Inspection Report

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

St Mary's Surgery

1 Johnson Street, Southampton, SO14 1LT

Tel: 02380333778

Date of Inspection: 16 December 2013

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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
Cleanliness and infection control	✓ Met this standard
Management of medicines	✗ Action needed
Requirements relating to workers	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	St Mary's Surgery
Registered Manager	Dr. Kevin Reynolds
Overview of the service	St Mary's Surgery has five GP partners and provides a placement for GP trainees. There is also a practice nursing team. The clinical team is supported by a management team including reception and administrative staff. The surgery is part of the Southampton Clinical Commissioning Group (CCG) and has a practice population of approximately 21,500 patients registered.
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

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an announced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 16 December 2013, observed how people were being cared for and talked with people who use the service. We talked with staff.

What people told us and what we found

St Mary's Surgery also provided services from a branch surgery in central Southampton at Telephone House. Patients were seen at either surgery with staff working between the two sites. We were told all minor surgical procedures were completed at Telephone House as a clinical room suited for this purpose was located there. We did not visit Telephone House during this inspection.

We spoke with 18 patients who were attending the main surgery during our inspection. We also spoke with two of the five GP partners, the practice manager, four practice nurses, and five administrative staff. Most patients were happy with the service they received from the surgery and the staff. They told us they could always get a same day emergency appointment when they needed one. Patients said there was adequate time at each consultation with diagnosis and treatment options fully discussed and explained to them. One said "I am always able to ask questions, the doctors are good at explaining things". Some patients felt they had to wait a long time after their appointment time, however, for other patients this was not a concern.

All patients said they were treated appropriately, with dignity and respect. All necessary recruitment and pre employment checks were in place and staff had completed induction and ongoing training. Staff were supported and received an appraisal each year. Arrangements were in place for staff to be able to recognise and report safeguarding children and vulnerable adults concerns. Infection control procedures were followed however, medicines storage was not secure.

The provider had effective systems in place to identify, assess and manage risks to the health, safety and welfare of patients using the service and others. Patient's views were sought as part of the process to monitor the quality of the service provided.

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 22 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.

The provider had suitable arrangements in place which respected the dignity and privacy of patients'. Patients' using the service were treated with respect and involved in making decisions about their care and treatment.

Reasons for our judgement

Patients' diversity, values and human rights were respected. The computer records system used throughout the surgery allowed specific individual information such as religious or cultural needs or preferences to be recorded. This information would therefore be available to all staff and help ensure peoples' needs would be met. There were both male and female GP's; and patients could request to be seen by any GP which meant their preferences were respected. For some patients English was not their first language and we observed reception staff speaking slowly and clearly and ensuring patients understood what was being said. We also saw reception staff ask a person if they would like an interpreter organised. We spoke with doctors and nursing staff who were all aware of how to access translation services should these be required. We also saw a note on one person's records reminding administration staff they should book a double appointment as a translator was required. This ensured people were able to ask questions and not feel rushed when a translator was in use.

The surgery was purpose built and provided level or lift access to all patient areas. Suitable toilet facilities were available for people with a physical disability. Staff were aware of how they would support people with sensory needs such as sight or hearing loss. People with physical or sensory disabilities would therefore be able to access the surgery.

During our visit we saw all consultations with the GP's and practice nurses took place in single rooms which provided privacy and confidentiality. Reception staff were respectful when speaking to patients who had phoned or who were attending the surgery. We saw there was a 'side window' from a quieter corridor to the reception area where people could speak with reception staff without being overheard from the waiting room. This ensured the patients' privacy was maintained should they be discussing a private matter. A chaperoning policy was in place. This meant patients' could be supported and not feel vulnerable during sensitive examinations and procedures. Patients said they had never requested this as they had not felt the need. Patient's privacy was therefore protected

whilst at the surgery.

Patients' expressed their views and were involved in making decisions about their care and treatment. Medical and nursing staff we spoke with were aware of mental capacity legislation and how this may be used for patients who may require support to make complex decisions. They were also aware of the issues surrounding young people under 16 years old who may attend for consultations or treatment without a parent or guardian present. This would help protect patient's rights to receive and refuse treatment. All patients told us they were given full information and choices about treatment options. They told us they were not rushed and time was available to ask questions. For example, one said "I am always able to ask questions if I don't understand what the doctor is suggesting".

