

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

Lindfield Medical Centre

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

**Safeguarding people who use services from
abuse**

✓ Met this standard

Details about this location

Registered Provider	Lindfield Medical Centre
Registered Manager	Dr Andrew Reader
Overview of the service	<p>Lindfield Medical Centre is a GP practice serving the local area around Lindfield; this includes Ardingly, Horsted Keynes and some areas of Haywards Heath.</p> <p>The practice supports approximately 11,000 patients. The practice offers general treatment and consultation services along with some enhanced services. The practice has seven GPs who are registered as a partnership and one further salaried GP.</p> <p>The practice employs a practice manager, deputy practice manager, four practice nurses, a health care assistant, and supporting administration/reception staff.</p>
Type of services	Doctors consultation service Doctors treatment service
Regulated activities	Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury

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Summary of this inspection

Why we carried out this inspection

We carried out this inspection to check whether Lindfield Medical Centre had taken action to meet the following essential standards:

- Safeguarding people who use services from abuse

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 3 July 2014 and talked with staff.

What people told us and what we found

This was a follow up inspection to check the provider had taken the required actions to meet essential standards following our previous inspection in April 2014.

During our inspection we spoke with five members of staff, including GPs, nurses and the practice manager.

We found that people were protected from abuse through the provision of suitable training of staff, the presence of clear policies and the availability of information to staff and people who use the service.

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

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

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.

During our inspection of 3 April 2014 we found that people who use the service were not protected from the risk of abuse. This was because the provider had not taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. There was no clearly defined policy for staff to follow in cases where abuse might be suspected. Copies of multi-agency procedures available to staff were very out of date. We saw that whilst staff had undergone safeguarding training in relation to safeguarding children, some clinical staff had not undertaken training in safeguarding of vulnerable adults.

The provider sent us an action plan detailing how and when they would achieve compliance with the regulations.

We carried out this inspection on 3 July 2014 to determine whether the provider had made improvements which ensured the safety of people using the service.

We saw there were policies in place for the safeguarding of children and vulnerable adults. Staff had access to these policies via the practice computer system. The policies included information about the types and signs of abuse and clearly defined processes for staff to follow in cases where abuse may be suspected. Reference was made within the policies to local authority safeguarding guidelines. Direct links to local authority guidelines were also available to staff via the practice computer system. We saw that safeguarding information was displayed within the practice waiting room, encouraging patients and visitors to identify and report concerns regarding children or adults being at risk of abuse. This demonstrated that the risk of people being abused was taken seriously by the practice.

A detailed programme of training had been put in place for staff. We looked at the training records of all staff employed at the practice, including GPs, nurses, reception and administration staff. We saw that all staff had completed training in the safeguarding of children and domestic violence. The records also confirmed that all clinical staff had completed training in safeguarding of vulnerable adults and the Mental Capacity Act 2005 since our last inspection. Reception and administration staff had undertaken on-line training in safeguarding of vulnerable adults. This meant that vulnerable adults and children would be protected from the risk of abuse because staff had been made aware of processes to enable them to identify and report suspected abuse.

Staff we spoke with were able to describe procedures for reporting concerns. The practice manager explained that the practice had appointed a GP as the lead for the safeguarding of children and vulnerable adults. We saw the GP had recently completed training relevant to their lead role. We spoke with the GP safeguarding lead. They described a recent incident where they had identified a child at possible risk of abuse and the processes they had followed in reporting those concerns. We spoke with two nurses and a GP partner who were able to describe what action they would take in response to potentially abusive situations. Staff were clear about the procedures they would follow. They told us they would speak with one of the doctors in the first instance if they had concerns about a patient. Staff also referred to safeguarding notices which were displayed throughout the practice and were accessible via the practice computer system. These provided staff and patients with a summary of actions to be taken and contact numbers of external agencies. Staff were aware these should be referred to if responding to urgent safeguarding concerns or if the lead was not available.

The practice had developed a whistleblowing policy since our last inspection. Whistleblowing is the raising of concerns or reporting of wrongdoing within an organisation. Staff we spoke with were aware of what this meant and knew how to access the policy. This meant that staff within the practice had been suitably equipped to report abuse and other concerns.

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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