

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

## FarleyMed

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RG7 1UL

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2013

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

**Supporting workers** ✓ Met this standard

**Assessing and monitoring the quality of service provision** ✓ Met this standard

## Details about this location

Registered Provider	Dr The Viscountess Bearsted
Overview of the service	FarleyMed offers private medical services and is available to patients of any age. Patients do not have to be registered with NHS GP services. The practice is based in Farley Hill, Berkshire.
Type of services	Doctors consultation service Doctors treatment service Mobile doctors service Urgent care services
Regulated activities	Diagnostic and screening procedures Family planning Treatment of disease, disorder or injury

## Contents

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## Summary of this inspection

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### Why we carried out this inspection

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

This was an unannounced inspection.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 27 March 2013, talked with people who use the service and talked with staff.

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### What people told us and what we found

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People we spoke to who used the practice told us that they were very satisfied with the treatment they received at FarleyMed. One person told us that the provider was a very caring GP who always took the time to listen. People told us that they were given information about treatment and options available to them before making any decisions. One person told us 'she is a very knowledgeable GP, she is certainly the best we have been to'.

The practice gave patients the information they needed to assist them to make their own decisions about preferred methods of treatment. The provider and staff were aware of their responsibilities regarding protecting people from abuse.

The provider had a system in place to monitor and assess the service provided and patients were able to provide feedback at each visit.

There was a flexible appointments system in place. People told us that their emails were always replied to promptly and that they could access appointments at short notice.

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

**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

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### Our judgement

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The provider was meeting this standard.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

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### Reasons for our judgement

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People expressed their views and were involved in making decisions about their care and treatment. We spoke with patients about how they were involved in planning the treatment received. Patients told us that they always had plenty of time during their consultation to discuss their medical needs. They said they were given information and time to make informed decisions. The provider told us that they would always discuss options for treatment with the patient, but would allow them to make their own decisions. The risks and benefits of any proposed treatment would be discussed with the patient. This would include, for example, side effects from proposed medicines. One person we spoke with explained that this was the first time they had felt in control of their health and that their health needs were very well managed by the GP.

People who used the service understood the care and treatment choices available to them. We saw that patient records included information given to the patients relating to other services they were being referred to. For example, information included details of the consultant they were being referred to, their picture and the department they were working in. Discussions on options available were documented in the patient files. There was literature available for people to take away and read before making a decision. One person told us that the provider gave them a written summary of their consultation after each visit. It would then be the person's choice if they wished to share the information with their own GP. Consent forms about sharing information were signed by patients stating who the information could be shared with, for example, their own GP or another consultant.

People had access to information relating to the services available, practice fees and how to make a complaint. Surveys were left in the waiting area for people to complete at each visit. People we spoke with told us that they would feel comfortable raising any concerns with the provider. One person told us that 'they are very approachable and I feel I could have a chat about my concerns and they would listen to me'.

**People should get safe and appropriate care that meets their needs and supports their rights**

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**Our judgement**

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The provider was meeting this standard.

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

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**Reasons for our judgement**

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People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. Patients treated at FarleyMed were receiving private care and treatment. The provider told us that patients were encouraged to either register or remain on the patient list of an NHS GP. The practice then asked for the patient's consent to share essential medical information with the patient's NHS GP. We saw that when first attending the practice an initial assessment was carried out which included medical history and any current medication being taken. This information would be included when deciding future treatment or medication. Patient files were stored electronically although there was some paperwork completed at the initial consultation. Medication being taken was noted on the computer system. When suggesting new medication the system would alert the GP should there be a conflict with existing medication. The GP would then be able to research alternatives.

People who used the service were given appropriate information and support regarding their care and treatment. People we spoke with told us that they had been kept fully informed of their treatment, alternative options and the costs from the start. Price lists were available in the waiting area. We saw in patient files details of discussions held and options offered. This included information being given to a patient relating to a referral to another consultant. There was correspondence held in patient's files between the provider and other specialists. The correspondence detailed why the referral was being made and the agreed course of action. People we spoke with told us that the provider always discussed why they were suggesting a particular course of treatment. They told us that once they were referred on to another consultant the GP would continue to remain in contact to check on how things were going. This also gave them the opportunity to discuss concerns and raise any questions which they told us they found reassuring.

