Inspection Report

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

Pennine Drive Practice

6-8 Pennine Drive, Cricklewood, London, NW2 1PA

Tel: 02084559977

Date of Inspection: 06 May 2014

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We inspected the following standards in response to concerns that standards weren't being met. 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
Cleanliness and infection control	✗ Action needed
Management of medicines	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Pennine Drive Practice
Registered Managers	Dr Barbara Frosh Dr Cerian Choi
Overview of the service	Pennine Drive Practice provides a range of GP services (including minor surgery) to approximately 8,750 patients in Cricklewood, North London. The practice is staffed by six GPs (four female and two male), two practice nurses, a practice manager and administrative and reception staff.
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

We carried out this inspection in response to concerns that one or more of the essential standards of quality and safety were not being met.

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 6 May 2014, talked with people who use the service and talked with staff.

What people told us and what we found

Patients who used the service were given appropriate information and support regarding their care and treatment. Latest patient survey results showed that most patients rated explanations from their doctor as either "excellent" or "very good."

Patient's care and treatment reflected relevant research and guidance. We saw evidence that the practice manager regularly received NHS guidance updates and that these were forwarded to staff.

Provider records showed that an infection control audit had taken place in February 2014 and that subsequent infection control/prevention measures had been implemented. However, the provider was unable to evidence that risk assessments had been undertaken to determine cleaning frequency and intensity.

Patients were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines. The provider's emergency drugs were accessible and their expiration dates regularly checked.

Patients were asked for their views about their care and treatment and they were acted on. We spoke with a member of the practice's Patient Group. They spoke positively about patient involvement and how the views of the group had been taken on board.

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

What we have told the provider to do

We have asked the provider to send us a report by 17 June 2014, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our

decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

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.

Patients' privacy, dignity and independence were respected.

Reasons for our judgement

Patients' privacy was respected. We saw that the reception and waiting room areas were separate. This meant that patients could discuss matters in privacy at reception. We were advised that if necessary, patients could also discuss matters in the practice manager's office.

Patients' dignity was respected. We spoke with five patients who all spoke positively about how they were treated by staff. Reception staff were typically described as "friendly" and "very helpful on the 'phone." When we looked at the provider's latest annual patient survey (March 2014) we saw that 148 (73%) of the 202 patients surveyed had rated the warmth of staff as either "excellent" or "very good."

Patients who used the service were given appropriate information and support regarding their care or treatment. Two of the patients we spoke with had a long term condition. They spoke positively about how their doctor had explained, and helped them manage their condition. Other patients we spoke with were equally positive. Patient survey results showed that 161 (80%) of patients rated doctor explanations as either "excellent" or "very good."

Patients' diversity was respected. The practice had a ramp entrance for wheelchair access and a disabled toilet was located on the ground floor. Two consultation rooms and the minor surgery room (where joint injections and other surgical procedures took place) were located on the ground floor. We were told that, wherever possible, patients with a learning disability saw the same doctor; so as to enable continuity of care and develop a better understanding of the patient's clinical needs. We were also told that, if available, extended appointment slots were offered.

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 patient's safety and welfare.

Reasons for our judgement

Patients spoke positively about how care and treatment was provided; typically describing GPs as "excellent" and "first class." When we looked at the latest patient survey we saw that patients described care as "exceptional" and "good."

We were shown the provider's computer based long term conditions registers for patients with long term conditions such as stroke, hypertension or kidney disease. The registers showed how people's care was managed, for example by the practice, a hospital or jointly managed by a hospital and the practice. The provider was able to talk us through the management and follow up of patients with long term conditions. For example, patient records showed that all relevant investigations, repeat blood tests; and also all hospital consultant, clinical reviews and follow ups had been recorded.

We also saw that there was a "flagging" system on each long term condition register to show when patent reviews, tests or interventions were due or overdue. The provider told us that if the patient did not attend for a review, then the practice would make contact by letter and phone as a safety net. This meant that patient's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.
Patient's care and treatment reflected relevant research and guidance. We saw evidence that the practice manager received regular NHS research and guidance updates and that these were forwarded to staff (e.g. latest health checks guidance).

There were arrangements in place to deal with foreseeable emergencies. The provider's emergency drugs were centrally accessible, stored securely and within expiration. They were regularly checked and this was recorded. We looked at the provider's emergency bottled oxygen cylinder and saw that it was full and within expiration. We saw that the provider regularly checked the cylinder to ensure that it was properly functioning. These checks were also recorded. Training records showed that clinical and administrative staff had completed basic life support training within the last 12 months.

Cleanliness and infection control ✖ Action needed

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

Our judgement

The provider was not meeting this standard.

The provider did not have effective systems in place to reduce the risk and spread of infection (Regulation 12(1) (2)(a)(c)(i).

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

Patients spoke positively about levels of cleanliness. They typically described the practice as "always clean" and "tidy." During our inspection, we saw that the reception area, waiting rooms and treatment rooms were clean and clutter free. Chairs in the waiting room were vinyl which meant they could be easily cleaned and had no rips or tears. None of the consultation room couches we looked at had rips or tears. This reduced risk of cross contamination. Staff told us that to minimise cross infection, patients attending the practice with an infectious illness were asked to wait in an isolation area, adjacent to one of the waiting rooms. Alternatively, patients were advised that they could wait in their vehicle until shortly before their appointment.