People who use the service were given appropriate information. There were various notices and booklets available in the waiting area which informed patients' about the surgery and the services it provided. There were also notice boards with information for patients. We were told all new patients were provided with a practice information booklet. We saw this contained all relevant information about the surgery and services provided. Additional information about the surgery was available via the internet. We spoke with two GP's who told us they could print information from the computer for patients about medical diagnosis or treatments. Patients would therefore be able to review this information should they not remember everything their GP has told them.

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.

Patients experienced care and treatment that met their needs and was centred on them as individuals. The provider took proper steps to ensure patients were protected against the risks of receiving care or treatment when required and in a safe way.

Reasons for our judgement

Care and treatment was planned and delivered in a way that was intended to ensure patient's safety and welfare. The provider had a process in place to assess patients' conditions and clinical needs. We spoke with two of the five GP partners. They told us about the computer record keeping system and demonstrated how it was used. This ensured full information about existing medical needs and treatment was available to all medical and nursing staff. We were shown how the computer could identify people with specific medical diagnosis such as diabetes. The surgery ran various clinics for people with long term conditions or medications which required monitoring. The nurses told us about additional training they had attended to provide them with the skills required for this work. Therefore patients with long term medical needs were identified and had their condition monitored.

The computer system also enabled staff to identify people who may be at risk, due to age or lifestyle factors, and may benefit from medical screening. We were told about the success of a programme which was run in the summer of 2013 to ensure all women were offered cervical smear tests. We saw that as a result, the percentage of women who had had a cervical smear had increased to a level close to the national guidelines. Systems were therefore in place to ensure patients received both preventative and emergency treatment.

There were systems in place to ensure the results of diagnostic tests, such as blood tests or X-rays, were reviewed by a doctor in a timely way. Once reviewed the system required the doctor to record the action they planned to take. This could involve reviewing at the next appointment, informing the patient by phone or requesting the patient to attend for an appointment. If appointments were required the system alerted administration staff to arrange these appointments by letter. The system also alerted doctors to any allergies and restricted the prescribing of medication which may be inappropriate for the patient. We spoke with reception staff who were clear about how they should respond when patients visited the surgery and requested test results. They explained how the system informed them what they could say and that they should always offer patients an appointment to discuss the results with a doctor.

All patients we spoke with during our inspection told us they could always get an emergency appointment on the day they needed it. One patient said "when I've wanted an appointment I've always got one". About three quarters of the patients we spoke with said they had phoned that morning and been given an appointment. We heard reception staff asking patients who had telephoned for an appointment if they needed to be seen that day. They were then offered a same day appointment. We spoke with one GP who was seeing same day appointments. They showed us that in addition to seeing patients they had also returned phone calls to approximately 20 patients. The duty GP was supported by a 'same day' nurse who told us they saw some patients. They told us they had access to a doctor for advice if required. Where patients had a non-urgent appointment and wanted a specific doctor we saw they were offered the next available appointment. Appointments were only booked up to one week in advance, therefore people should be able to get an appointment within a week for non-urgent concerns. This meant patients could see a doctor or healthcare professional when required.

We spoke with 18 patients who attended the GP surgery during our inspection. The majority told us they were happy with the service. Patients told us they felt their needs were listened to. One patient said "I am always able to ask questions if I don't quite understand what the doctor is saying". Another said "the doctors are very good, they never rush me". Patients' main concerns were in respect of waiting times at the surgery, although they all said they had enough time once they did see the doctor or nurse.

There were arrangements in place to deal with foreseeable emergencies. Medical and nursing staff were trained in dealing with medical emergencies and told us about update training they completed every year. Emergency first aid, including oxygen and resuscitation, equipment were available. Nursing staff told us the equipment, oxygen and emergency medications were checked daily. Records viewed showed these were checked each day the surgery was open. Staff were aware of what action they should take should a medical emergency occur. Systems and equipment was available to ensure patients received care in an emergency situation.

All staff had access to an emergency call system. This was electronic and when activated by any member of staff, alerted other staff there was an emergency and where in the building this was. Staff described how they would monitor patients whose behaviour presented a possible risk to surgery staff. We were told fire detection equipment was checked every two weeks and saw fire-fighting equipment, such as extinguishers were available. Staff were aware of their responsibilities to evacuate the building should fire alarms sound. They told us about what they would do. The procedures described ensured patients were supported to quickly leave the building. Therefore, staff were aware of what to do in the event of a medical or other emergency and had the necessary equipment to deal with the situation.

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.

The provider had taken reasonable steps to ensure staff would identify the possibility of abuse and prevent abuse from happening. Staff had received training and were aware of the actions they should take if they were concerned about a vulnerable person.

