Inspection Report

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

Lister Lane Surgery

30 Lister Lane, Halifax, HX1 5AX

Tel: 01422353956

Date of Inspection: 09 December 2013

Date of Publication: January 2014

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
Requirements relating to workers	✗ Action needed
Complaints	✓ Met this standard

Details about this location

Registered Provider	Lister Lane Surgery
Registered Manager	Dr. Sangeeta Shetty
Overview of the service	Drs. Balagopal Krishna Kumar, Sangeeta Shetty and Suryagopal Sukumaran are registered to provide primary medical services at Lister Lane Surgery.
Type of services	Doctors consultation service Doctors treatment service
Regulated activities	Diagnostic and screening procedures Treatment of disease, disorder or injury

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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

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 unannounced 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 9 December 2013, talked with people who use the service and talked with staff.

What people told us and what we found

As part of our inspection we spoke with three people who used the service and six staff members. This included two doctors, a practice nurse, the practice manager and two reception administration/ health care staff.

The practice had a 'Patient Reference Group' (PRG) who met to discuss the services provided by the practice. They told us they expressed their views and were involved in making decisions about the practice. Comments included:

"The practice are brilliant, I am very happy with them."

"All the reception staff are nice and if you are not well they will fit you in. They really do look after you."

Staff had received abuse awareness training and procedures were in place to respond appropriately to allegation of abuse.

Appropriate recruitment checks were not in place prior to the employment of staff. This means the practice did not have the necessary checks and risk assessments in place to ensure people were protected from potentially unsuitable staff.

People had their comments and complaints listened to and where appropriate, action had been taken.

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 21 January 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.

People's privacy, dignity and independence were respected.

Reasons for our judgement

People expressed their views and were involved in making decisions about their care and treatment.

As part of our inspection we spoke with three people who used the practice and were part of the Patient Representative Group (PRG). A PRG is made up of a group of volunteer patients who meet regularly to discuss the services provided by the practice. At the PRG meetings they discussed what improvements could be made which would benefit people who were registered with the practice.

People we spoke with were very positive about the practice and told us the practice listened and responded to what people say. One person told us how they had suggested the computer generated information, displayed in the waiting room, could inform people when the doctors were running late with the appointments. We were told by the doctor they were unable to programme the system to do this however, as a result of the suggestion the reception staff inform people when there is a delay. This is an example of how the practice listened to people and responded to their requests.

We saw the reception desk was not private as reception staff could be overheard conversing with people. One of the people we spoke with told us, "Should someone wish to speak privately, they would be taken to a private room." The reception staff also told us a room would always be made available should someone wish to have a private conversation. This showed the staff respected people's privacy and listened to the views of people who used the service.

During our visit we heard staff speaking to people in a respectful manner. Staff told us how the practice respected the patient's privacy, dignity, religious and cultural beliefs. A doctor told us how the practice respected the patient's privacy, dignity, religious and cultural beliefs. For example, if the patient requested a chaperone or to see someone of the same sex; the practice would comply with the person's wishes. People we spoke with were aware they could have a chaperone when seeing the doctor. They (a female patient,) told

us they usually booked into see the female doctor when needing an examination. These are examples of how people's privacy and dignity were respected and the practice responded to people's needs.

One of the people we spoke with whose first language was not English told us they did not have problems when communication with the staff at the practice. A number of staff spoke several languages and this included the practice manager. We were told should someone request leaflets or information in a certain language the staff would arrange it for them. This was another example of how the service was meeting people's needs.

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.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

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

We spoke with a doctor who told us how they explained the diagnosis and treatment options during the consultation with people; how they monitored and reviewed the care and treatment of people with long term conditions. We saw from the four medical records we reviewed assessments and reviews of treatment and or care had involved the person. This showed the person receiving a service had been involved in the monitoring and treatment of their care to meet their needs.

The three people we spoke with were happy with the care they received. They told us it was easy to get an appointment to see a doctor and a call back when requested. They had the choice of which doctor to see; this included male or female doctors. People could get appointments the same day and were able to book an appointment in advance if they wished. They also told us they found it easy to get an appointment with the practice nurse. One person told us they had no problem booking on-line, whilst other people told us they preferred to book their appointments over the telephone. Comments included:

"If I ring at 8.30am I can get an appointment on the same day."

"I usually get a text on my mobile to remind me of my appointment. This is really good."

"My family and I have received excellent support from the practice. I have been coming here most of my life."

These are examples of how the service was meeting the needs of people who use the service.

