

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

## Dr Jannette Robson

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Tel: 01482847250

Date of Inspection: 12 June 2013

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

**Respecting and involving people who use services** ✓ Met this standard

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

**Cleanliness and infection control** ✓ Met this standard

**Safety and suitability of premises** ✓ Met this standard

**Supporting workers** ✓ Met this standard

## Details about this location

Registered Provider	Dr Jannette Robson
Overview of the service	<p>The practice is based on the outskirts of Hull in the village of Cottingham. There are Three doctors a Clinical Lead, and healthcare professionals. They are supported by a team of reception and administration staff. There is a practice manager at the surgery who is responsible for the day to day running and management of the surgery and staff. The service has an active Patient Participation Group who meet on a regular basis.</p>
Type of services	<p>Doctors consultation service</p> <p>Doctors treatment service</p>
Regulated activities	<p>Diagnostic and screening procedures</p> <p>Maternity and midwifery services</p> <p>Surgical procedures</p> <p>Treatment of disease, disorder or injury</p>

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*When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.*

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## Summary of this inspection

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### Why we carried out this inspection

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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.

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### How we carried out this inspection

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We carried out a visit on 12 June 2013, observed how people were being cared for, talked with people who use the service and talked with staff. We were accompanied by a specialist advisor.

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### What people told us and what we found

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During the inspection of this practice, we spoke with patients, the registered provider (Dr Robson), another doctor who worked at the practice, the practice manager, the clinical lead and reception staff.

We carried out this inspection because the provider had told us when they were first registered with the Commission that they were not compliant in some outcome areas. We spoke with the practice manager and Dr. Robson about this and saw what measures they had introduced and taken since registration, to become compliant.

We talked to some patients and some members of the Patient Participation Group (PPG) and asked about their experiences when visiting the practice. They told us they were satisfied with the care, support and advice they had received. One patient said "A very helpful doctor. He explained the problem really well and gave me some great advice about my medication. I feel very reassured."

All the patients we spoke with were clear that the quality of health care from the practice was excellent. One patient said "I've got so much more out of this practice than I ever did from where I was" and "The good thing is that they ring you with results and don't leave you wondering what's happening."

During the inspection we found the practice was compliant in all of the outcome areas we looked at.

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

**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

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### Our judgement

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The provider was meeting this standard.

People's privacy, dignity and independence were respected.

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### Reasons for our judgement

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We spoke to the practice manager about how people's privacy and dignity was maintained when they visited the Surgery. We saw there was a policy and procedure for staff to refer to and the practice manager told us that patient privacy and dignity was always covered with staff during induction. We were told that all staff were trained in maintaining patient confidentiality and had signed a confidentiality agreement when they were first employed at the practice. When we arrived at the inspection we saw the reception desk had a glass partition to enable the receptionist to maintain confidentiality when speaking to patients on the telephone. We asked the receptionists how they would accommodate patients who attended the surgery who needed to speak with someone in private. They told us they would take the patient into a private seating area away from the reception area so they could "Whisper talk" and not be overheard.

There was privacy screening, frosted glazing, blinds and curtains in place in the treatment and examination rooms. There was a chaperone policy and procedure in place and it was noted that on each consultation and treatment room door there was a notice advising patients that they could request a chaperon if they felt they required one.

Patients told us they felt their privacy and dignity was protected when they visited the practice. One person said "The staff are very polite when they speak to you. They are very discrete" and "You get a warm welcome from all the staff, they treat me with the utmost respect."

This meant there were measures in place to ensure patients' privacy and dignity was respected.

The practice had an active Patient Participation Group (PPG) and had recently established a virtual patient feedback group which currently had 85 patients on the list. We saw that the groups were involved in how the practice operated. We met with some of the group members during the inspection. They said they were listened to and felt that patient opinion and feedback was always welcomed by the practice and suggestions were acted upon. We saw the findings of a survey the group had undertaken this year. The practice responded to some of the suggestions made in the survey in a document called "You said

–We did".. This meant patients views and experiences were taken into account in the way the service was provided and delivered in relation to their care

.The practice had a range of facilities in place to support people with disabilities. and had a nominated member of staff who was the "Disabled liaison Support Officer". We saw in reception a "Disability Support Box" that they surgery had put in place which contained several pairs of magnifying glasses for people who may be visually impaired along with the practice leaflet in large print. There was also a portable loop system available for patients who were hearing impaired.

We saw there was health promotion leaflets displayed in several areas of the surgery and patients could take these leaflets away with them to refer to. The manager confirmed these were also available in other languages and formats if required and that the service could also access a translation service if they had problems communicating with a patient whose first language was not English

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

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## **Our judgement**

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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.

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## **Reasons for our judgement**

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During our inspection we asked the practice manager what measures were in place for patients regarding safeguarding and protecting patients from any suspected abuse. The practice manager told us that all staff who worked at the surgery had been trained in safeguarding policies and procedures. The safeguarding lead was Dr Robson who confirmed they had attended training in relation to safeguarding children and adults. We spoke to staff and gave them some scenarios of potentially abusive situations regarding vulnerable patients and asked them how they would respond in these circumstances. The staff we spoke with were confident about what action they would take. They were also aware of the practice's procedures for alerting the Local Authority if they were concerned about the safety of a patient. They showed us the step by step guide that was available to them and how they would discuss their concerns with either the doctors or the clinical lead around safeguarding vulnerable patients. One of the reception staff said "I would not hesitate to refer someone if I thought they were at risk of being harmed.". The practice manager told us that the practice had a "Zero tolerance" of aggressive behaviour and said they would call the police if someone became aggressive or abusive. They told us that all staff had been trained in conflict resolution. The practice manager also said that they had a "No restraint policy" and that no treatment or medical intervention would be carried out on a person where any kind of restraint was necessary. People who used the service were protected from the risk of potential abuse because the provider had taken reasonable steps to ensure staff were suitably trained to identify the possibility of abuse and prevent abuse from happening.