Reasons for our judgement

Children and vulnerable adults 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. Doctors and nurses we spoke with told us they had completed safeguarding training. We were shown copies of training slides from several safeguarding presentations staff had attended throughout 2013. Discussions with staff showed they had a high level of understanding and knowledge about child and adult protection. They were aware of the need to work with other professionals and how this would increase the likelihood of abuse being detected. They were aware of how to contact other professionals when they had concerns about either children or vulnerable adults. Systems in place ensured staff were aware of potentially vulnerable children registered with the practice.

Staff were also aware of their responsibilities to report concerns and how to do this. For example, the practice nurses were aware of what might constitute abuse of a vulnerable adult and that this should be reported to external organisations. The surgery provided a base for health visitors. Staff told us this made it easier to discuss concerns about families. Discussions with the lead GP for safeguarding showed they had reviewed the practice procedures following a significant incident which would help ensure a similar situation would not reoccur. This showed the surgery was willing to consider how best they could ensure patients were safe.

Staff were also aware of issues around consent and mental capacity legislation. This included the provision of treatment to teenagers whose parents or guardians may not be present and adults who had a learning disability or dementia. Staff were also aware of patients who were vulnerable due to their social circumstances. Staff ensured patients received essential and preventative medical care and provided opportunities whereby patients could request help with their other needs.

Cleanliness and infection control ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

Patients' were protected from the risk of infection because appropriate guidance had been followed. Patients' were cared for in a clean, hygienic environment. Infection risks were managed to protect patients and staff.

Reasons for our judgement

There were effective systems in place to reduce the risk and spread of infection. We viewed the toilets, clinical areas, consultation rooms, waiting room, reception and administration areas. We found the premises were clean throughout. Waste bins and clinical sharps bins were appropriately stored and secure. All surfaces were visibly clean. The toilets had appropriate hand washing facilities, and were stocked with liquid soaps and hand towels. Patients' were protected from the risk of infection by using facilities which were maintained to an acceptable standard of cleanliness and hygiene.

The practice employed designated cleaners for non-clinical cleaning. We were told they worked throughout the week after the surgery was closed, enabling them to access all areas. There was a policy and schedule in place which specified how often to clean all areas, fixtures and fittings. We were told staff had access to cleaning equipment should there be a need during the day.

Staff were provided with personal protective equipment to be used when carrying out clinical tasks. We also saw single use equipment was in place for investigative and treatment procedures. All minor surgical procedures were undertaken at the branch surgery Telephone House. We were told this was because the facilities there enabled a higher level of infection control to be achieved. An audit completed by the provider of infections following minor surgery in 2012 showed these were at zero per cent. This showed infection control procedures were good. There was information for staff reminding them about the action they should take if there was an infection concern. For example, information about needle stick injuries. Staff were provided with the necessary equipment and materials to ensure the risk of infection was minimised.

The surgery had a policy and procedures to cover infection control and prevention. This covered all aspects of infection control. We spoke with nursing staff who told us how they cleaned treatment beds between patients. They also told us how clinical waste was managed. Clinical waste was stored securely and collected weekly by an approved contractor. All necessary equipment, procedures and contracts were in place to ensure clinical waste was correctly disposed of.

We were told all medical and nursing staff had attended infection control training. Following infection control training in September 2013 learning and action points were identified. We were provided with a copy of this document which showed the surgery had considered higher risk procedures and areas and identified how these should be managed. This addressed all issues from toys in the waiting area to minor surgery performed at the branch surgery.

One practice nurse said they were the lead for infection control. They told us they had attended infection control training for practice nurses two weeks prior to our inspection. They said this had been informative and as a result they would be completing an infection control audit of the surgery. Nursing staff were aware who to contact should they require infection control advice. This showed infection control was considered as part of the surgery planning and action was taken when required to reduce risks to staff and patients.

Management of medicines ✖ Action needed

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

Our judgement

The provider was not meeting this standard.

Medicines were stored appropriately however these had not been secured when staff were not present.

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

Appropriate arrangements were in place in relation to obtaining and recording medicine. The surgery held stocks of immunisations and vaccinations. We saw these were held in specific medicine fridges as they needed to be kept at cooler temperatures. The fridges recorded the maximum and minimum temperatures the medication was stored at. The nurses checked the temperatures each day and we saw records of these. The nurses were aware of what the correct temperature should be. They were also aware of the action they should take should the correct temperature not have been maintained, for example due to a power failure at the surgery. They were aware of the need to contact manufactures to determine which immunisations would need to be destroyed. Medicine was therefore stored correctly.

