

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

## Mr William Williams

Endurance House, Clarence Street, Stockton On  
Tees, TS18 2EP

Tel: 01642615415

Date of Inspection: 21 February 2014

Date of Publication: March  
2014

We inspected the following standards to check that action had been taken to meet them. This is what we found:

**Cleanliness and infection control**



Met this standard

## Details about this location

Registered Provider	Mr William Williams
Overview of the service	The practice is situated on the first floor of Endurance House a modern building close to Stockton town centre. Access to the practice is by lift or stairs. There is car parking at the rear of the building, access to local transport is not readily available and walking a fair distance is necessary.
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

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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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We carried out this inspection to check whether Mr William Williams had taken action to meet the following essential standards:

- Cleanliness and infection control

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 21 February 2014, observed how people were being cared for, talked with staff and reviewed information given to us by the provider.

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### What people told us and what we found

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At our last inspection in September 2013 we found that people were not always protected against the risk of infection because the cleanliness of the environment and infection control was not fully monitored. We wrote to the provider and asked them to make improvements. The provider wrote to us and told us that they had taken action to address the concerns.

At this inspection we reviewed the actions the provider had implemented. We spoke with the registered manager and discussed the implementation of the action plan they had developed to address the concerns.

We looked around the practice and saw that the concerns we raised about cleanliness and infection control monitoring had been addressed. The registered manager had put in place an audit tool to monitor the cleanliness and infection control within the practice. We saw that policies had been reviewed and staff had received appropriate training.

We saw that the previous concerns we raised had been addressed.

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

### Cleanliness and infection control

✓ Met this standard

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

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### Our judgement

The provider was meeting this standard.

People were protected from the risk of infection because appropriate guidance had been followed.

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### Reasons for our judgement

When we inspected the practice in September 2013 we found concerns regarding the monitoring of risk to prevent, detect and control infection were not well monitored. We also found concerns about the standard of domestic cleaning of the practice.

At this inspection we looked around the practice and saw that there were significant improvements. The registered manager showed us the improvements and actions that had been implemented across in the practice.

We saw that the practice had implemented a number of systems to ensure that the levels of cleanliness and infection control were regularly checked. An example was each morning a designated member of staff checked all rooms within the practice for cleanliness. The manager explained that any problems were reported to the practice manager and addressed immediately. We saw that room cleaning schedules had been developed and that domestic staff signed to say these had been completed. The manager showed us that monthly audits had been undertaken by the domestic cleaning company and NHS property services who commission cleaning for the building. These systems ensured that the practice was regularly monitored to ensure the quality of cleanliness and infection control was maintained.

We looked at the domestic room where the cleaning materials and equipment were stored; at this inspection we saw that this was clean and tidy. We saw that cleaning equipment was appropriately stored and that there was sufficient dedicated colour coded cleaning equipment available as per the Health and Social Care Act 2008.

The manager showed us that a range of policies had been developed or reviewed. We saw that these policies were detailed and provided staff with information about their role and responsibilities. Examples of these were, cleanliness and infection control, health and safety, hand washing, spillage of body fluid and handling specimens. We saw that staff had signed to say they had read these. The registered manager told us that staff were regularly monitored to ensure they were following the correct procedures. This ensured

that staff were aware of their role in preventing the risk of infection.

We looked around the practice and saw that personal protective equipment PPE and hand gel was available throughout the practice. We were unable to speak with the practice nurses during our visit but we saw that there was a designated infection control lead for the practice. We looked at the infection control check list and saw that there was an infection control audit scheduled. This meant that the designated person would have responsibility for ensuring infection control was regularly monitored.

The registered manager showed us the minutes of the practice meetings and we saw that Infection control and cleanliness was regularly discussed with staff. An example of this was at the January meeting the forthcoming infection control audit was discussed.

At this inspection we saw that reception staff had been instructed in what to do regarding receipt of specimens from patients for example urine samples. There was a policy and procedure available and staff had access to PPE. This ensured staff were protected when dealing with specimens of body fluids. We looked at training records for infection control in the practice and saw that staff had received training and update.

## 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

### 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)

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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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