People's care and treatment reflected relevant research and guidance. We saw records relating to vaccinations and young people. The provider had researched potential risks and outcomes of giving certain vaccinations. They had also had a discussion with other practitioners before deciding what course of action to take. Their research and reason for the decision taken were noted.

There were policies in place which promoted the care, welfare and safety of patients and staff. These policies covered areas such as safeguarding, child protection and consent.

The Provider told us that the practice had emergency facilities available to treat people should they suddenly become unwell. This included portable oxygen and emergency drugs such as inhalers. The provider explained that they and the practice nurse were both trained in resuscitation.

**People should be protected from abuse and staff should respect their human rights**

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## **Our judgement**

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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.

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## **Reasons for our judgement**

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People who use the service were protected from the risk of abuse because the provider had taken reasonable steps to prevent abuse from happening. The practice treated children and adults. There were policies in place relating to child protection and adult safeguarding. We saw in records that training in child protection had been attended by the provider and practice nurse. The practice nurse told us they would discuss any concerns they had within the practice with the provider. The provider may find it useful to note, although they were aware of adult safeguarding and what action to take should they suspect abuse was taking place, they had not undertaken training in this particular area through the practice only child protection.

Through discussion the provider and practice nurse were able to tell us what constituted abuse and what actions they would need to take should they suspect abuse was taking place. All suspicions of abuse would be recorded and reported to the persons NHS GP if they were registered and to the local safeguarding teams.

The practice is based in the grounds of the provider's home and they employ several staff who do not work within the practice. The provider explained that all people who worked for them were subject to a Criminal Records Bureau (CRB) check. Even though some staff may not be in direct contact with patients they still might meet in the car park. This meant that the provider had confidence in patient's safety around staff.

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

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## Our judgement

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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.

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## Reasons for our judgement

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People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard. At the time of our visit there was the provider and a part time nurse who usually worked one morning a week. They said that the provider was very supportive and that they could discuss any concerns they had at any time. Whilst we were told that information sharing took place on a regular basis the provider may wish to note that there were no records to evidence this.

The provider told us that they would have a yearly appraisal with another GP from the Independent Doctors Federation. They would also go through a process of revalidation every five years. The yearly appraisal would support preparing for this process. Topics covered included maintaining professional performance, record keeping, responding to risk and protecting patients. We saw records of a recent appraisal and any actions identified.

Staff received appropriate professional development. Staff told us that they were provided with information about their role and how to perform it correctly. We saw that staff had access to regular training courses. The staff we spoke with told us that they accessed most of their training through their main employment but kept the provider up to date with what they had attended. Staff were able, from time to time, to obtain further relevant qualifications. Staff we spoke with told us that if they needed to access additional training then they would request this through the provider. The provider had a record in place evidencing all training attended by themselves and their nurse.

The 'in house induction' for new staff consisted of time spent working through a checklist which covered guidance and training requirements. We saw that this was signed and dated by the provider once completed. We saw that the provider signed to say that staff had read and understood policies and procedures as part of their induction.

## 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

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### Our judgement

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The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

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### Reasons for our judgement

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The provider had an effective system to regularly assess and monitor the quality of service people received. We saw that audits took place either quarterly, six monthly or annually.

Checks included medication being held on the premises and ensuring they were in date. Risk assessments and policies were reviewed yearly and we saw that these had been updated. Administration was audited. This included reviewing results to see if patients were given test results within a reasonable timescale. We saw that all patients had received their test results on the same day as the provider had received them, with the exception of one person. The provider explained that if something changed then they would bring forward their audit to ensure changes were implemented.

People who used the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. The provider showed us a recent questionnaire completed in 2012. Feedback was sought from both patients and colleagues. The survey covered topics such as satisfaction with visit, time taken, being treated respectfully and clinical knowledge. We saw that feedback was all positive with no actions noted. Patient feedback included 'excellent GP, wonderful surgery' and 'lovely manner, very good listener'. Peer feedback included 'this GP knows exactly what they are talking about'. Questionnaires were available in the waiting area for patients to fill out at each visit. The provider took account of complaints and comments to improve their service. There was information on how to make a complaint available in the waiting area and also included in the introduction pack given at the initial consultation. The provider told us that there had not been any complaints relating to the service but confirmed that there was a procedure should someone wish to raise their concerns.

We saw records for accidents and incidents that had occurred. The form contained sections to detail the incident and any actions taken.

## 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 dentists and other services at least once every two years. 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 but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

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. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. 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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