The surgery also held some medication for specific patients who visited the surgery on a regular basis for injections or treatments. However, we found none of the medication held at the surgery was stored securely. Although the medicine fridges were lockable, and had keys in the locks, they were not locked during our inspection visit. The keys remained in the lock. The cupboards which held the stocks of people's medicines were also lockable however, again they were not locked. The rooms in which these and the medicine fridges were kept were also lockable but were unlocked. At lunch time we were able to enter these rooms, no nursing or other staff were in this area of the surgery. Some patients were in the waiting area. A patient or relative could have entered these rooms and removed or tampered with medicines. Nursing staff told us they did not lock medicines fridges, medicine cupboards or the treatment rooms when they were not present. Medicines were therefore not stored securely and were at risk of being stolen or tampered with.

Requirements relating to workers ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff. Recruitment and pre-employment procedures including induction ensured only suitable staff would be employed.

Reasons for our judgement

There were effective recruitment and selection processes in place. No new staff had been recruited since the surgery was registered with the commission in April 2013. The practice manager explained the recruitment procedures to us. This included advertisement, application forms and interviews with the practice manager and another relevant person in a senior position. For example, for an administration role the office manager would be involved in the interviewing of applicants. For successful applicants at least two written references would be sought. For clinical staff a disclosure and barring service (DBS) check would be undertaken and a check made of their registration with the relevant professional body such as the Nursing and Midwifery Council (NMC).

We were shown induction plans.These were specific to the role a new staff member would be undertaking and ensured staff would not be undertaking roles they could not perform. A senior administration staff member explained how new reception and administration staff worked with experienced staff whilst learning their role.

The practice manager told us they had access to legal advice about employment if this were required. They explained how they had used this on one occasion. This meant the practice manager was able to address employment issues legally when required. The provider's policies and procedures in relation to staff discipline and grievance procedures were available to all staff via computer. We were told these would be printed and given to any staff involved in a disciplinary process. This meant staff would be aware of their rights should the need arise and staffing issues would be correctly managed.

Supporting workers ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard. Staff attended relevant training to provide them with the knowledge and skills to meet patient's needs.

Reasons for our judgement

There were enough qualified, skilled and experienced staff to meet patient's needs. The surgery employed GP's, practice nurses, practice and IT managers, reception staff, administration and a facilities support person. There were five GP partners at the surgery with two GP registrars (GP's in training) also employed. We spoke with two of the GP partners. They told us they had sufficient time to provide a service for their patients and undertake other activities and training relevant to their particular clinical interests. Each GP had a lead role within the practice such as safeguarding. We were told there was one GP vacancy which was being covered by locums. We were told wherever possible the same locum was used as this provided continuity for patients.

The practice also employed nine practice nurses and four healthcare assistants. The nurses worked between the main and branch surgeries. We spoke with four of the nurses who said they had sufficient time to complete their work and attend training. Administration and reception staff told us they were busy but managed to get all work completed. Therefore all staff had enough time to complete their work.

Patients were positive about the staff. One told us "I don't mind which doctor I see, they are all good". The majority of the other 18 patients we spoke with were positive about the doctors and other staff at the surgery.

Staff were able to attend relevant training. We spoke with medical, nursing and administrative staff. They all said they had the necessary skills and training to complete their roles. All staff told us they had completed emergency procedures and safeguarding training this year. Staff were able to talk about what they would do in both these situations. Therefore, the training had given them relevant information which they could use if required. Administrative staff told us about development afternoons when the surgery was closed and they were able to undertake training as a group. They told us they had found this positive and enjoyable. They also told us they had covered a range of topics including safeguarding, equality and diversity, data management, health and safety, first aid and fire awareness. All staff therefore received training relevant to their positions and job roles.

Practice nurses told us about training they had attended. This included the nurses updating their skills and knowledge about various medical procedures and conditions. Nursing staff told us the provider was supportive of their training needs and if they identified relevant training they were supported to attend this. Medical staff told us they were able to attend relevant training to meet their individual interest and specialist skills areas and meet General Medical Council (GMC) continuing registration requirements. One GP was responsible for managing training within the practice. Discussions with them showed they were aware of how training could be accessed and were keen to ensure all staff accessed relevant training. We were provided with a training programme showing training all staff had completed in 2013. This showed there was at least one training session every week. We were told staff meetings were often used to provide training and to review how situations had been managed. All staff therefore received training relevant to their positions and job roles.

