

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

Werneth Medical Practice

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Date of Inspection: 20 June 2014

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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
Safety and suitability of premises	✓ Met this standard
Requirements relating to workers	✓ Met this standard

Details about this location

Registered Provider	Werneth Medical Practice
Registered Managers	Dr Manju Khanna Dr Zille Shah
Overview of the service	Werneth Medical Practice is located in a converted house in Oldham. There is limited onsite parking with parking available on streets nearby. There are three GPs, supported by a practice manager, a practice nurse, a healthcare assistant and reception staff.
Type of services	Doctors consultation service Doctors treatment service
Regulated activities	Diagnostic and screening procedures Maternity and midwifery services 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 Werneth Medical Practice had taken action to meet the following essential standards:

- Cleanliness and infection control
- Safety and suitability of premises
- Requirements relating to workers

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 20 June 2014, observed how people were being cared for and talked with staff.

What people told us and what we found

Our inspection of 28 June 2013 found that patients were not being cared for in a clean, hygienic environment and appropriate infection prevention and control guidance was not being followed. The practice was in a poor state of repair. An effective staff recruitment process was not being followed.

During this inspection we saw evidence that the provider had applied for funding so that a full refurbishment of the practice could take place. They had carried out the repairs they were able to and were monitoring the safety of the building while a decision on funding was taking place. The practice and treatment rooms appeared visibly clean.

We saw that a more robust recruitment process was being followed and all appropriate pre-employment checks were being carried out.

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

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.

Reasons for our judgement

Our inspection of 28 June 2013 found that there was no infection control policy in place. Treatment rooms were cluttered and dusty, and some hand gel dispensers were empty. Carpets were stained and in a poor state of repair. The storage of used needles and clinical waste was not always appropriate. The provider wrote to us and told us they would ensure they improved their practices and would apply for funding to improve the building.

During this inspection we saw that an infection control policy was in place, dated September 2013. We saw that all staff had completed on-line infection control training and had passed an assessment following the training.

We looked in the rooms of the healthcare assistant, the practice nurse and one of the GPs. We also looked in the waiting room, corridors, toilets and offices.

All areas appeared visibly clean. The vinyl flooring in the nurse's room was old and marked but there were no signs of dirt. Although the carpets in the communal areas were badly stained the carpet in the GP's room was in a good state of repair with no marks. The practice manager told us they had considered steam cleaning the carpets but due to their poor condition they had decided it was not possible. They were vacuumed each night.

The sharps bins were stored out of the reach of children in clinical rooms. The practice manager explained that they had considered wall mounting them. However, due to the state of repair of the internal walls it had not been possible. We saw that all clinical waste bins were operated by a foot pedal. All hand gel dispensers were full.

The provider may find it useful to note that the cleaning audits were difficult to follow as tasks were not recorded. We saw that each day the cleaner signed to say they had completed the required tasks in each room but these tasks were not listed so did not act as a prompt. We also saw no evidence that the tasks carried out by the cleaner were checked to ensure they understood the requirements of the Health and Social Care Act

2008.

We saw evidence that the provider had applied for funding from NHS England to improve the building so that issues such as the state of the walls and carpets could be addressed.

Safety and suitability of premises

✓ Met this standard

People should be cared for in safe and accessible surroundings that support their health and welfare

Our judgement

The provider was meeting this standard.

The practice was monitored to ensure patients, staff and visitors were protected from unsafe premises.

Reasons for our judgement

Our inspection of 28 June 2013 found that the building was in a poor state of repair. The provider wrote to us to say they had applied for funding to improve the inside of the building.

We saw that the cluttered rooms had been cleared and all areas of the practice we looked at were tidy. Ceiling tiles had been replaced and window blinds were in good repair.

We saw that some of the internal walls were of poor repair, with small areas of plaster missing. However, the provider and handyman were aware of these areas and monitored them to ensure the safety of patients.

We saw evidence that the provider had applied to NHS England for funding to refurbish the inside of the building. They were waiting for a decision about the funding to be made. The reception desk was not suitable for wheelchair users but the practice manager told us receptionists had a clear view of the practice entrance and went into the waiting room to greet any patients who may not be able to use the reception desk.

Although the practice was in need of a refurbishment we saw that the provider was aware of the improvements that were necessary, had dealt with the improvements that they had control of, and were monitoring the safety of the building while a funding decision was being made.

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.

Patients were treated or supported by suitably qualified, skilled and experienced staff.

Reasons for our judgement

Our inspection of 28 June 2013 found that the identity of staff working at the practice had not been verified. References had not been sought for the most recently employed practice members. A Disclosure and Barring Service (DBS) check (previously called a Criminal Records Bureau check) had not been carried out for the practice nurse. The provider wrote to us and told us they would update their records to make sure all the required information was held for all staff.

During this inspection we looked at a selection of staff files. These included the files for the practice nurse and the healthcare assistant who had been employed since our previous inspection. A full employment history had been provided for new staff and any gaps in this had been queried during the interview process. DBS checks had been carried out for all appropriate staff. The identity of all staff had been confirmed. This meant that the provider had carried out the necessary pre-employment checks to ensure staff were fit and suitably qualified to carry out their role.

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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