We saw emergency equipment was available in the surgery and this included emergency medication. We saw the practice nurse carried out monthly checks to ensure the stock of medication was in date and these were recorded electronically on the nurses' computer. The provider might wish to note that although this information was checked the amount of

stock was not recorded. This meant that if a drug had been used, there could have been a possibility that the next time it was needed; there might not have been any in stock. The practice nurse agreed to address this at the time of the visit. This meant that the practice had up to date equipment in place to deal with medical emergencies.
The provider might wish to note that by recording the information on the nurses' computer, should that person not be available to carry out the monthly checks, they may be missed. The practice nurse agreed to address this.

The practice nurse told us they offered the childhood immunisation programme to children registered at the practice. Vaccinations need to be stored in a fridge between 2°C and 8°C to ensure they remain safe and effective to use. We saw daily checks of the vaccination fridge were carried out, temperatures were within the desired range and appropriate records were kept. This meant the vaccines were appropriately stored and available for use.

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

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.

One of the doctors told us they were the safeguarding lead for the practice and showed us the safeguarding guidance they would follow should they need to report a safeguarding incident. Both doctors, practice manager, practice nurse and reception staff told us they had received safeguarding training and were able to describe their responsibilities on how to safeguard people who used the service. This included both vulnerable adults and children. We were also told by staff they followed the joint West Yorkshire, multi agency procedures and we saw a copy of the procedure available to the staff.

The safeguarding lead told us an example of how they had escalated a safeguarding concern and demonstrated their knowledge of the safeguarding procedures.

We saw evidence which confirmed staff had undertaken training in safeguarding and the practice manager and staff told us all of the staff had level three, face to face training. We were also told that the clinical staff attended meetings where local safeguarding concerns were discussed and any learning that had taken place. This meant the practice had taken reasonable steps to ensure people were safeguarded from the risk of abuse.

Requirements relating to workers ✖ Action needed

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was not meeting this standard.

The provider had not undertaken appropriate checks prior to recruiting staff.

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

We asked the practice manager about what checks were made prior to employing staff. We found that there was a written policy for recruitment. This meant that the provider had ways of checking that the people they employed were of good character, fit to work and had the qualifications necessary for their role.

We looked at the personnel files of four staff who worked at the practice. We found one of the clinical staff members whose file we looked at, had been recruited since the practice registered with the CQC. We saw the practice policy referred to staff having Disclosure and Barring Service (DBS) checks undertaken for all new staff where appropriate. We found there was no assessment in place to show how risks would be assessed and who would or would not require a DBS check. We did not see evidence in the new staff members file of a DBS check. The practice manager told us staff were in the process of sending off for DBS checks however, they confirmed one had not been obtained prior to the person working at the practice. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups, including children. This meant there was no process in place to assess risks to prevent unsuitable people from working with vulnerable groups and the practice had not followed their own procedure.

We asked the practice manager what checks were made to ensure clinical staff remained registered with the relevant professional body and able to work in the professional capacity of which they were employed. They told us there was no routine system in place to regularly check this information. We saw information within the personnel file of one of the two nurses who worked at the practice which confirmed they had renewed their registration. The practice manager had the second nurses details on their computer and transferred the information to the staff members file at the time of the inspection.

We were told by staff they had training to enable them to carry out their role and certificates were seen in some of the files we looked at. Example of training staff had attended included, safeguarding and chaperone training.

Complaints ✓ Met this standard

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available. Comments and complaints people made were responded to appropriately.

Reasons for our judgement

People had their comments and complaints listened to and acted on, without the fear that they would be discriminated against for making a complaint.

The practice manager and reception staff explained the complaints procedure to us and the action they would take if someone wished to make a complaint. This included the process for receiving, acknowledging, investigating and responding to complaints. We saw the practice information leaflet and it included their complaints procedure and the timescale people should expect to receive a response.

We looked at the complaints the practice had received in the last year. The information we saw suggested that appropriate action and responses to the complaints had taken place.

We saw the practice reviewed complaints they received and discussed where appropriate, learning for staff at their practice meetings. We also saw minutes of clinical meeting where incidents had been discussed together with any actions or learning from the incident.

People we spoke with told us they had never had to make a complaint and should they wish to they would tell the reception staff or the doctor. Comments included:
"I have never had to complaint. The service is really good."

"There is a suggestion box if you have any suggestions or want to make an anonymous complaint."

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 Treatment of disease, disorder or injury	**Regulation 21 HSCA 2008 (Regulated Activities) Regulations 2010** **Requirements relating to workers**
	How the regulation was not being met: The provider had not undertaken appropriate checks prior to recruiting staff.

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 21 January 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

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