The provider had a minor surgery room used for surgical procedures. We saw that the room was clean, tidy and that worktops were clutter free. The hand wash sink was elbow operated with adjacent hand wash liquid and disposable towels. We also saw that waste was segregated into clinical and domestic waste and that bins were pedal operated to minimise risk of cross contamination. Flooring was non-carpeted and coved (curved at the corner edges) to enable effective cleaning.

We were advised that one of the practice doctors was the infection control/prevention control lead for the practice and records showed that she had undertaken training within the last three months. We spoke with a practice nurse who was able to explain what she would do if she sustained a needle stick injury. When we looked at provider records, we saw that her explanation was consistent with the provider's needle stick injuries policy.

We looked at provider records and saw that an infection control audit had taken place in February 2014. We looked at audit results and were able to confirm, for example, that the provider's external waste collection bin had a lockable lid and was locked and also that minor surgery treatment room cupboards were well organised and clean. Records additionally showed that the practice manager had acted upon the audit result by, for example, ordering a new bodily fluids spillage kit as the audit had highlighted that the existing kit was nearing expiration.

The provider may wish to note that some "sharps" containers (for used needles, stitch cutters etc.) did not indicate when and by whom they had been assembled. This meant that the provider would not be able to comply with National Institute of Clinical Excellence (NICE) guidance, which recommends disposal of sharps containers every three months even if not full (NICE Clinical Guidance 139: Infection Control (2012)).

Provider records showed that a contract was in place with an external cleaning company to undertake a monthly "deep clean" of the practice, to help support daily maintenance. However, regarding daily cleaning, we did not see evidence that risk assessments had taken place to determine the cleaning frequency and intensity of areas (such as treatment rooms) and elements (such as external surfaces). Subsequently, there was no cleaning schedule in place, to guide cleaning staff on the frequency/intensity of cleaning and to evidence that the cleaning had taken place. We also saw that, although cleaning items such as mops and buckets were stored in a dedicated area away from treatment rooms, they were not colour coded according to area of usage. This posed a cross contamination risk. We judged that the provider did not have effective systems in place to reduce the risk and spread of infection.

Management of medicines ✓ Met this standard

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.

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

Reasons for our judgement

We looked at provider records and saw that the vaccines refrigerator temperature was recorded on a daily basis. However, some entries were not easily legible. When we showed the record to the provider they told us that they would brief staff on the importance of making legible entries. The provider may wish to note that the vaccines refrigerator plug was not securely attached to the wall to prevent accidental disconnection.

We were told that the practice did not stock controlled drugs and there was no agreed medicines formulary (preferred list of drugs) in place; only a list for emergency drugs and optional drugs kept inside the cupboard. These were within expiration.

We saw that the doctors home visit bag contained emergency medicines and optional medications. These were all within expiration. However, we found no evidence of a stock control audit for ensuring that all medicines were replaced and accounted for. We saw a book which listed expiry dates of stock medicines which had been dated and signed as checked, approximately every six weeks but on occasions we saw gaps of up to three months. The provider told us that the optional medicines kept at the practice and in the home visiting bag were seldom used and that an audit would be carried out to determine which optional medicines should be stocked and audited.

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 patients received.

Reasons for our judgement

Patients were asked for their views about their care and treatment and they were acted on. The provider organised regular patient group meetings so that patients could help shape and inform the development of the service. During our inspection, we spoke with a patient who attended these meetings. They spoke positively about how the group's views had been sought and taken on board regarding a new disabled toilet and wheelchair accessible reception desk. Minutes of meetings showed that the group's views had been sought on other matters such as opening times. This demonstrated the provider's willingness to listen to patients and develop the service in line with their needs.

The provider had an effective system to regularly assess and monitor the quality of service that patients received. We saw evidence that the provider undertook regular clinical audits, such as reviewing a sample of minor surgery patient notes to confirm, for example, that patient consent had been sought and recorded. Records also showed that in September 2013, the practice worked with the local Clinical Commissioning Group (CCG) as part of a practice development scheme for practices in the area. CCGs are NHS organisations set up to organise delivery of NHS services in England. They are led by doctors from the local area. The CCG scheme identified the practice's local networking as a development area and when we inspected the provider was able to evidence GP attendance at locality meetings with other local GPs to identify and share best practice. We saw evidence that the provider undertook regular clinical audits, such as reviewing a sample of minor surgery patient notes to confirm, for example, that patient consent had been sought and recorded.

There was evidence that learning from incidents / investigations took place and appropriate changes were implemented. We looked at records and saw that significant events were discussed at practice meetings. The provider's doctors were also able to learn about significant events at other practices, through attendance at locality meetings.

This section is primarily information for the provider

Action we have told the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activities	Regulation
Diagnostic and screening procedures Family planning Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	**Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010** **Cleanliness and infection control**
	How the regulation was not being met: The provider did not have effective systems in place to reduce the risk and spread of infection (Regulation 12(1) (2)(a)(c)(i).

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 17 June 2014.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

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

Phone:	03000 616161
Email:	enquiries@cqc.org.uk
Write to us at:	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA
Website:	www.cqc.org.uk