**People should be cared for in a clean environment and protected from the risk of infection**

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**Our judgement**

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The provider was meeting this standard.

There were effective systems in place to reduce the risk and spread of infection.

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**Reasons for our judgement**

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When we visited the practice we looked at the policies and procedures that were in place regarding the control of infection. We looked around the communal areas and the consultation rooms and found them to be clean and tidy. All treatment rooms had soap and disposable hand towel dispensers available. Disposable paper couch roll was used and we were told that the couches were cleaned in between use. Patients told us they had always found the premises clean when they had visited. Comments from people included "It's always very, very clean", "The doctor always washes his hands" and "The nurse's room is always very clean it's like an operating theatre".

We spoke with the clinical lead, who was the nominated person for the control of infection at the surgery. They told us they had undertaken training in infection control and spent some time with the community infection control nurse accompanying them on visits to further their knowledge and expertise in this area.

The provider had an infection control policy which covered areas such as spillage of biological substances, taking blood, handling samples, disposal of sharp needles/instruments, needle-stick injuries, decontamination and disposal of materials and transportation of biological clinical waste. The provider employed a cleaner five days a week. We saw the schedules for daily and weekly cleaning which had been ticked when completed and these were reviewed and monitored every two weeks. We noted that colour coded cleaning equipment was available and colour coded labels were used to identify areas and the equipment to be used for cleaning those areas. Cleaning liquids were stored in a cupboard in a locked room.

We were told that all frontline staff were screened for Hepatitis B and tetanus. Reception staff also told us that they had completed training in infection control.



**People should be cared for in safe and accessible surroundings that support their health and welfare**

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## **Our judgement**

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The provider was meeting this standard.

The provider has taken steps to provide care in an environment that is suitably designed and adequately maintained.

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## **Reasons for our judgement**

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When the practice first registered with the Care Quality Commission they declared non compliance in this area. They told us the practice had five consultation rooms on the ground floor that had level access, and two consultation rooms upstairs that could only be accessed via a flight of stairs. Which meant that not all of the consultation rooms at the practice were accessible to everyone.

We were told that there was not a passenger lift in the building and the staircase was not suitable for a stair lift to be fitted. The practice manager told us that the two rooms upstairs were used periodically, for minor surgery appointments. The use of these rooms consisted of two sessions per month with three patients per session and a counselling service which was one session per week. We were told that if a patient was not able to access one of the upstairs rooms then an alternative ground floor consultation room would be utilised.

The premises were of a suitable design and layout. All patient areas were accessible on the ground level with wheelchair access through the front door. There were disabled toilet facilities in the main entrance hall.

We saw the provider had a business continuity plan which meant that if the service was not available for any period of time they had agreed a reciprocal buddy arrangement with a nearby practice. This helped to ensure patients would still receive the services they required.

We were told that the practice had a nominated health and safety lead who carried out health and safety audits on the premises to make sure it was a safe place for patients and staff. They had assisted the practice manager in completing risk assessments on the building including the fire risk assessment which had been validated by the fire and rescue service. All staff had undertaken fire prevention training annually. This meant that people who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

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

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## **Our judgement**

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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.

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## **Reasons for our judgement**

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When we spoke with staff they told us they felt supported by the practice manager, clinical lead and the doctors at the practice. They said they felt they could approach any one of them to raise any concerns they had. One member of staff said "It's the best place I have ever worked, everyone is so supportive and it really is a great job." We saw that staff had regular documented supervision sessions and annual appraisals. Staff completed a pre appraisal form and were given the opportunity to discuss their objectives and identify any further training they would like to undertake, in order to improve their skills and knowledge. We found that staff were encouraged to develop and were given the opportunity to take lead roles in areas of responsibility within the practice, for example, the role of Disability Liaison Officer, fire officer and Complaints and General Incident Reporting officer. This meant that staff felt included in how the practice was operated. Staff said they felt "Valued" and "Listened to."

During the inspection we talked to reception staff about what training they had received in relation to the roles they were employed for. They told us they had received a variety of training, including safeguarding, maintaining confidentiality and health and safety, manual handling and stress management. The staff files we looked at confirmed this.

The Clinical Lead told us they had attended numerous courses in relation to their role, including clinical updates such as infection control, tissue viability, sexual health and health promotion. They had a portfolio they maintained regarding their training and appraised annually by Dr Robson. They confirmed they would seek advice and guidance from all of the doctors at the practice around the treatment plans of patients they were concerned about. When we talked to patients they told us they thought the staff were very good and competent. Comments from patients included "The nurse is excellent, very well trained",

"Staff are friendly and always professional" and "In my experience the services provided at the surgery are very good and I am confident seeing any of the staff."

Dr Robson and Dr Sibley - Calder both confirmed that they had protected learning time to keep updated with medical practices. We saw that they were both registered with the General Medical Council (GMC). Dr Sibley - Calder had completed re-validation of his registration that ensured he was safe to continue to practice as a doctor and in addition

was one of the doctors in the area who sat on the panel to assess other doctors going through the re-validation process. Dr Robson was due to complete this process in 2014.

## 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

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### Essential standard

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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)

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### Regulated activity

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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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