about any uncertainties about their diagnosis including options for further investigation. This helped patients make informed decisions because they understood information provided. One patient told us when they had a surgical procedure that involved significant risk they gave written consent. They felt the doctor discussed the procedure with them and were involved in the decision making.

The six patients we interviewed told us doctors listened to them and respected their views and decisions about their own health. One patient said: "Quite impressive my doctor really listens to me." We saw the written consent to treatment policy and had patient consent forms were being used.

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

During our visit we spoke with six patients and they all told us they were very pleased with the care and treatment they received at the practice. Their comments included: "This is a fantastic practice, the reception staff do a a great job as well." "I have a good rapport with my doctor he really understands and has a good sense of humour." Three patients told us they had experienced difficulty accessing appointments on the telephone and would be left on hold for a long time. The provider confirmed steps would be taken to contact the telephone service as faults had been reported previously. One patient told us they liked that they could book appointments in advance. We saw that patients were able to access emergency or urgent appointments if needed and that reception staff were able to arrange telephone consultations if these were needed, and a doctor or nurses would call back. The patients information leaflet confirmed internet appointments were also available. We saw accessible ground floor toilet was available for patients and visitors, and baby changing facilities. In addition a separate entrance provided a ramp to the first floor.

There were appropriate arrangements in place to manage the care and treatment of patients with long term conditions, such as diabetes, asthma and hypertension (high blood pressure). Patients who needed annual reviews of their treatment or medication were contacted by the practice and this list of patients was reviewed on a regular basis to ensure they received the reviews in a timely manner. The practice provided travel vaccinations. We saw that the practice was properly registered and that staff had received appropriate training in order to provide this service. We spoke with one doctor and they told us about daily referral meetings were usually around lunch time. They would use this time to review a patients care in consultation with other doctors and decide the appropriate care treatment and support pathway, and feed this back to the patient by phone or letter. This means care is centred on patients as individuals and considers aspects of their individual circumstances.

We found that the clinical team at the practice worked closely and that there were arrangements in place to review patient care on a regular basis. The practice had close links with other local health care providers, including the district nursing and health visitor services. The practice also had arrangements in place to ensure patients received appropriate end of life care and worked with the district nurses and community nurses to ensure care was co-ordinated effectively. The provider confirmed there was a annexe to

the Old School Surgery which was staffed by a phlebotomy staff member and other clinicians. The additional accommodation allows the practice to provide a specialist service which is accessible to patients.

There were arrangements in place to deal with foreseeable emergencies. We saw there was emergency medical equipment including a defibrillator and emergency medication available at the surgery and staff had received training in basic life support. We saw that there were systems in place to ensure that the emergency medication was checked so that it was fit for purpose in the event of a medical emergency. The provider agreed during our visit record keeping would be reviewed to ensure better record keeping of emergency medication.

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

All of the patients we spoke with told us they felt safe when they visited the practice. They told us they had confidence in the staff. Two patients commented they always requested to see the female doctor and felt they could talk freely. We asked staff about the chaperone policy and procedures and they explained their responsibilities to keep patients and staff safe. We saw signs displayed around the practice to confirm availability of chaperones.

Some staff told us the practice had a safeguarding lead to cover both children and adult safeguarding. Staff told us they had received some safeguarding training. However we found from staff training records that not all staff had received the required level of safeguarding training. In addition training around mental capacity act (MCA) and deprivation of liberties (DOLs) had not been undertaken by practice staff. Some staff we interviewed had a limited understanding of the MCA and its relevance to their work. This demonstrated that staff were not properly trained to ensure they had sufficient knowledge to safeguard patients against the risk of abuse. Patients with limited mental capacity were particularly at risk of not being appropriately involved in decisions about their care.

The practice manager confirmed they had identified staff safeguarding training needed updating and had obtained a new online training package that would provide this and other essential training. The provider may wish to note staff safeguarding training be reviewed to ensure staff may take action and prevent abuse from happening in a service. We found doctors had received safeguarding and mental capacity act training. We looked at children and adults safeguarding policies and procedures and found multi-agency procedure numbers were available as information for staff. Two staff told us of examples where they had raised safeguarding concerns and reported this. This confirmed the registered person did have effective safeguarding procedures in place, and staff did understand the aspects of the safeguarding processes that were relevant

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

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

The Old School Surgery provided a dispensary services to patients living in Sharnford, Elmesthorpe and Thurlaston villages only. During our inspection with spoke with the dispensary staff member who worked in the dispensary. The dispensary staff received clinical support from the doctors working at the practice, to help review the treatment of patients with complex conditions. We spoke with six patients during our visit but none of them told us they used the dispensary service.