Staff told us they received an appraisal every year. The practice manager told us they completed these for administration staff. Nursing staff appraisals were completed by a designated GP. Doctors told us about their appraisals and said these were completed yearly. One of the GP's we spoke with was completing their appraisal preparation and discussed the work they were doing for this.

We spoke with nursing staff who were aware of how to access support for both clinical and other issues. All staff said if they had any issues or concerns they would approach the practice manager or the lead person in their area i.e. for administrative staff the office manager. Staff all said they felt confident to approach the GP's if the need arose. Interactions observed between staff indicated they felt able to raise issues. There were therefore routes by which staff could raise issues or concerns or receive support and they were confident these would be listened to.

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 receive. The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of patient using the service and others.

Reasons for our judgement

Patients who used the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. A patient survey was completed in March 2013. Surveys were provided to patients by reception staff and available on line. Three hundred and thirty nine patients responded. We saw the analysis of the responses received. This showed the patients who responded were representative of the overall patient population in terms of age and gender. The survey showed patients were happy with the service they received. Patients identified they would like the availability of on line booking for appointments. We were told this was now available and as a result there was less pressure on telephones first thing in the morning. We saw patient suggestion forms and box were located in the reception area of the waiting room. This showed patients views were sought and where possible suggestions were acted on.

A practice newsletter was produced several times per year. We saw the Christmas newsletter was being prepared with information for patients about Christmas opening times to be included. The newsletters would provide a route by which patients could be kept informed about changes at the surgery.

Care and treatment was reviewed to ensure it met patient's needs. As part of their appraisal system all GP's had to complete a reflective audit of an aspect of their practise. For example, one GP shared with us the report following their peer review of the way the surgery managed a gynaecology condition. We were told the outcomes of these were shared with the other partners and staff. Both GP partners we spoke with had specialist areas of interest. They said they were available to other staff for advice and guidance should this be required. They also said they would share clinical developments to ensure other staff were kept up to date with the latest treatment or care pathways. We saw examples of this on the 2013 training programme. Nurses told us they shared information following training. For example, one nurse was preparing to complete an infection control audit following recent training they had completed. This showed the surgery staff were proactive in reviewing the treatments provided and how these could best meet the needs of the local population.

There was evidence learning from incidents and investigations took place and appropriate changes were implemented. We spoke with the practice manager and one GP about any significant events and incidents that may have occurred within the surgery. We saw that following a community safeguarding incident, staff had attended multi agency serious case review meetings. Following this all staff had received further safeguarding training. The GP told us about how some procedures had changed within the practise. This showed the practise was willing to review situations and where necessary consider how changes could be made for the benefit of patients. Discussions with the practice manager showed they were aware of the need to report some incidents to the commission and had appropriately reported one incident in September 2013.

The provider had systems in place to identify, assess and manage risks to the health, safety and welfare of patients' who used the service and others. We saw records which showed medical and other equipment was regularly serviced. We were told fire detection equipment was checked two weekly with records to confirm this. Fire extinguishers and portable electrical equipment had regular checks to ensure they were safe for use. Staff told us if they had any concerns about the environment they would inform the practice manager immediately. There were therefore arrangements to ensure the environment and equipment were suitable and safe for patients.
We saw practice management meetings were held. They including information and issues relevant to ensuring a good quality service was provided to patients. Individual staff groups also had staff meetings. For example, the nurses showed us the minutes from a recent meeting. They told us meetings were also used as a way to share learning or discuss any incidents or concerns.

The provider took account of complaints and comments to improve the service. The surgery had a complaints policy and procedure and this was displayed in the waiting area, was available on the surgery website and included in the practice information provided to all new patients. There had been fifteen complaints in the last 12 months from a practice population of 21,500. We found, when reading the complaints file, these had been investigated and responded to appropriately. We spoke with 18 patients in the waiting area during our visit who told us they had not had any cause to complain. They told us if they did ever want to complain, they would speak directly with the practice manager, reception staff or their doctor who they believed would deal with it. We found a high level of satisfaction with the service, resulting in few complaints being made.

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 13 HSCA 2008 (Regulated Activities) Regulations 2010** **Management of medicines**
	How the regulation was not being met: The registered person has failed to ensure the safe keeping, by means of secure storage, of medicines used for the purpose of the regulated activity. Regulation 13

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 22 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.

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