

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

## Peter Dorrington Ward - Jermyn Street

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Date of Inspection: 20 February 2013

Date of Publication: March 2013

We inspected the following standards as part of a routine inspection. This is what we found:

<b>Respecting and involving people who use services</b>	✓ Met this standard
<b>Care and welfare of people who use services</b>	✓ Met this standard
<b>Cleanliness and infection control</b>	✓ Met this standard
<b>Supporting workers</b>	✓ Met this standard
<b>Complaints</b>	✓ Met this standard

## Details about this location

Registered Provider	Peter Dorrington Ward
Overview of the service	Dr Peter Dorrington Ward provides a private doctor service in central London. The largest part of his practice is in corporate health and as a private doctor to organisations – these activities are not required to be registered under the Health and Social Care Act 2008. He also maintains a small private doctor practice which provides diagnosis and referral to other specialists, particularly in endocrinology.
Type of service	Doctors consultation service
Regulated activity	Diagnostic and screening procedures

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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 announced inspection.

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### How we carried out this inspection

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We carried out a visit on 20 February 2013, talked with staff and reviewed information we asked the provider to send to us.

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### What people told us and what we found

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We were not able to speak with people who used the service because, as a single-handed doctor, Dr Dorrington Ward had no appointments booked during our visit so that he was free for the inspection. We saw the feedback information collected as part of the doctor's appraisal process. People reported that they had had their treatment explained to them and all of the respondents had been satisfied with their doctor. One commented that Dr Dorrington Ward was a "very good doctor providing superb care".

Dr Dorrington Ward did not provide treatment but would refer people to a specialist if required. People were seen in a safe environment by staff who had received the necessary training and appraisal. There were procedures in place to deal with emergencies and the doctors had been trained to manage in the event of an emergency. The practice had systems to ensure that people were protected from the risk of infection.

There was a complaints procedure available and the practice had received no complaints in the last 12 months.

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 privacy, dignity and independence were respected. 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 who use the service understood the care and treatment choices available to them. We were unable to speak with people who used the service as Dr Dorrington Ward had no appointments booked during our visit. However we saw the feedback from people collected for Dr Dorrington Ward's appraisal. One person had commented he "takes all the time needed to explain things".

There was information available for people in the waiting room. This included an up to date Statement of Purpose which included information about the fees. People were encouraged to give feedback about the practice.

People's diversity, values and human rights were respected. Privacy was maintained with a private consulting room. New patients were offered the opportunity to request a chaperone and people could choose a male or female doctor. The practice was not accessible to people with limited mobility however the doctor had arrangements to see people at another CQC registered location if required.

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 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 in line with their individual requirements. People completed a medical questionnaire at their first visit. A full medical history was taken by the doctor and appropriately documented. People would be referred to a specialist if required as Dr Dorrington Ward did not provide any treatment himself. One person had reported that the doctor provided "outstanding patient knowledge and care" and another that he was "invaluable".

There were arrangements in place to deal with foreseeable emergencies. Emergency drugs were in place and were checked routinely. The doctor had received training in Advanced Medicine.

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

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### **Our judgement**

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The provider was meeting this standard.

People were protected from the risk of infection because appropriate guidance had been followed. People were cared for in a clean, hygienic environment.

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### **Reasons for our judgement**

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There were effective systems in place to reduce the risk and spread of infection. Infection control procedures were in place. No surgical activities took place at the practice. Single use items were not re-used and the doctors used disposable items.

We saw that the premises were clean and well-maintained on the day of our visit. The practice was cleaned by a contracted cleaner. There were adequate hand washing facilities.

There was a contract for the removal of clinical waste and we saw that clinical waste and sharps bins were appropriately managed. Specimens were managed safely and transported to a laboratory by courier.

**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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Staff received appropriate professional development. The doctors at this location had suitable qualifications for the work they undertook. Dr Dorrington Ward had his practice appraised annually using the Independent Doctors' Federation process. We saw the documentation for February 2013. The appraisal processes included review of training and patient, staff and peer feedback about the doctor's performance. He had undertaken training in the last year that was relevant to his practice. There was a female doctor available for one session a week. She received her annual appraisal through her NHS employment.

The doctor's personal assistant received supervision and appraisal that was appropriate for her role. Staff meetings were used as an opportunity to discuss any issues or concerns about the practice and for the doctors to reflect on clinical practice.

## Complaints

✓ Met this standard

People should have their complaints listened to and acted on properly

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### Our judgement

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The provider was meeting this standard.

There was an effective complaints system available.

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### Reasons for our judgement

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People were made aware of the complaints system which was available in the waiting room. There was a complaints policy and process that could be used if required. There had been no complaints in the last 12 months.

## 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

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### Essential standard

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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)

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### Regulated activity

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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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