We found that there were appropriate arrangements in place in relation to obtaining and disposal of medicines. Medicine stock levels were monitored by staff working in the dispensary and requests for medications were made online. Medicines were delivered to the dispensary each morning which meant that the majority of patients were able to collect their medicines within a short timeframe. Medicines needing to be disposed of, whether they had passed their expiry date or had been returned by patients, were stored securely and appropriately whilst awaiting collection by a dedicated service. Appropriate arrangements were in place in relation to the recording of medicines. We also reviewed the controlled drugs register which contained an accurate record of the controlled drugs being held by the dispensary at the time of our inspection. The register and stock of controlled drugs was reviewed on a regular basis to ensure its accuracy. There were also appropriate arrangements in place for the disposal of controlled drugs. Controlled drugs were stored appropriately and in line with relevant legislative requirements.

We observed that medicines were kept safely. All medicines were stored within the dispensary behind locked doors including the cold storage of medicines. There were also appropriate arrangements in place for the storage of medicines when they were being transported to the branch surgeries. We found the fridge temperature had not been taken for two days in fridges around the practice (not in the dispensary). This meant medicines records were not checked and medicines may not be stored at the correct temperature. The provider may wish to note clear monitoring procedure are in place for the cold storage of medicines to ensure medicine are handled safely and appropriately.

Medicines were handled appropriately. Staff working within the dispensary received appropriate training and followed a number of standard operating procedures to ensure that patients medicines were handled safely. The practice manager confirmed she had

requested a dispensing medicine training update for all staff dispensing medicines. This would provide dispensing staff with training they need to carry out their role and keep their skills up to date.

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.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

We found staff received training, online, attending external conferences and training workshops. Training records confirmed a wide range of training was provided: smoking cessation, cytology, diabetes, family planning, travel immunisations, basic life support. We saw specific training was provided for nurses, dispensers, reception and administrators. We found chaperone training had not been updated and one staff member had no training records available. The provider may wish to note staff training and associated records be reviewed to ensure staff are probably trained. The practice manager confirmed chaperone training and individual staff development and learning plans would be reviewed. All the staff we spoke with told us they were happy at the practice and felt there was good team work. Staff told us they received regular supervision and yearly appraisals. Nurses spoke positively about the nurses meetings where they could share ideas and receive group clinical guidance. One nurse said: "The nurse meetings are invaluable for me." This meant formal mechanisms for providing feedback on performance were being used so staff may receive the support they needed to perform their jobs or improve their practice.

We saw that annual checks had been carried out in respect of the nurses' and doctors registration with their professional bodies, the Nursing and Midwifery Council (NMC) and the General Medical Council (GMC). This meant that systems were in place to check continuity of the Health professionals' legal status. A doctor we spoke with told us they and the other doctors working at the practice had maintained a training schedule and had received annual appraisals with a designated GP from NHS England. These contributed towards their on-going validation to remain on the General Medical Council's (GMC) register. This demonstrated they were fit to practice.

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 an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

The six patients we spoke with expressed a high level of satisfaction with the service they received. One patient told us: "This is a slick well run surgery. If something goes wrong in reception you see the practice managers come down and sort it out." Another patient commented: "The doctor read my notes before I came into the room and took an interest and treated me well". One patient told us there were regular patient surveys and the results were displayed on the waiting room and the practice website.

We spoke with two members of the patient reference group (PRG). Their role would be to represent patients views and to influence the quality assurance systems. The PRG members told us they hold regular meetings with the next meeting planned in January 2014. We saw the minutes of the meeting were displayed on the website and they felt the service had made progress. They told us they had been consulted about the triage systems for booking appointments had been changed because of patient feedback. They told us about a steep pathway by the side of the practice needed a handrail and this had been funded by the practice. This meant that the views of the PRG had been used to influence changes.

Each doctor completed clinical audits that may have affected clinical practices regarding patient care. We saw the findings of clinical audits were always communicated across the team, so that shared learning could take place to ensure patients are protected from risks associated with unsafe care treatment and support. Practice managers told us about risk assessments were in the process of being carried out in each treatment room and the recommendations being carried out in December. Risk assessments would be continued for the waiting room and corridors during December, and consulting rooms planned for January 2014. This meant patients benefited from safe quality care, treatment and support. We saw a infection control checklist dated September 2013. The provider confirmed infection control monitoring would be reviewed to ensure standards were maintained.

We also saw evidence that regular meetings were held with staff groups, nurses meetings, and team meetings where day to day operations of the service were discussed. At the monthly partnership meetings doctors and clinical staff discussed deaths, complaints and

any learning from significant events. We saw quarterly newsletters were made available to patients and included health news and advice. A doctor and practice manager completed the Quality and Outcomes Framework (QOF). This concerned a range of quality standards for clinical care, practice operational methods, patient experience and additional services the provider may provide. This demonstrated that on-going improvements could be made for the benefit of patients.

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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